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: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/22/2017 5:07 pm

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 5/22/2017 Time: 5:07 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY 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 BARNES-JEWISH HOSPITAL (26-0032) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 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.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-1,808,616	706,440	-28,873	62,388,346	1.00
2.00	Subprovider - IPF	0	-275,141	300		1,367,728	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
200.00	Total	0	-2,083,757	706,740	-28,873	63,756,074	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: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:06 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA	PO Box:			1.00
2.00	City: ST. LOUIS	State: MO	Zip Code: 63110-	County: ST. LOUIS CITY	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	BARNES-JEWISH HOSPITAL PSYCH UNIT	26S032	41180	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	25,264	18,474	8,816	8,492	4,956	912	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		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)		0.00	0.00			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)		0.00	0.00			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)		0.00	0.00			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).		0.00	0.00			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)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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)		0.00	0.00			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 and enter in column 4, 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 and enter in column 4, 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 64-67. (see instructions)	Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	12.58	500.58	0.024515	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GERIATRICS	1408	0.18	0.02	0.900000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000	65.01
65.02		PEDIATRICS	2000	0.00	2.32	0.000000	65.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:06 pm

		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)	60.47	511.99	0.105632	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)	INTERNAL MEDICINE	1400	26.32	114.12	0.187411	67.00
67.01		PEDIATRICS	2000	0.00	3.33	0.000000	67.01
67.02		GERIATRICS	1408	0.30	0.34	0.468750	67.02

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:06 pm

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	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
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	12,476,766	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	08/26/1980		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/16/1987		127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:06 pm

		1.00	2.00	
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.	03/08/1990		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.	02/02/1995		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.	08/26/1980		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026	140.00

	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: BJC HEALTHCARE	Contractor's Name: WPS	Contractor's Number: 05301	141.00
142.00	Street: 4901 FOREST PARK AVENUE	PO Box: STE 1200		142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63108	143.00

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

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:06 pm

			1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.25	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2016	03/30/2016	170.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 5:06 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	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	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	02/28/2017	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?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2017	Y	03/31/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RACHELLE		SAULS		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0330		RLS5919@BJC.ORG		43.00

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

VOLUNTARY CONTACT INFORMATION	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part V Date/Time Prepared: 5/22/2017 5:06 pm

		1.00	
	Cost Report Preparer Contact Information		
1.00	First Name	RACHELLE	1.00
2.00	Last Name	SAULS	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-0330	5.00
6.00	E-mail Address	RACHELLE.SAULS@BJC.ORG	6.00
7.00	Department	COST REIMBURSEMENT	7.00
8.00	Mailing Address 1	4249 CLAYTON AVE, SUITE 314	8.00
9.00	Mailing Address 2	MAIL STOP 90-67-808	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
	Officer or Administrator of Provider Contact Information		
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 5/22/2017 5:06 pm

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	Y	3.01
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	7.00
	RHC			
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2017 5:06 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	1,082	397,189	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)		1,082	397,189	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	44	14,924	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	15	5,490	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	36	13,176	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU	35.01	20	7,320	0.00	0	12.01
12.02	CARDIO-THORACIC ICU	35.02	30	10,980	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,227	449,079	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	96	35,136		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		1,323				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)		23	8,418			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2017 5:06 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	85,699	24,041	253,288			1.00
2.00	HMO and other (see instructions)	28,322	36,731				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	85,699	24,041	253,288			7.00
8.00	INTENSIVE CARE UNIT	4,946	1,789	13,386			8.00
9.00	CORONARY CARE UNIT	1,988	397	4,587			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,963	1,209	11,248			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU	2,019	577	6,653			12.01
12.02	CARDIO-THORACIC ICU	3,353	516	8,944			12.02
13.00	NURSERY		742	6,694			13.00
14.00	Total (see instructions)	101,968	29,271	304,800	707.15	8,569.05	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	6,145	8,223	25,083	8.24	147.25	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				715.39	8,716.30	27.00
28.00	Observation Bed Days		460	6,186			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	21	912	1,430			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2017 5:06 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	16,131	5,197	51,462	1.00
2.00	HMO and other (see instructions)			4,628	6,604		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU						12.01
12.02	CARDIO-THORACIC ICU						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	16,131	5,197	51,462	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	465	706	2,587	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	531,415,427	421,184	531,836,611	17,952,472.16	29.62	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		98,193	0	98,193	783.00	125.41	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		2,140,733	0	2,140,733	17,939.00	119.33	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	42,486,981	2,500	42,489,481	1,515,123.92	28.04	7.00
7.01	Contracted interns and residents (in an approved programs)		50,206	0	50,206	246.60	203.59	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		31,451,605	890,647	32,342,252	1,097,618.26	29.47	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		27,090,139	0	27,090,139	477,444.69	56.74	11.00
12.00	Contract labor: Top level management and other management and administrative services		134,312	0	134,312	8,629.83	15.56	12.00
13.00	Contract labor: Physician-Part A - Administrative		11,365,628	0	11,365,628	82,494.21	137.77	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		114,791,450	0	114,791,450	2,486,972.00	46.16	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		64,349,805	0	64,349,805	571,796.16	112.54	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		136,132,780	0	136,132,780			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		9,705,170	0	9,705,170			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		17,675	0	17,675			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		424,874	0	424,874			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		13,299,871	0	13,299,871			25.00
25.50	Home office wage-related		20,284,692	0	20,284,692			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,736,154	49,448	2,785,602	80,627.12	34.55	26.00
27.00	Administrative & General	5.00	43,293,292	522,915	43,816,207	1,628,154.53	26.91	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		22,540,365	0	22,540,365	345,101.35	65.32	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	9,269,198	0	9,269,198	334,367.99	27.72	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	11,535,236	-112,741	11,422,495	855,238.73	13.36	32.00
33.00	Housekeeping under contract (see instructions)		1,176,237	0	1,176,237	82,662.50	14.23	33.00
34.00	Dietary	10.00	6,674,370	-1,906,749	4,767,621	305,550.95	15.60	34.00
35.00	Dietary under contract (see instructions)		1,704,401	0	1,704,401	40,940.78	41.63	35.00
36.00	Cafeteria	11.00	2,549,183	1,889,681	4,438,864	316,241.79	14.04	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	24,287,114	703,967	24,991,081	623,160.81	40.10	38.00
39.00	Central Services and Supply	14.00	4,081,941	0	4,081,941	221,492.51	18.43	39.00
40.00	Pharmacy	15.00	20,068,872	-235,719	19,833,153	514,559.95	38.54	40.00
41.00	Medical Records & Medical Records Library	16.00	3,359,225	0	3,359,225	181,222.42	18.54	41.00
42.00	Social Service	17.00	10,051,732	-143,077	9,908,655	303,257.80	32.67	42.00
43.00	Other General Service	18.00	4,152,030	68,086	4,220,116	107,496.67	39.26	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/22/2017 5:06 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		512,158,510	418,684	512,577,194	16,887,867.27	30.35	1.00
2.00	Excluded area salaries (see instructions)		31,451,605	890,647	32,342,252	1,097,618.26	29.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)		480,706,905	-471,963	480,234,942	15,790,249.01	30.41	3.00
4.00	Subtotal other wages & related costs (see inst.)		153,381,529	0	153,381,529	3,055,540.73	50.20	4.00
5.00	Subtotal wage-related costs (see inst.)		156,435,147	0	156,435,147	0.00	32.57	5.00
6.00	Total (sum of lines 3 thru 5)		790,523,581	-471,963	790,051,618	18,845,789.74	41.92	6.00
7.00	Total overhead cost (see instructions)		167,479,350	835,811	168,315,161	5,940,075.90	28.34	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2017 5:06 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	7,251,549	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)	47,251,985	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	50,035,372	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	2,056,442	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	327,854	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)	4,381,355	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	5,153,482	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	39,100,604	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	293,751	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	53,353	21.00
22.00	Day Care Cost and Allowances	1,402,648	22.00
23.00	Tuition Reimbursement	2,271,975	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	159,580,370	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	27,090,139	159,580,370	1.00
2.00	Hospital	27,090,139	159,580,370	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/22/2017 5:06 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.298486	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	139,375,614	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 or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	75,715,921	5.00
6.00	Medicaid charges	689,947,789	6.00
7.00	Medicaid cost (line 1 times line 6)	205,939,756	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)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	746,950	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	261,915	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	140,887,518	37,660,684	178,548,202	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	42,052,952	11,241,187	53,294,139	21.00
22.00	Partial payment by patients approved for charity care	5,099,806	1,460,712	6,560,518	22.00
23.00	Cost of charity care (line 21 minus line 22)	36,953,146	9,780,475	46,733,621	23.00

		1.00	
24.00	Does the amount in 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," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	65,724,806	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	3,692,022	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	62,032,784	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	18,515,918	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	65,249,539	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	65,249,539	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/22/2017 5:06 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		15,302,930	15,302,930	139,678	15,442,608	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)		22,299,059	22,299,059	134,688	22,433,747	1.03
1.04	00104	NEW CRC-B&F(GSON)		1,595,174	1,595,174	27,117	1,622,291	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)		1,421,253	1,421,253	0	1,421,253	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		31,406,305	31,406,305	24,713,247	56,119,552	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,736,154	9,385,322	12,121,476	-303,777	11,817,699	4.00
5.01	00540	NONPATIENT TELEPHONES	655,134	646,228	1,301,362	-13,080	1,288,282	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,042,133	6,437,992	7,480,125	-2,960,308	4,519,817	5.03
5.04	00570	ADMITTING	13,039,115	8,357,184	21,396,299	-31,411	21,364,888	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	28,556,910	336,133,294	364,690,204	-55,394,145	309,296,059	5.06
7.00	00700	OPERATION OF PLANT	9,269,198	32,323,190	41,592,388	-338,664	41,253,724	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,906,522	2,906,522	-282	2,906,240	8.00
9.00	00900	HOUSEKEEPING	11,535,236	8,737,000	20,272,236	-221,936	20,050,300	9.00
10.00	01000	DIETARY	6,674,370	9,734,258	16,408,628	-7,471,770	8,936,858	10.00
11.00	01100	CAFETERIA	2,549,183	6,111,867	8,661,050	7,125,187	15,786,237	11.00
13.00	01300	NURSING ADMINISTRATION	24,287,114	27,783,578	52,070,692	-64,196	52,006,496	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,081,941	18,361,175	22,443,116	-72,558	22,370,558	14.00
15.00	01500	PHARMACY	20,068,872	128,549,479	148,618,351	17,416,712	166,035,063	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,359,225	3,527,009	6,886,234	-18,511	6,867,723	16.00
17.00	01700	SOCIAL SERVICE	10,051,732	3,841,722	13,893,454	-252,386	13,641,068	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	4,152,030	5,392,951	9,544,981	-34,893	9,510,088	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,149,088	6,072,794	14,221,882	-228,047	13,993,835	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	42,486,981	17,437,451	59,924,432	56,951,157	116,875,589	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	257,307	257,307	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	201,181	67,989	269,170	110,959	380,129	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	112,133,867	60,393,395	172,527,262	-1,700,563	170,826,699	30.00
31.00	03100	INTENSIVE CARE UNIT	9,503,722	5,823,034	15,326,756	-1,278,359	14,048,397	31.00
32.00	03200	CORONARY CARE UNIT	3,366,556	1,133,882	4,500,438	-3,369	4,497,069	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,117,316	4,518,388	13,635,704	-136,389	13,499,315	34.00
35.01	02400	NEURO ICU	5,076,178	2,333,121	7,409,299	-105,837	7,303,462	35.01
35.02	02401	CARDIO-THORACIC ICU	7,853,697	3,443,009	11,296,706	-105,780	11,190,926	35.02
40.00	04000	SUBPROVIDER - IPF	9,160,534	6,264,935	15,425,469	-57,939	15,367,530	40.00
43.00	04300	NURSERY	990,414	470,004	1,460,418	-15,894	1,444,524	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	37,986,810	154,994,325	192,981,135	-119,812,753	73,168,382	50.00
51.00	05100	RECOVERY ROOM	9,933,215	6,531,003	16,464,218	118,484	16,582,702	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,319,989	3,514,613	8,834,602	-617,653	8,216,949	52.00
53.00	05300	ANESTHESIOLOGY	2,230,041	17,367,508	19,597,549	-1,840,656	17,756,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,046,128	29,529,120	43,575,248	-14,894,887	28,680,361	54.00
54.01	03630	ULTRASOUND	1,307,592	2,113,740	3,421,332	-335,742	3,085,590	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,903,752	30,964,013	39,867,765	-8,423,921	31,443,844	55.00
56.00	05600	RADIOISOTOPE	1,230,278	2,774,937	4,005,215	-2,010,594	1,994,621	56.00
57.00	05700	CT SCAN	3,009,426	3,452,600	6,462,026	-1,510,858	4,951,168	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,575,580	6,483,877	10,059,457	-1,678,078	8,381,379	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,080,649	29,689,490	33,770,139	-23,994,889	9,775,250	59.00
60.00	06000	LABORATORY	15,734,976	28,415,126	44,150,102	-693,042	43,457,060	60.00
60.01	06001	HLA LAB	1,057,561	2,531,362	3,588,923	-14,053	3,574,870	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,051,510	29,723,331	34,774,841	-265,578	34,509,263	63.00
65.00	06500	RESPIRATORY THERAPY	8,268,547	6,300,377	14,568,924	-835,494	13,733,430	65.00
66.00	06600	PHYSICAL THERAPY	3,964,760	1,364,636	5,329,396	-33,374	5,296,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,928,816	508,089	2,436,905	-21,011	2,415,894	67.00
68.00	06800	SPEECH PATHOLOGY	678,638	228,901	907,539	-31,521	876,018	68.00
69.00	06900	ELECTROCARDIOLOGY	2,829,196	3,066,254	5,895,450	-1,841,122	4,054,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	696,851	1,131,962	1,828,813	-219,869	1,608,944	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	61,011,850	61,011,850	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	94,819,812	94,819,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,442,565	2,257,709	4,700,274	-542,526	4,157,748	74.00
76.00	03330	ENDOSCOPY	3,950,450	5,903,872	9,854,322	-3,080,101	6,774,221	76.00
76.01	03950	OB/GYN IN VITRO	729,338	1,674,777	2,404,115	-44,630	2,359,485	76.01
76.02	03320	ELECTROSHOCK THERAPY	281,963	156,593	438,556	-6,364	432,192	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	717,500	717,500	76.03
76.04	03952	BONE MARROW ACQUISITION	3,721,592	6,035,805	9,757,397	0	9,757,397	76.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/22/2017 5:06 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	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	234,935	234,935	0	234,935	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,463,325	7,763,719	18,227,044	-1,240,031	16,987,013	90.00
90.01	04950	OUTPATIENT PSYCH	143,605	661,367	804,972	-522,085	282,887	90.01
91.00	09100	EMERGENCY	13,809,591	14,783,688	28,593,279	-636,619	27,956,660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	832,648	9,403,530	10,236,178	545,705	10,781,883	105.00
106.00	10600	HEART ACQUISITION	698,694	1,258,242	1,956,936	26,343	1,983,279	106.00
107.00	10700	LIVER ACQUISITION	508,248	3,745,454	4,253,702	211,400	4,465,102	107.00
108.00	10800	LUNG ACQUISITION	383,869	4,931,622	5,315,491	278,411	5,593,902	108.00
109.00	10900	PANCREAS ACQUISITION	0	354,485	354,485	25,502	379,987	109.00
113.00	11300	INTEREST EXPENSE		13,644,731	13,644,731	0	13,644,731	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	519,898,084	1,221,707,287	1,741,605,371	8,673,514	1,750,278,885	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	217,781	217,781	191.00
191.01	19101	RESEARCH CTSA I/P	0	64,504	64,504	35,162	99,666	191.01
191.02	19102	RESEARCH CTSA O/P	0	29,601	29,601	44,276	73,877	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,229,415	10,200,751	17,430,166	781,157	18,211,323	194.00
194.01	07951	RETAIL PHARMACY	3,348,967	10,970,280	14,319,247	-9,749,625	4,569,622	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	938,961	4,161,474	5,100,435	-2,265	5,098,170	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	531,415,427	1,247,133,897	1,778,549,324	0	1,778,549,324	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-393,337	15,049,271		1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-1,101,592	21,332,155		1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,622,291		1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	1,421,253		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-763,862	55,355,690		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	62,564,072	74,381,771		4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,288,282		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	9,445,640	13,965,457		5.03
5.04	00570	ADMITTING	0	21,364,888		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-5,377,417	303,918,642		5.06
7.00	00700	OPERATION OF PLANT	16,823,397	58,077,121		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,906,240		8.00
9.00	00900	HOUSEKEEPING	-1,173,728	18,876,572		9.00
10.00	01000	DIETARY	-531	8,936,327		10.00
11.00	01100	CAFETERIA	-11,667,995	4,118,242		11.00
13.00	01300	NURSING ADMINISTRATION	-2,615,782	49,390,714		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-8,688	22,361,870		14.00
15.00	01500	PHARMACY	-222,863	165,812,200		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-958,765	5,908,958		16.00
17.00	01700	SOCIAL SERVICE	-540	13,640,528		17.00
18.00	01852	EXTENDED CARE SERVICES	0	0		18.00
18.01	01851	LAB ADMINISTRATION	0	9,510,088		18.01
18.02	01850	RESEARCH ADMINISTRATION	85,319	85,319		18.02
20.00	02000	NURSING SCHOOL	-18,762,713	-4,768,878		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	77,965	116,953,554		21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	257,307		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	-938	379,191		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-25,728,983	145,097,716		30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,048,397		31.00
32.00	03200	CORONARY CARE UNIT	-150	4,496,919		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	13,499,315		34.00
35.01	02400	NEURO ICU	-1,050	7,302,412		35.01
35.02	02401	CARDIO-THORACIC ICU	-750	11,190,176		35.02
40.00	04000	SUBPROVIDER - IPF	-2,322,494	13,045,036		40.00
43.00	04300	NURSERY	0	1,444,524		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
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-841,724	72,326,658		50.00
51.00	05100	RECOVERY ROOM	-770,150	15,812,552		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-14,185	8,202,764		52.00
53.00	05300	ANESTHESIOLOGY	-9,161,435	8,595,458		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-479,041	28,201,320		54.00
54.01	03630	ULTRASOUND	-195,361	2,890,229		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-9,555,437	21,888,407		55.00
56.00	05600	RADIOISOTOPE	-37,823	1,956,798		56.00
57.00	05700	CT SCAN	-703,279	4,247,889		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-248,703	8,132,676		58.00
59.00	05900	CARDIAC CATHETERIZATION	-885,401	8,889,849		59.00
60.00	06000	LABORATORY	1,545,496	45,002,556		60.00
60.01	06001	HLA LAB	220,129	3,794,999		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-39,665	34,469,598		63.00
65.00	06500	RESPIRATORY THERAPY	-2,213	13,731,217		65.00
66.00	06600	PHYSICAL THERAPY	-7,002	5,289,020		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,415,894		67.00
68.00	06800	SPEECH PATHOLOGY	0	876,018		68.00
69.00	06900	ELECTROCARDIOLOGY	-5,697	4,048,631		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-98,606	1,510,338		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	61,011,850		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	94,819,812		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	4,157,748		74.00
76.00	03330	ENDOSCOPY	0	6,774,221		76.00
76.01	03950	OB/GYN IN VITRO	-42,026	2,317,459		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	432,192		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	717,500		76.03
76.04	03952	BONE MARROW ACQUISITION	-148,080	9,609,317		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	234,935		76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-476,785	16,510,228	90.00
90.01	04950	OUTPATIENT PSYCH	0	282,887	90.01
91.00	09100	EMERGENCY	-3,458,181	24,498,479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	10,781,883	105.00
106.00	10600	HEART ACQUISITION	0	1,983,279	106.00
107.00	10700	LIVER ACQUISITION	0	4,465,102	107.00
108.00	10800	LUNG ACQUISITION	0	5,593,902	108.00
109.00	10900	PANCREAS ACQUISITION	0	379,987	109.00
113.00	11300	INTEREST EXPENSE	-13,644,731	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,155,685	1,729,123,200	118.00
	NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	0	217,781	191.00
191.01	19101	RESEARCH CTSA I/P	0	99,666	191.01
191.02	19102	RESEARCH CTSA O/P	0	73,877	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	18,211,323	194.00
194.01	07951	RETAIL PHARMACY	0	4,569,622	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,098,170	194.02
194.03	07953	GUEST MEALS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-21,155,685	1,757,393,639	200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet Non-CMS W | Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	00103		1.03
1.04	NEW CRC-B&F(GSON)	00104		1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	00105		1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMITTING	00570	ADMITTING	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	EXTENDED CARE SERVICES	01852		18.00
18.01	LAB ADMINISTRATION	01851		18.01
18.02	RESEARCH ADMINISTRATION	01850		18.02
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.01	PARAMED ED PRGM-PHARMACY	02301		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.01	NEURO ICU	02400		35.01
35.02	CARDIO-THORACIC ICU	02401		35.02
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	03630	ULTRA SOUND	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	HLA LAB	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ENDOSCOPY	03330	ENDOSCOPY	76.00
76.01	OB/GYN IN VITRO	03950		76.01
76.02	ELECTROSHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.02

COST CENTERS USED IN COST REPORT	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS W Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
76.03	CORNEAL TISSUE ACQUISITION	03951		76.03
76.04	BONE MARROW ACQUISITION	03952		76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
90.01	OUTPATIENT PSYCH	04950		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
191.00	RESEARCH	19100		191.00
191.01	RESEARCH CTSA I/P	19101		191.01
191.02	RESEARCH CTSA O/P	19102		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
194.02	MARKETING/COMMUNITY RELATIONS	07952		194.02
194.03	GUEST MEALS	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/22/2017 5:06 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS COST OF DRUGS SOLD				
1.00	PHARMACY	15.00	0	17,852,217	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
	0		0	17,852,217	
	B - RECLASS COST OF MEDICAL SUPPLIES CHA				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	61,011,850	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	0		0	61,011,850	
	C - RECLASS COST OF IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	94,819,812	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	0		0	94,819,812		
	D - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	24,770,002		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
	0		0	24,770,002		
	E - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,228,647		1.00
	0		0	1,228,647		

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - RECLASS WASH U AFFILIATION AGREEMENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	56,962,631		1.00
	0		0	56,962,631		
	G - RECLASS COST OF INTERPRETERS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	468,927	687,378		1.00
	0		468,927	687,378		
	H - RECLASS GAMMA KNIFE COSTS					
1.00	CT SCAN	57.00	0	21,352		1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	60,800		2.00
	0		0	82,152		
	I - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-PHARMACY	23.01	202,990	54,317		1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	89,497	22,329		2.00
	0		292,487	76,646		
	J - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	105,498	1,898,860		1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	699,426		2.00
3.00		0.00	0	0		3.00
	0		105,498	2,598,286		
	L - RECLASS DIETARY COSTS TO CAFETERIA					
1.00	CAFETERIA	11.00	1,889,681	5,265,548		1.00
	0		1,889,681	5,265,548		
	M - RECLASS PRETRANSPLANT RELATED DIETIC					
1.00	KIDNEY ACQUISITION	105.00	1,161	306		1.00
2.00	HEART ACQUISITION	106.00	2,738	721		2.00
3.00	LIVER ACQUISITION	107.00	5,352	1,409		3.00
4.00	LUNG ACQUISITION	108.00	7,817	2,058		4.00
	0		17,068	4,494		
	N - RECLASS TRANSPLANT SALARIES AND BENE					
1.00	NURSING ADMINISTRATION	13.00	695,456	173,692		1.00
2.00	KIDNEY ACQUISITION	105.00	375,408	91,042		2.00
3.00	LIVER ACQUISITION	107.00	148,716	34,491		3.00
4.00	LUNG ACQUISITION	108.00	168,715	42,243		4.00
5.00	PANCREAS ACQUISITION	109.00	20,054	4,808		5.00
	0		1,408,349	346,276		
	O - RECLASS PRETRANSPLANT RELATED SOCIAL					
1.00	KIDNEY ACQUISITION	105.00	58,696	14,621		1.00
2.00	HEART ACQUISITION	106.00	49,322	12,286		2.00
3.00	LIVER ACQUISITION	107.00	11,802	2,940		3.00
4.00	LUNG ACQUISITION	108.00	22,745	5,666		4.00
5.00	PANCREAS ACQUISITION	109.00	512	128		5.00
	0		143,077	35,641		
	P - RECLASS SALARIES PORTION OF RESEARCH					
1.00	RESEARCH ADMINISTRATION	18.02	66,086	0		1.00
	0		66,086	0		
	Q - RECLASS BARNARD BUILDING RENTAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,158		1.00
2.00	HOUSEKEEPING	9.00	0	3,172		2.00
3.00	LABORATORY	60.00	0	4,857		3.00
4.00	RESEARCH CTSA I/P	191.01	0	48,921		4.00
5.00	RESEARCH CTSA O/P	191.02	0	44,276		5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,521		6.00
	0		0	108,905		
	R - RECLASS NONREIMBURSABLE PARKING					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	110,928	1,390,561		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		110,928	1,390,561		
	S - RECLASS CORNEAL TISSUE ACQUISITION C					
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	717,500		1.00
	0		0	717,500		

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	T - RECLASS EXTENDED RECOVERY NURSING SE				
1.00	RECOVERY ROOM	51.00	0	254,630	1.00
	0		0	254,630	
	U - RECLASS PHYSICIAN SUITE CLEANING COS				
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	112,741	33,033	1.00
	0		112,741	33,033	
	V - RECLASS PROPERTY INSURANCE				
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,399,316	1.00
	0		0	1,399,316	
	W - RECLASS RECRUITING BONUSES AND RELOC				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	160,376	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	37,987	0	2.00
3.00	NURSING ADMINISTRATION	13.00	8,511	0	3.00
4.00	PHARMACY	15.00	12,776	0	4.00
5.00	LAB ADMINISTRATION	18.01	2,000	0	5.00
6.00	NURSING SCHOOL	20.00	2,000	0	6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,500	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	26,832	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	2,000	0	9.00
10.00	CORONARY CARE UNIT	32.00	4,000	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	2,000	0	11.00
12.00	NEURO ICU	35.01	8,788	0	12.00
13.00	CARDIO-THORACIC ICU	35.02	4,000	0	13.00
14.00	SUBPROVIDER - IPF	40.00	2,000	0	14.00
15.00	OPERATING ROOM	50.00	10,145	0	15.00
16.00	RECOVERY ROOM	51.00	4,000	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	6,614	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	5,130	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,500	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	2,000	0	20.00
21.00	LABORATORY	60.00	7,250	0	21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	2,000	0	22.00
23.00	PHYSICAL THERAPY	66.00	1,750	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	1,250	0	24.00
25.00	EMERGENCY	91.00	2,000	0	25.00
26.00	LUNG ACQUISITION	108.00	2,550	0	26.00
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	33,139	0	27.00
	0		355,098	0	
	X - RECLASS FEDERAL AND FOUNDATION RESEA				
1.00	RESEARCH	191.00	71,678	146,103	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	0		71,678	146,103	
	Y - RECLASS ASBESTOS ABATEMENT PAYMENTS				
1.00	OPERATION OF PLANT	7.00	0	45,937	1.00
	0		0	45,937	
	Z - RECLASS PRE-TRANSPLANT RELATED PHARM				
1.00	KIDNEY ACQUISITION	105.00	3,656	815	1.00
2.00	HEART ACQUISITION	106.00	12,405	2,764	2.00
3.00	LIVER ACQUISITION	107.00	5,471	1,219	3.00
4.00	LUNG ACQUISITION	108.00	23,973	5,341	4.00
	TOTALS		45,505	10,139	
500.00	Grand Total: Increases		5,087,123	269,847,704	500.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - RECLASS COST OF DRUGS SOLD					
1.00	SOCIAL SERVICE	17.00	0	59,744	0	1.00
2.00	NURSING SCHOOL	20.00	0	27	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	42,194	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,065	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	622	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	291	0	6.00
7.00	NEURO ICU	35.01	0	1,024	0	7.00
8.00	CARDIO-THORACIC ICU	35.02	0	791	0	8.00
9.00	SUBPROVIDER - IPF	40.00	0	176	0	9.00
10.00	OPERATING ROOM	50.00	0	51,151	0	10.00
11.00	RECOVERY ROOM	51.00	0	127	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	123	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	1,069,826	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	362,789	0	14.00
15.00	ULTRASOUND	54.01	0	10,089	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,504,219	0	16.00
17.00	RADIOISOTOPE	56.00	0	1,503,180	0	17.00
18.00	CT SCAN	57.00	0	9,504	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	47,969	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	359	0	20.00
21.00	LABORATORY	60.00	0	245	0	21.00
22.00	HLA LAB	60.01	0	532	0	22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	42,322	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	2,767	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,478,752	0	25.00
26.00	RENAL DIALYSIS	74.00	0	29,114	0	26.00
27.00	ENDOSCOPY	76.00	0	160	0	27.00
28.00	OB/GYN IN VITRO	76.01	0	7,425	0	28.00
29.00	ELECTROSHOCK THERAPY	76.02	0	146	0	29.00
30.00	CLINIC	90.00	0	286,719	0	30.00
31.00	OUTPATIENT PSYCH	90.01	0	465,775	0	31.00
32.00	EMERGENCY	91.00	0	32,315	0	32.00
33.00	RESEARCH CTSA I/P	191.01	0	13,759	0	33.00
34.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	104,828	0	34.00
35.00	RETAIL PHARMACY	194.01	0	9,721,088	0	35.00
	0		0	17,852,217		
	B - RECLASS COST OF MEDICAL SUPPLIES CHA					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	372,336	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43,079	0	2.00
3.00	DIETARY	10.00	0	147,013	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,446	0	4.00
5.00	PHARMACY	15.00	0	28,703	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,856	0	6.00
7.00	OPERATING ROOM	50.00	0	39,596,467	0	7.00
8.00	RECOVERY ROOM	51.00	0	6,974	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	536,753	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	413,591	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,344,161	0	11.00
12.00	ULTRASOUND	54.01	0	160,822	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	114,998	0	13.00
14.00	CT SCAN	57.00	0	137,419	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	29,625	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	7,908,078	0	16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	141	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	415,735	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	22,066	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	17,919	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	27,103	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	115,091	0	22.00
23.00	RENAL DIALYSIS	74.00	0	357,435	0	23.00
24.00	ENDOSCOPY	76.00	0	1,781,897	0	24.00
25.00	CLINIC	90.00	0	393,647	0	25.00
26.00	EMERGENCY	91.00	0	35,495	0	26.00
	0		0	61,011,850		

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	2,100	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	136,787	0	2.00
3.00	OPERATING ROOM	50.00	0	74,148,738	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,801	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,831,944	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,951,273	0	6.00
7.00	CT SCAN	57.00	0	113,640	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	14,779,213	0	8.00
9.00	ENDOSCOPY	76.00	0	689,065	0	9.00
10.00	CLINIC	90.00	0	144,251	0	10.00
	0		0	94,819,812		
	D - RECLASS EQUIPMENT DEPRECIATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,942	9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	13,080	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	5,763	0	3.00
4.00	ADMITTING	5.04	0	31,411	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	979,132	0	5.00
6.00	OPERATION OF PLANT	7.00	0	305,358	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	282	0	7.00
8.00	HOUSEKEEPING	9.00	0	79,334	0	8.00
9.00	DIETARY	10.00	0	147,966	0	9.00
10.00	CAFETERIA	11.00	0	30,042	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	884,844	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	69,112	0	12.00
13.00	PHARMACY	15.00	0	93,851	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	18,511	0	14.00
15.00	SOCIAL SERVICE	17.00	0	13,924	0	15.00
16.00	LAB ADMINISTRATION	18.01	0	34,893	0	16.00
17.00	NURSING SCHOOL	20.00	0	222,373	0	17.00
18.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,968	0	18.00
19.00	PARAMED ED PRGM-PASTORAL ED	23.02	0	867	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	0	1,403,739	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	0	1,276,294	0	21.00
22.00	CORONARY CARE UNIT	32.00	0	2,747	0	22.00
23.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	134,242	0	23.00
24.00	NEURO ICU	35.01	0	104,813	0	24.00
25.00	CARDIO-THORACIC ICU	35.02	0	104,989	0	25.00
26.00	SUBPROVIDER - IPF	40.00	0	57,763	0	26.00
27.00	NURSERY	43.00	0	15,894	0	27.00
28.00	OPERATING ROOM	50.00	0	3,597,962	0	28.00
29.00	RECOVERY ROOM	51.00	0	129,045	0	29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	0	57,976	0	30.00
31.00	ANESTHESIOLOGY	53.00	0	357,239	0	31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,355,993	0	32.00
33.00	ULTRASOUND	54.01	0	164,831	0	33.00
34.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,542,632	0	34.00
35.00	RADIOISOTOPE	56.00	0	507,414	0	35.00
36.00	CT SCAN	57.00	0	1,271,647	0	36.00
37.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,661,284	0	37.00
38.00	CARDIAC CATHETERIZATION	59.00	0	1,278,238	0	38.00
39.00	LABORATORY	60.00	0	697,654	0	39.00
40.00	HLA LAB	60.01	0	13,521	0	40.00
41.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	223,115	0	41.00
42.00	RESPIRATORY THERAPY	65.00	0	416,992	0	42.00
43.00	PHYSICAL THERAPY	66.00	0	11,308	0	43.00
44.00	OCCUPATIONAL THERAPY	67.00	0	3,092	0	44.00
45.00	SPEECH PATHOLOGY	68.00	0	4,418	0	45.00
46.00	ELECTROCARDIOLOGY	69.00	0	247,279	0	46.00
47.00	ELECTROENCEPHALOGRAPHY	70.00	0	219,869	0	47.00
48.00	RENAL DIALYSIS	74.00	0	155,977	0	48.00
49.00	ENDOSCOPY	76.00	0	608,979	0	49.00
50.00	OB/GYN IN VITRO	76.01	0	37,205	0	50.00
51.00	ELECTROSHOCK THERAPY	76.02	0	6,218	0	51.00
52.00	CLINIC	90.00	0	415,414	0	52.00
53.00	OUTPATIENT PSYCH	90.01	0	56,310	0	53.00
54.00	EMERGENCY	91.00	0	568,809	0	54.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
55.00	HEART ACQUISITION	106.00	0	203	0		55.00
56.00	LUNG ACQUISITION	108.00	0	147	0		56.00
57.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	72,295	0		57.00
58.00	RETAIL PHARMACY	194.01	0	28,537	0		58.00
59.00	MARKETING/COMMUNITY RELATIONS	194.02	0	2,265	0		59.00
	0		0	24,770,002			
	E - RECLASS FINANCE ACCRUALS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,228,647	0		1.00
	0		0	1,228,647			
	F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	56,962,631	0		1.00
	0		0	56,962,631			
	G - RECLASS COST OF INTERPRETERS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	468,927	687,378	0		1.00
	0		468,927	687,378			
	H - RECLASS GAMMA KNIFE COSTS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	82,152	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	82,152			
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	202,990	54,317	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	89,497	22,329	0		2.00
	0		292,487	76,646			
	J - RECLASS FINANCE ACCRUALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,177	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	2,580,109	0		2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	105,498	0	0		3.00
	0		105,498	2,598,286			
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	DIETARY	10.00	1,889,681	5,265,548	0		1.00
	0		1,889,681	5,265,548			
	M - RECLASS PRETRANSPLANT RELATED DIETIC						
1.00	DIETARY	10.00	17,068	4,494	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
	0		17,068	4,494			
	N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	OPERATING ROOM	50.00	1,370,032	330,903	0		1.00
2.00	HEART ACQUISITION	106.00	38,317	15,373	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		1,408,349	346,276			
	O - RECLASS PRETRANSPLANT RELATED SOCIAL						
1.00	SOCIAL SERVICE	17.00	143,077	35,641	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		143,077	35,641			
	P - RECLASS SALARIES PORTION OF RESEARCH						
1.00	RESEARCH ADMINISTRATION	18.02	0	66,086	0		1.00
	0		0	66,086			
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	108,905	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
	0		0	108,905			
	R - RECLASS NONREIMBURSABLE PARKING						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	324,523	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	257,017	9		2.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	573,048	9	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	110,928	156,730	0	4.00
5.00	OPERATION OF PLANT	7.00	0	79,243	0	5.00
	0		110,928	1,390,561		
	S - RECLASS CORNEAL TISSUE ACQUISITION C					
1.00	OPERATING ROOM	50.00	0	717,500	0	1.00
	0		0	717,500		
	T - RECLASS EXTENDED RECOVERY NURSING SE					
1.00	ADULTS & PEDIATRICS	30.00	0	254,630	0	1.00
	0		0	254,630		
	U - RECLASS PHYSICIAN SUITE CLEANING COS					
1.00	HOUSEKEEPING	9.00	112,741	33,033	0	1.00
	0		112,741	33,033		
	V - RECLASS PROPERTY INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,399,316	0	1.00
	0		0	1,399,316		
	W - RECLASS RECRUITING BONUSES AND RELOC					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	160,376	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37,987	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	8,511	0	3.00
4.00	PHARMACY	15.00	0	12,776	0	4.00
5.00	LAB ADMINISTRATION	18.01	0	2,000	0	5.00
6.00	NURSING SCHOOL	20.00	0	2,000	0	6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,500	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	26,832	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	2,000	0	9.00
10.00	CORONARY CARE UNIT	32.00	0	4,000	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,000	0	11.00
12.00	NEURO ICU	35.01	0	8,788	0	12.00
13.00	CARDIO-THORACIC ICU	35.02	0	4,000	0	13.00
14.00	SUBPROVIDER - IPF	40.00	0	2,000	0	14.00
15.00	OPERATING ROOM	50.00	0	10,145	0	15.00
16.00	RECOVERY ROOM	51.00	0	4,000	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,614	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,130	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,500	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	2,000	0	20.00
21.00	LABORATORY	60.00	0	7,250	0	21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,000	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	1,750	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	1,250	0	24.00
25.00	EMERGENCY	91.00	0	2,000	0	25.00
26.00	LUNG ACQUISITION	108.00	0	2,550	0	26.00
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	33,139	0	27.00
	0		0	355,098		
	X - RECLASS FEDERAL AND FOUNDATION RESEA					
1.00	NURSING ADMINISTRATION	13.00	0	48,500	0	1.00
2.00	NURSING SCHOOL	20.00	5,647	0	0	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,506	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	29,001	0	0	4.00
5.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	37,030	93,097	0	5.00
	0		71,678	146,103		
	Y - RECLASS ASBESTOS ABATEMENT PAYMENTS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45,937	0	1.00
	0		0	45,937		
	Z - RECLASS PRE-TRANSPLANT RELATED PHARM					
1.00	PHARMACY	15.00	45,505	10,139	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
	TOTALS		45,505	10,139		
500.00	Grand Total: Decreases		4,665,939	270,268,888		500.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - RECLASS COST OF DRUGS SOLD								
1.00	PHARMACY	15.00	0	17,852,217	SOCIAL SERVICE	17.00	0	59,744	1.00
2.00		0.00	0	0	NURSING SCHOOL	20.00	0	27	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	42,194	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	2,065	4.00
5.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	622	5.00
6.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	291	6.00
7.00		0.00	0	0	NEURO ICU	35.01	0	1,024	7.00
8.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	791	8.00
9.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	176	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	51,151	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	127	11.00
12.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	123	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,069,826	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	362,789	14.00
15.00		0.00	0	0	ULTRASOUND	54.01	0	10,089	15.00
16.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	2,504,219	16.00
17.00		0.00	0	0	RADIOISOTOPE	56.00	0	1,503,180	17.00
18.00		0.00	0	0	CT SCAN	57.00	0	9,504	18.00
19.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	47,969	19.00
20.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	359	20.00
21.00		0.00	0	0	LABORATORY	60.00	0	245	21.00
22.00		0.00	0	0	HLA LAB	60.01	0	532	22.00
23.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	42,322	23.00
24.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	2,767	24.00
25.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,478,752	25.00
26.00		0.00	0	0	RENAL DIALYSIS	74.00	0	29,114	26.00
27.00		0.00	0	0	ENDOSCOPY	76.00	0	160	27.00
28.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	7,425	28.00
29.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	146	29.00
30.00		0.00	0	0	CLINIC	90.00	0	286,719	30.00
31.00		0.00	0	0	OUTPATIENT PSYCH	90.01	0	465,775	31.00
32.00		0.00	0	0	EMERGENCY	91.00	0	32,315	32.00
33.00		0.00	0	0	RESEARCH CTSA I/P	191.01	0	13,759	33.00
34.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	104,828	34.00
35.00		0.00	0	0	RETAIL PHARMACY	194.01	0	9,721,088	35.00
	0		0	17,852,217	0		0	17,852,217	
	B - RECLASS COST OF MEDICAL SUPPLIES CHA								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	61,011,850	PURCHASING RECEIVING AND STORES	5.03	0	372,336	1.00
2.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43,079	2.00
3.00		0.00	0	0	DIETARY	10.00	0	147,013	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	3,446	4.00
5.00		0.00	0	0	PHARMACY	15.00	0	28,703	5.00
6.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,856	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	39,596,467	7.00
8.00		0.00	0	0	RECOVERY ROOM	51.00	0	6,974	8.00
9.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	536,753	9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	413,591	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	8,344,161	11.00
12.00		0.00	0	0	ULTRASOUND	54.01	0	160,822	12.00
13.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	114,998	13.00
14.00		0.00	0	0	CT SCAN	57.00	0	137,419	14.00
15.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	29,625	15.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	7,908,078	16.00
17.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	141	17.00
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	415,735	18.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	22,066	19.00
20.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	17,919	20.00
21.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	27,103	21.00
22.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	115,091	22.00
23.00		0.00	0	0	RENAL DIALYSIS	74.00	0	357,435	23.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
24.00		0.00	0	0	ENDOSCOPY	76.00	0	1,781,897	24.00
25.00		0.00	0	0	CLINIC	90.00	0	393,647	25.00
26.00		0.00	0	0	EMERGENCY	91.00	0	35,495	26.00
	0		0	61,011,850	0		0	61,011,850	
	C - RECLASS COST OF IMPLANTABLE DEVICES								
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	94,819,812	PURCHASING RECEIVING AND STORES	5.03	0	2,100	1.00
2.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	136,787	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	74,148,738	3.00
4.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	22,801	4.00
5.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,831,944	5.00
6.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,951,273	6.00
7.00		0.00	0	0	CT SCAN	57.00	0	113,640	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	14,779,213	8.00
9.00		0.00	0	0	ENDOSCOPY	76.00	0	689,065	9.00
10.00		0.00	0	0	CLINIC	90.00	0	144,251	10.00
	0		0	94,819,812	0		0	94,819,812	
	D - RECLASS EQUIPMENT DEPRECIATION								
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	24,770,002	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,942	1.00
2.00		0.00	0	0	NONPATIENT TELEPHONES	5.01	0	13,080	2.00
3.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	0	5,763	3.00
4.00		0.00	0	0	ADMITTING	5.04	0	31,411	4.00
5.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	979,132	5.00
6.00		0.00	0	0	OPERATION OF PLANT	7.00	0	305,358	6.00
7.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	282	7.00
8.00		0.00	0	0	HOUSEKEEPING	9.00	0	79,334	8.00
9.00		0.00	0	0	DIETARY	10.00	0	147,966	9.00
10.00		0.00	0	0	CAFETERIA	11.00	0	30,042	10.00
11.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	884,844	11.00
12.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	69,112	12.00
13.00		0.00	0	0	PHARMACY	15.00	0	93,851	13.00
14.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	18,511	14.00
15.00		0.00	0	0	SOCIAL SERVICE	17.00	0	13,924	15.00
16.00		0.00	0	0	LAB ADMINISTRATION	18.01	0	34,893	16.00
17.00		0.00	0	0	NURSING SCHOOL	20.00	0	222,373	17.00
18.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,968	18.00
19.00		0.00	0	0	PARAMED ED PRGM-PASTORAL ED	23.02	0	867	19.00
20.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,403,739	20.00
21.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	1,276,294	21.00
22.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	2,747	22.00
23.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	134,242	23.00
24.00		0.00	0	0	NEURO ICU	35.01	0	104,813	24.00
25.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	104,989	25.00
26.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	57,763	26.00
27.00		0.00	0	0	NURSERY	43.00	0	15,894	27.00
28.00		0.00	0	0	OPERATING ROOM	50.00	0	3,597,962	28.00
29.00		0.00	0	0	RECOVERY ROOM	51.00	0	129,045	29.00
30.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	57,976	30.00
31.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	357,239	31.00
32.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	3,355,993	32.00
33.00		0.00	0	0	ULTRASOUND	54.01	0	164,831	33.00
34.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	2,542,632	34.00
35.00		0.00	0	0	RADIOISOTOPE	56.00	0	507,414	35.00
36.00		0.00	0	0	CT SCAN	57.00	0	1,271,647	36.00
37.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,661,284	37.00
38.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,278,238	38.00
39.00		0.00	0	0	LABORATORY	60.00	0	697,654	39.00
40.00		0.00	0	0	HLA LAB	60.01	0	13,521	40.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
41.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	223,115	41.00
42.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	416,992	42.00
43.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	11,308	43.00
44.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	3,092	44.00
45.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	4,418	45.00
46.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	247,279	46.00
47.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	219,869	47.00
48.00		0.00	0	0	RENAL DIALYSIS	74.00	0	155,977	48.00
49.00		0.00	0	0	ENDOSCOPY	76.00	0	608,979	49.00
50.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	37,205	50.00
51.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	6,218	51.00
52.00		0.00	0	0	CLINIC	90.00	0	415,414	52.00
53.00		0.00	0	0	OUTPATIENT PSYCH	90.01	0	56,310	53.00
54.00		0.00	0	0	EMERGENCY	91.00	0	568,809	54.00
55.00		0.00	0	0	HEART ACQUISITION	106.00	0	203	55.00
56.00		0.00	0	0	LUNG ACQUISITION	108.00	0	147	56.00
57.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	72,295	57.00
58.00		0.00	0	0	RETAIL PHARMACY	194.01	0	28,537	58.00
59.00		0.00	0	0	MARKETING/COMMUNITY RELATIONS	194.02	0	2,265	59.00
	0		0	24,770,002	0		0	24,770,002	
	E - RECLASS FINANCE ACCRUALS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,228,647	RADIOLOGY-THERAPEUTIC	55.00	0	1,228,647	1.00
	0		0	1,228,647	0		0	1,228,647	
	F - RECLASS WASH U AFFILIATION AGREEMENT								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	56,962,631	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	56,962,631	1.00
	0		0	56,962,631	0		0	56,962,631	
	G - RECLASS COST OF INTERPRETERS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	468,927	687,378	OTHER NONREIMBURSABLE COST CENTERS	194.00	468,927	687,378	1.00
	0		468,927	687,378	0		468,927	687,378	
	H - RECLASS GAMMA KNIFE COSTS								
1.00	CT SCAN	57.00	0	21,352	RADIOLOGY-THERAPEUTIC	55.00	0	82,152	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	60,800		0.00	0	0	2.00
	0		0	82,152	0		0	82,152	
	I - RECLASS PARAMEDICAL EDUCATION								
1.00	PARAMED ED PRGM-PHARMACY	23.01	202,990	54,317	PHARMACY	15.00	202,990	54,317	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	89,497	22,329	OTHER ADMINISTRATIVE AND GENERAL	5.06	89,497	22,329	2.00
	0		292,487	76,646	0		292,487	76,646	
	J - RECLASS FINANCE ACCRUALS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	105,498	1,898,860	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,177	1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	699,426	PURCHASING RECEIVING AND STORES	5.03	0	2,580,109	2.00
3.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	105,498	0	3.00
	0		105,498	2,598,286	0		105,498	2,598,286	
	L - RECLASS DIETARY COSTS TO CAFETERIA								
1.00	CAFETERIA	11.00	1,889,681	5,265,548	DIETARY	10.00	1,889,681	5,265,548	1.00
	0		1,889,681	5,265,548	0		1,889,681	5,265,548	
	M - RECLASS PRETRANSPLANT RELATED DIETIC								
1.00	KIDNEY ACQUISITION	105.00	1,161	306	DIETARY	10.00	17,068	4,494	1.00
2.00	HEART ACQUISITION	106.00	2,738	721		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	5,352	1,409		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	7,817	2,058		0.00	0	0	4.00
	0		17,068	4,494	0		17,068	4,494	
	N - RECLASS TRANSPLANT SALARIES AND BENE								
1.00	NURSING ADMINISTRATION	13.00	695,456	173,692	OPERATING ROOM	50.00	1,370,032	330,903	1.00
2.00	KIDNEY ACQUISITION	105.00	375,408	91,042	HEART ACQUISITION	106.00	38,317	15,373	2.00
3.00	LIVER ACQUISITION	107.00	148,716	34,491		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	168,715	42,243		0.00	0	0	4.00
5.00	PANCREAS ACQUISITION	109.00	20,054	4,808		0.00	0	0	5.00
	0		1,408,349	346,276	0		1,408,349	346,276	

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	O - RECLASS PRETRANSPLANT RELATED SOCIAL								
1.00	KIDNEY ACQUISITION	105.00	58,696	14,621	SOCIAL SERVICE	17.00	143,077	35,641	1.00
2.00	HEART ACQUISITION	106.00	49,322	12,286		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	11,802	2,940		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	22,745	5,666		0.00	0	0	4.00
5.00	PANCREAS ACQUISITION	109.00	512	128		0.00	0	0	5.00
	0		143,077	35,641	0		143,077	35,641	
	P - RECLASS SALARIES PORTION OF RESEARCH								
1.00	RESEARCH ADMINISTRATION	18.02	66,086	0	RESEARCH ADMINISTRATION	18.02	0	66,086	1.00
	0		66,086	0	0		0	66,086	
	Q - RECLASS BARNARD BUILDING RENTAL								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,158	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	108,905	1.00
2.00	HOUSEKEEPING	9.00	0	3,172		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	4,857		0.00	0	0	3.00
4.00	RESEARCH CTSA I/P	191.01	0	48,921		0.00	0	0	4.00
5.00	RESEARCH CTSA O/P	191.02	0	44,276		0.00	0	0	5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,521		0.00	0	0	6.00
	0		0	108,905	0		0	108,905	
	R - RECLASS NONREIMBURSABLE PARKING								
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	110,928	1,390,561	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	324,523	1.00
2.00		0.00	0	0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	257,017	2.00
3.00		0.00	0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	573,048	3.00
4.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	110,928	156,730	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	79,243	5.00
	0		110,928	1,390,561	0		110,928	1,390,561	
	S - RECLASS CORNEAL TISSUE ACQUISITION C								
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	717,500	OPERATING ROOM	50.00	0	717,500	1.00
	0		0	717,500	0		0	717,500	
	T - RECLASS EXTENDED RECOVERY NURSING SE								
1.00	RECOVERY ROOM	51.00	0	254,630	ADULTS & PEDIATRICS	30.00	0	254,630	1.00
	0		0	254,630	0		0	254,630	
	U - RECLASS PHYSICIAN SUITE CLEANING COS								
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	112,741	33,033	HOUSEKEEPING	9.00	112,741	33,033	1.00
	0		112,741	33,033	0		112,741	33,033	
	V - RECLASS PROPERTY INSURANCE								
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,399,316	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,399,316	1.00
	0		0	1,399,316	0		0	1,399,316	
	W - RECLASS RECRUITING BONUSES AND RELOC								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	160,376	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	160,376	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	37,987	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37,987	2.00
3.00	NURSING ADMINISTRATION	13.00	8,511	0	NURSING ADMINISTRATION	13.00	0	8,511	3.00
4.00	PHARMACY	15.00	12,776	0	PHARMACY	15.00	0	12,776	4.00
5.00	LAB ADMINISTRATION	18.01	2,000	0	LAB ADMINISTRATION	18.01	0	2,000	5.00
6.00	NURSING SCHOOL	20.00	2,000	0	NURSING SCHOOL	20.00	0	2,000	6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,500	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,500	7.00
8.00	ADULTS & PEDIATRICS	30.00	26,832	0	ADULTS & PEDIATRICS	30.00	0	26,832	8.00
9.00	INTENSIVE CARE UNIT	31.00	2,000	0	INTENSIVE CARE UNIT	31.00	0	2,000	9.00
10.00	CORONARY CARE UNIT	32.00	4,000	0	CORONARY CARE UNIT	32.00	0	4,000	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	2,000	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,000	11.00
12.00	NEURO ICU	35.01	8,788	0	NEURO ICU	35.01	0	8,788	12.00
13.00	CARDIO-THORACIC ICU	35.02	4,000	0	CARDIO-THORACIC ICU	35.02	0	4,000	13.00
14.00	SUBPROVIDER - IPF	40.00	2,000	0	SUBPROVIDER - IPF	40.00	0	2,000	14.00
15.00	OPERATING ROOM	50.00	10,145	0	OPERATING ROOM	50.00	0	10,145	15.00
16.00	RECOVERY ROOM	51.00	4,000	0	RECOVERY ROOM	51.00	0	4,000	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	6,614	0	RADIOLOGY-DIAGNOSTIC	54.00	0	6,614	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	5,130	0	RADIOLOGY-THERAPEUTIC	55.00	0	5,130	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,500	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,500	19.00
20.00	CARDIAC CATHETERIZATION	59.00	2,000	0	CARDIAC CATHETERIZATION	59.00	0	2,000	20.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
21.00	LABORATORY	60.00	7,250	0	LABORATORY	60.00	0	7,250	21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	2,000	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,000	22.00
23.00	PHYSICAL THERAPY	66.00	1,750	0	PHYSICAL THERAPY	66.00	0	1,750	23.00
24.00	OCCUPATIONAL THERAPY	67.00	1,250	0	OCCUPATIONAL THERAPY	67.00	0	1,250	24.00
25.00	EMERGENCY	91.00	2,000	0	EMERGENCY	91.00	0	2,000	25.00
26.00	LUNG ACQUISITION	108.00	2,550	0	LUNG ACQUISITION	108.00	0	2,550	26.00
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	33,139	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	33,139	27.00
	0		355,098	0	0		0	355,098	
	X - RECLASS FEDERAL AND FOUNDATION RESEA								
1.00	RESEARCH	191.00	71,678	146,103	NURSING ADMINISTRATION	13.00	0	48,500	1.00
2.00		0.00	0	0	NURSING SCHOOL	20.00	5,647	0	2.00
3.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,506	3.00
4.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	29,001	0	4.00
5.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	37,030	93,097	5.00
	0		71,678	146,103	0		71,678	146,103	
	Y - RECLASS ASBESTOS ABATEMENT PAYMENTS								
1.00	OPERATION OF PLANT	7.00	0	45,937	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45,937	1.00
	0		0	45,937	0		0	45,937	
	Z - RECLASS PRE-TRANSPLANT RELATED PHARM								
1.00	KIDNEY ACQUISITION	105.00	3,656	815	PHARMACY	15.00	45,505	10,139	1.00
2.00	HEART ACQUISITION	106.00	12,405	2,764		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	5,471	1,219		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	23,973	5,341		0.00	0	0	4.00
	TOTALS		45,505	10,139	TOTALS		45,505	10,139	
500.00	Grand Total: Increases		5,087,123	269,847,704	Grand Total: Decreases		4,665,939	270,268,888	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I Date/Time Prepared: 5/22/2017 5:06 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	20,677,877	1,633,370	0	1,633,370	2,400,000	1.00
2.00	Land Improvements	17,650,616	3,049,797	0	3,049,797	699,953	2.00
3.00	Buildings and Fixtures	631,546,685	12,242,610	0	12,242,610	23,779,161	3.00
4.00	Building Improvements	16,432,916	0	0	0	55,241	4.00
5.00	Fixed Equipment	561,843,246	50,237	0	50,237	53,628,547	5.00
6.00	Movable Equipment	677,275,246	22,953,984	0	22,953,984	37,094,887	6.00
7.00	HIT designated Assets	24,952,694	1,549,644	0	1,549,644	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,950,379,280	41,479,642	0	41,479,642	117,657,789	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,950,379,280	41,479,642	0	41,479,642	117,657,789	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	19,911,247	0	1.00
2.00	Land Improvements	20,000,460	5,912,622	2.00
3.00	Buildings and Fixtures	620,010,134	114,030,715	3.00
4.00	Building Improvements	16,377,675	8,499,769	4.00
5.00	Fixed Equipment	508,264,936	238,770,488	5.00
6.00	Movable Equipment	663,134,343	476,360,784	6.00
7.00	HIT designated Assets	26,502,338	5,661,715	7.00
8.00	Subtotal (sum of lines 1-7)	1,874,201,133	849,236,093	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,874,201,133	849,236,093	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	15,302,930	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	22,299,059	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,595,174	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,421,253	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	31,406,305	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	72,024,721	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	15,302,930	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	22,299,059	1.03
1.04	NEW CRC-B&F(GSON)	0	1,595,174	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,421,253	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	31,406,305	2.00
3.00	Total (sum of lines 1-2)	0	72,024,721	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	615,131,378	0	615,131,378	0.331734	464,201	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	519,063,944	0	519,063,944	0.279926	391,705	1.03
1.04	NEW CRC-B&F(GSON)	35,933,675	0	35,933,675	0.019379	27,117	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	684,160,889	0	684,160,889	0.368961	516,293	2.00
3.00	Total (sum of lines 1-2)	1,854,289,886	0	1,854,289,886	1.000000	1,399,316	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	464,201	14,585,070	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	391,705	20,940,450	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	27,117	1,595,174	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,421,253	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	516,293	54,839,397	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,399,316	93,381,344	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	464,201	0	0	15,049,271	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	391,705	0	0	21,332,155	1.03
1.04	NEW CRC-B&F(GSON)	0	27,117	0	0	1,622,291	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,421,253	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	516,293	0	0	55,355,690	2.00
3.00	Total (sum of lines 1-2)	0	1,399,316	0	0	94,780,660	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/22/2017 5:06 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)		0	NEW CRC-B&F(GSON)	1.04	0	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-13,644,731	INTEREST EXPENSE	113.00	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)	B	-1,586,292	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-41,755,731			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	-3,725,442			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-11,008,128	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)		0	NEW CRC-B&F(GSON)	1.04	0	26.04
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	26.05

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/22/2017 5:06 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	
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE	B	15,800	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.02	OTHER REVENUE	B	-406	OPERATION OF PLANT	7.00	0	33.02
33.03	OTHER REVENUE	B	-526	DIETARY	10.00	0	33.03
33.04	OTHER REVENUE	B	-659,867	CAFETERIA	11.00	0	33.04
33.05	OTHER REVENUE	B	-77,888	NURSING ADMINISTRATION	13.00	0	33.05
33.06	OTHER REVENUE	B	-8,688	CENTRAL SERVICES & SUPPLY	14.00	0	33.06
33.07	OTHER REVENUE	B	-218,183	PHARMACY	15.00	0	33.07
33.08	OTHER REVENUE	B	-958,765	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	OTHER REVENUE	B	-20,124,014	NURSING SCHOOL	20.00	0	33.09
33.10	OTHER REVENUE	B	80,196	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.10
33.11	OTHER REVENUE	B	-938	PARAMED ED PRGM-PASTORAL ED	23.02	0	33.11
33.12	OTHER REVENUE	B	-1,187,048	ADULTS & PEDIATRICS	30.00	0	33.12
33.13	OTHER REVENUE	B	-116,362	OPERATING ROOM	50.00	0	33.13
33.14	OTHER REVENUE	B	-14,185	DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	OTHER REVENUE	B	-200,436	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	OTHER REVENUE	B	-195,361	ULTRASOUND	54.01	0	33.16
33.17	OTHER REVENUE	B	-6,211	RADIOLOGY-THERAPEUTIC	55.00	0	33.17
33.18	OTHER REVENUE	B	-37,823	RADIOISOTOPE	56.00	0	33.18
33.19	OTHER REVENUE	B	-703,279	CT SCAN	57.00	0	33.19
33.20	OTHER REVENUE	B	-246,063	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.20
33.21	OTHER REVENUE	B	-15,000	CARDIAC CATHETERIZATION	59.00	0	33.21
33.22	OTHER REVENUE	B	-7,002	PHYSICAL THERAPY	66.00	0	33.22
33.23	OTHER REVENUE	B	-5,474	ELECTROCARDIOLOGY	69.00	0	33.23
33.24	OTHER REVENUE	B	-42,026	OB/GYN IN VITRO	76.01	0	33.24
33.25	OTHER REVENUE	B	-106,646	BONE MARROW ACQUISITION	76.04	0	33.25
33.26	OTHER REVENUE	B	-183,651	CLINIC	90.00	0	33.26
33.27	OTHER REVENUE	B	-97,599	EMERGENCY	91.00	0	33.27
35.00	RESEARCH ADMINISTRATIVE COSTS	A	85,319	RESEARCH ADMINISTRATION	18.02	0	35.00
36.00	ALLOWABLE FRA COSTS	A	100,556,581	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	ASBESTOS ABATEMENT	A	8,863	OPERATION OF PLANT	7.00	0	37.00
38.00	CONTRIBUTIONS	A	-37,188,801	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.00
38.01	CONTRIBUTIONS	A	-23	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	38.01
38.02	CONTRIBUTIONS	A	-300	EMERGENCY	91.00	0	38.02
38.05	REMOVE ASBESTOS ACCRUAL	A	-15,050	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.05
38.06	BAD DEBTS	A	-33,246	NURSING SCHOOL	20.00	0	38.06
41.00	BAD DEBTS	A	-965	SUBPROVIDER - IPF	40.00	0	41.00
41.01	PATIENT PHONES	A	-259,650	ADULTS & PEDIATRICS	30.00	0	41.01
41.02	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-304	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.02
41.03	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-154,186	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.03
41.04	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-106,152	OPERATION OF PLANT	7.00	0	41.04
41.05	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-354	HOUSEKEEPING	9.00	0	41.05
41.06	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-24,540	NURSING ADMINISTRATION	13.00	0	41.06
41.07	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-540	SOCIAL SERVICE	17.00	0	41.07

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/22/2017 5:06 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	
41.08	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-2,208	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	41.08
41.09	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-32,674	OPERATING ROOM	50.00	0	41.09
41.10	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-30,074	RADIOLOGY-DIAGNOSTIC	54.00	0	41.10
41.11	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-2,640	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	41.11
43.00	MALPRACTICE EXP	A	-11,406,004	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	WASH UNIV ASSESSMENTS	A	-278,422	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00	LOBBYING PORTION OF DUES	A	-147,490	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01	LOBBYING PORTION OF DUES	A	-4,680	PHARMACY	15.00	0	45.01
45.02	LOBBYING PORTION OF DUES	A	-50	NURSING SCHOOL	20.00	0	45.02
45.03	LOBBYING PORTION OF DUES	A	-120	ELECTROENCEPHALOGRAPHY	70.00	0	45.03
45.04	NONALLOWABLE INTERN/RESIDENT COSTS	A	-22,518	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.04
45.05	NONALLOWABLE INTERN/RESIDENT COSTS	A	-37,980	NURSING ADMINISTRATION	13.00	0	45.05
45.06	NONALLOWABLE INTERN/RESIDENT COSTS	A	-3,340,536	ADULTS & PEDIATRICS	30.00	0	45.06
45.07	NONALLOWABLE INTERN/RESIDENT COSTS	A	-3	RADIOLOGY-DIAGNOSTIC	54.00	0	45.07
45.08	NONALLOWABLE INTERN/RESIDENT COSTS	A	-10,179	CARDIAC CATHETERIZATION	59.00	0	45.08
45.09	NONALLOWABLE INTERN/RESIDENT COSTS	A	-9,450	ELECTROENCEPHALOGRAPHY	70.00	0	45.09
45.10	NONALLOWABLE INTERN/RESIDENT COSTS	A	-75	EMERGENCY	91.00	0	45.10
45.11	ENTERTAINMENT/PROMOTION EXP	A	-5,326	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.11
45.12	ENTERTAINMENT/PROMOTION EXP	A	-10,658	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.12
45.13	ENTERTAINMENT/PROMOTION EXP	A	-1,895	OPERATION OF PLANT	7.00	0	45.13
45.14	ENTERTAINMENT/PROMOTION EXP	A	-5	DIETARY	10.00	0	45.14
45.15	ENTERTAINMENT/PROMOTION EXP	A	-16	ADULTS & PEDIATRICS	30.00	0	45.15
45.16	ENTERTAINMENT/PROMOTION EXP	A	-102	RADIOLOGY-DIAGNOSTIC	54.00	0	45.16
45.17	ENTERTAINMENT/PROMOTION EXP	A	-223	ELECTROCARDIOLOGY	69.00	0	45.17
45.18	ENTERTAINMENT/PROMOTION EXP	A	-251	CLINIC	90.00	0	45.18
45.31	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-462,568	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.31
45.32	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-1,101,592	NEW CRC-B&F(BJH CAMP EXP)	1.03	9	45.32
45.33	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-2,301,776	OPERATION OF PLANT	7.00	0	45.33
45.34	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-1,173,374	HOUSEKEEPING	9.00	0	45.34
45.35	ADVERTISING EXPENSE	A	-585	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.35
45.37	ADVERTISING EXPENSE	A	-199	OPERATION OF PLANT	7.00	0	45.37
45.40	ADVERTISING EXPENSE	A	-104,072	NURSING ADMINISTRATION	13.00	0	45.40
45.41	ADVERTISING EXPENSE	A	-260,520	NURSING SCHOOL	20.00	0	45.41
45.43	ADVERTISING EXPENSE	A	-555	ADULTS & PEDIATRICS	30.00	0	45.43
45.44	ADVERTISING EXPENSE	A	-215	SUBPROVIDER - IPF	40.00	0	45.44
45.45	ADVERTISING EXPENSE	A	-231,259	RADIOLOGY-DIAGNOSTIC	54.00	0	45.45
45.47	ADVERTISING EXPENSE	A	-178,800	RADIOLOGY-THERAPEUTIC	55.00	0	45.47
45.48	PHYSICIAN RECRUITMENT	A	-2,943	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.48
45.49	PHYSICIAN RECRUITMENT	A	-321,203	NURSING ADMINISTRATION	13.00	0	45.49
45.50	SPEC EVENTS-NONALLOWABLE	A	-52	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.50
45.51	SPEC EVENTS-NONALLOWABLE	A	-410,742	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
45.52	SPEC EVENTS-NONALLOWABLE	A	-9,227	NURSING ADMINISTRATION	13.00	0	45.52
45.53	SPEC EVENTS-NONALLOWABLE	A	-57,683	NURSING SCHOOL	20.00	0	45.53
45.54	SPEC EVENTS-NONALLOWABLE	A	-1,500	ADULTS & PEDIATRICS	30.00	0	45.54
45.55	SPEC EVENTS-NONALLOWABLE	A	-150	CORONARY CARE UNIT	32.00	0	45.55
45.56	SPEC EVENTS-NONALLOWABLE	A	-1,050	NEURO ICU	35.01	0	45.56
45.57	SPEC EVENTS-NONALLOWABLE	A	-750	CARDIO-THORACIC ICU	35.02	0	45.57
45.58	SPEC EVENTS-NONALLOWABLE	A	-150	RECOVERY ROOM	51.00	0	45.58

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/22/2017 5:06 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	
45.59	SPEC EVENTS-NONALLOWABLE	A	-500	RADIOLOGY-DIAGNOSTIC	54.00	0	45.59
45.60	SPEC EVENTS-NONALLOWABLE	A	-588	RADIOLOGY-THERAPEUTIC	55.00	0	45.60
45.61	SPEC EVENTS-NONALLOWABLE	A	-2,213	RESPIRATORY THERAPY	65.00	0	45.61
46.00	SPEC EVENTS-NONALLOWABLE	A	-41,434	BONE MARROW ACQUISITION	76.04	0	46.00
46.01	SPEC EVENTS-NONALLOWABLE	A	-114	CLINIC	90.00	0	46.01
46.02	SPEC EVENTS-NONALLOWABLE	A	-3,250	EMERGENCY	91.00	0	46.02
46.03	STL CARDS	A	-5,000	NURSING ADMINISTRATION	13.00	0	46.03
46.04	STL CARDS	A	-16,667	RADIOLOGY-DIAGNOSTIC	54.00	0	46.04
46.05	STL CARDS	A	-23,332	RADIOLOGY-THERAPEUTIC	55.00	0	46.05
46.06	ALLOWABLE PENSION EXP/FUNDING	A	35,775,673	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.06
48.01	REMOVE ACCELERATED DEPRECIATION	A	-902,599	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	48.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,155,685				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/22/2017 5:06 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	60.00	LABORATORY	AFFILIATE BILLING TO BJC FAC	-2,105,365	-2,990,935	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-105,938	-326,067	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-156,908	-127,512	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-567,895	-276,935	4.00
4.01	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO REHAB I	-49,629	-39,360	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	713,939	1,016,727	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	4,861,281	4,657,292	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	69,231	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	138,737	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	2,040,774	11,320,613	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	28,364,573	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	BJC PURCHASING	9,445,640	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	135,112,586	189,104,045	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	19,224,962	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	2,874,741	1,923,855	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	461,016	1,321,238	4.12
4.13	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,494,000	781,200	4.13
4.14	5.06	OTHER ADMINISTRATIVE AND GEN	TOWER GROVE RAMPS	-436,536	-259,510	4.14
5.00	0		0	202,379,209	206,104,651	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	Related Organization(s) and/or Home Office Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		0.00	BJC HEALTHCARE	100.00	6.00
7.00	B		0.00	BJC STAFFING AGENCY	100.00	7.00
8.00	G	JOINT VENTURE	50.00	TFC	50.00	8.00
9.00	G	JOINT VENTURE	50.00	BJ GAMMA KNIFE FACILITY	50.00	9.00
10.00	C		50.00	MIDWEST STONE	50.00	10.00
10.01	G	JOINT VENTURE	50.00	REHAB INSTITUTE	50.00	10.01
100.00	G. Other (financial or non-financial) specify:	JOINT VENTURE				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: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/22/2017 5:06 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	885,570	0		1.00
2.00	220,129	0		2.00
3.00	-29,396	0		3.00
4.00	-290,960	0		4.00
4.01	-10,269	0		4.01
4.02	-302,788	0		4.02
4.03	203,989	0		4.03
4.04	69,231	9		4.04
4.05	138,737	9		4.05
4.06	-9,279,839	0		4.06
4.07	28,364,573	0		4.07
4.08	9,445,640	0		4.08
4.09	-53,991,459	0		4.09
4.10	19,224,962	0		4.10
4.11	950,886	0		4.11
4.12	-860,222	0		4.12
4.13	1,712,800	0		4.13
4.14	-177,026	0		4.14
5.00	-3,725,442			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	TEMPORARY STAFFING		7.00
8.00	TELECOMMUNICATIONS		8.00
9.00	NEURO-SURGICAL PROCEDURES		9.00
10.00	LITHOTRIPSY PROCEDURES		10.00
10.01	REHAB SERVICES		10.01
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: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/22/2017 5:06 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	2,332,103	2,332,103	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	2,035,872	2,035,872	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	20,939,678	20,939,678	0	0	0	3.00
4.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	2,321,314	2,321,314	0	0	0	5.00
6.00	50.00	OPERATING ROOM	389,900	389,900	0	0	0	6.00
7.00	51.00	RECOVERY ROOM	770,000	770,000	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	9,161,435	9,161,435	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	66,667	66,667	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	89,036	89,036	0	0	0	10.00
11.00	90.00	CLINIC	292,769	292,769	0	0	0	11.00
12.00	91.00	EMERGENCY	3,356,957	3,356,957	0	0	0	12.00
200.00			41,755,731	41,755,731	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	51.00	RECOVERY ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	2,332,103		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	2,035,872		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	20,939,678		3.00
4.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	2,321,314		5.00
6.00	50.00	OPERATING ROOM	0	0	0	389,900		6.00
7.00	51.00	RECOVERY ROOM	0	0	0	770,000		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	9,161,435		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	66,667		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	89,036		10.00
11.00	90.00	CLINIC	0	0	0	292,769		11.00
12.00	91.00	EMERGENCY	0	0	0	3,356,957		12.00
200.00			0	0	0	41,755,731		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	15,049,271	15,049,271				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	21,332,155	0	21,332,155			1.03
1.04	00104	NEW CRC-B&F(GSON)	1,622,291	0	0	1,622,291		1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	1,421,253	0	0	0	1,421,253	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	55,355,690					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	74,381,771	232,042	81,820	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	1,288,282	88,684	41,333	0	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	13,965,457	130,702	6,868	0	0	5.03
5.04	00570	ADMITTING	21,364,888	232,068	18,874	0	17,269	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	303,918,642	3,347,063	5,368,899	0	353,575	5.06
7.00	00700	OPERATION OF PLANT	58,077,121	1,678,289	2,648,996	0	2,240	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,906,240	16,384	531	0	0	8.00
9.00	00900	HOUSEKEEPING	18,876,572	168,891	88,416	0	442	9.00
10.00	01000	DIETARY	8,936,327	230,732	3,516	0	0	10.00
11.00	01100	CAFETERIA	4,118,242	285,576	108,926	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	49,390,714	185,760	43,186	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,361,870	239,660	42,627	0	0	14.00
15.00	01500	PHARMACY	165,812,200	42,282	465,248	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,908,958	29,073	118,547	0	0	16.00
17.00	01700	SOCIAL SERVICE	13,640,528	10,664	94,467	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	9,510,088	0	736,411	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	85,319	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	-4,768,878	0	0	1,622,291	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	116,953,554	81,526	75,415	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	257,307	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	379,191	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	145,097,716	4,127,664	16,394	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,048,397	332,573	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	4,496,919	84,684	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,499,315	294,989	0	0	0	34.00
35.01	02400	NEURO ICU	7,302,412	101,595	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	11,190,176	0	261,215	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,045,036	242,468	367,619	0	0	40.00
43.00	04300	NURSERY	1,444,524	18,281	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,326,658	461,267	1,411,674	0	0	50.00
51.00	05100	RECOVERY ROOM	15,812,552	254,375	288,702	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,202,764	171,921	968	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,595,458	0	16,598	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,201,320	233,344	537,488	0	44,853	54.00
54.01	03630	ULTRASOUND	2,890,229	86,131	52,044	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,888,407	137,145	722,660	0	0	55.00
56.00	05600	RADIOISOTOPE	1,956,798	86,105	0	0	0	56.00
57.00	05700	CT SCAN	4,247,889	0	41,673	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,132,676	107,000	109,621	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,889,849	6,962	329,680	0	0	59.00
60.00	06000	LABORATORY	45,002,556	16,775	1,028,069	0	17,269	60.00
60.01	06001	HLA LAB	3,794,999	0	36,890	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,469,598	32,452	238,525	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,731,217	69,262	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,289,020	17,933	60,956	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,415,894	5,030	17,089	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	876,018	2,519	8,545	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,048,631	61,883	37,367	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,510,338	12,366	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	61,011,850	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	94,819,812	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,157,748	66,973	25,688	0	0	74.00
76.00	03330	ENDOSCOPY	6,774,221	43,108	184,804	0	0	76.00
76.01	03950	OB/GYN IN VITRO	2,317,459	39,338	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	432,192	19,643	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
76.03	03951	CORNEAL TISSUE ACQUISITION	717,500	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	9,609,317	0	14,091	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	234,935	0	11,038	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	16,510,228	0	988,181	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	282,887	0	74,066	0	0	90.01
91.00	09100	EMERGENCY	24,498,479	15,294	603,814	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	10,781,883	374	35,118	0	0	105.00
106.00	10600	HEART ACQUISITION	1,983,279	374	18,765	0	0	106.00
107.00	10700	LIVER ACQUISITION	4,465,102	374	17,512	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,593,902	374	15,576	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	379,987	374	313	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,729,123,200	14,150,346	17,516,823	1,622,291	435,648	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	217,781	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	99,666	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	73,877	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	18,211,323	898,925	3,661,966	0	985,605	194.00
194.01	07951	RETAIL PHARMACY	4,569,622	0	55,928	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,098,170	0	97,438	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,757,393,639	15,049,271	21,332,155	1,622,291	1,421,253	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			2.00	4.00	5.01	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	55,355,690					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,221,474	76,917,107				4.00
5.01	00540	NONPATIENT TELEPHONES	27,224	95,248	1,540,771			5.01
5.03	00560	PURCHASING RECEIVING AND STORES	11,995	151,513	2,690	14,269,225		5.03
5.04	00570	ADMITTING	65,374	1,895,718	65,139	16,987	23,676,317	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,052,945	4,227,829	164,178	35,975	0	5.06
7.00	00700	OPERATION OF PLANT	635,548	1,347,621	33,166	82,256	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	587	0	0	90,501	0	8.00
9.00	00900	HOUSEKEEPING	165,119	1,660,682	10,660	56,817	0	9.00
10.00	01000	DIETARY	237,502	693,150	12,292	72,439	0	10.00
11.00	01100	CAFETERIA	132,988	645,353	11,791	259,113	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,841,639	3,633,378	49,029	12,396	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	143,844	593,461	11,848	531,798	0	14.00
15.00	01500	PHARMACY	195,334	2,883,483	42,165	3,951,027	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,529	488,388	18,506	5,522	0	16.00
17.00	01700	SOCIAL SERVICE	28,980	1,440,590	23,978	3,167	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	72,623	603,942	8,002	757	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	9,608	0	0	0	18.02
20.00	02000	NURSING SCHOOL	598,642	1,184,241	27,606	7,334	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	14,503	6,177,418	11,640	7,093	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	29,512	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	1,805	42,261	1,370	53	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,921,630	16,306,676	309,508	254,209	1,956,476	30.00
31.00	03100	INTENSIVE CARE UNIT	2,656,374	1,382,008	16,463	44,549	254,939	31.00
32.00	03200	CORONARY CARE UNIT	5,717	490,035	4,293	8,011	89,494	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	279,401	1,325,830	16,513	54,113	221,762	34.00
35.01	02400	NEURO ICU	218,151	739,288	8,506	19,920	116,077	35.01
35.02	02401	CARDIO-THORACIC ICU	218,516	1,142,407	18,738	37,134	174,037	35.02
40.00	04000	SUBPROVIDER - IPF	120,225	1,332,113	20,223	10,723	154,884	40.00
43.00	04300	NURSERY	33,081	143,993	1,153	5,561	26,173	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	7,488,514	5,325,078	110,498	695,500	1,991,647	50.00
51.00	05100	RECOVERY ROOM	268,586	1,444,742	26,509	61,645	474,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	120,665	773,457	8,282	22,186	68,836	52.00
53.00	05300	ANESTHESIOLOGY	743,531	324,219	45,729	199,880	866,791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,984,893	2,043,086	48,243	202,678	1,445,979	54.00
54.01	03630	ULTRASOUND	343,066	190,107	5,225	2,458	232,301	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,580,785	1,295,236	43,406	109,259	1,470,698	55.00
56.00	05600	RADIOISOTOPE	1,056,091	178,866	7,410	50,330	72,448	56.00
57.00	05700	CT SCAN	2,646,704	437,531	10,927	28,722	1,237,252	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,457,664	520,061	10,304	45,991	773,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,660,422	589,348	17,268	86,850	428,356	59.00
60.00	06000	LABORATORY	1,452,037	2,288,715	51,330	427,403	2,923,353	60.00
60.01	06001	HLA LAB	28,142	153,756	3,233	82,596	144,349	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	464,372	734,715	12,911	866,038	1,154,033	63.00
65.00	06500	RESPIRATORY THERAPY	867,894	1,202,139	6,386	82,350	266,310	65.00
66.00	06600	PHYSICAL THERAPY	23,536	576,679	4,686	1,558	76,446	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,435	280,607	0	431	33,034	67.00
68.00	06800	SPEECH PATHOLOGY	9,195	98,665	0	682	19,493	68.00
69.00	06900	ELECTROCARDIOLOGY	514,665	411,328	9,505	50,090	667,497	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	457,616	101,313	1,496	1,121	66,326	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,969,511	909,587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,079,584	1,365,014	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,998,897	73.00
74.00	07400	RENAL DIALYSIS	324,638	355,117	3,675	34,456	103,334	74.00
76.00	03330	ENDOSCOPY	1,267,482	574,344	12,703	50,342	208,387	76.00
76.01	03950	OB/GYN IN VITRO	77,438	106,036	338	14,119	27,864	76.01
76.02	03320	ELECTROSHOCK THERAPY	12,942	40,994	1,448	2,264	13,178	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	23,304	5,219	76.03
76.04	03952	BONE MARROW ACQUISITION	0	541,071	10,689	1,266	19,562	76.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			2.00	4.00	5.01	5.03	5.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	711	151	8,636	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	864,605	1,521,231	78,685	44,760	336,666	90.00
90.01	04950	OUTPATIENT PSYCH	117,199	20,878	6,437	15,345	5,555	90.01
91.00	09100	EMERGENCY	1,183,874	2,008,026	51,887	97,401	1,127,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	184,870	3,138	329	69,320	105.00
106.00	10600	HEART ACQUISITION	423	105,383	2,492	83	7,069	106.00
107.00	10700	LIVER ACQUISITION	0	98,803	2,457	101	26,706	107.00
108.00	10800	LUNG ACQUISITION	306	88,638	1,562	118	34,271	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,990	0	1	2,358	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,963,470	75,283,775	1,489,027	13,918,358	23,675,490	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	10,421	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	1,853	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	961	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,328,113	999,502	26,842	29,254	0	194.00
194.01	07951	RETAIL PHARMACY	59,393	486,896	18,942	317,295	827	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	4,714	136,513	5,960	1,504	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	55,355,690	76,917,107	1,540,771	14,269,225	23,676,317	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	319,469,106	319,469,106			5.06
7.00	00700	OPERATION OF PLANT	0	64,505,237	14,318,163	78,823,400		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,014,243	669,069	251,423	3,934,735	8.00
9.00	00900	HOUSEKEEPING	0	21,027,599	4,667,475	922,658	101,339	9.00
10.00	01000	DIETARY	0	10,185,958	2,260,967	1,223,158	879	10.00
11.00	01100	CAFETERIA	0	5,561,989	1,234,589	1,441,007	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	55,156,102	12,242,945	866,921	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,925,108	5,310,632	1,085,151	6,638	14.00
15.00	01500	PHARMACY	0	173,391,739	38,487,081	1,385,201	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,607,523	1,466,665	420,194	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,242,374	3,383,335	283,887	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	10,931,823	2,426,526	1,874,242	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	94,927	21,071	0	0	18.02
20.00	02000	NURSING SCHOOL	0	-1,328,764	0	3,233,049	855	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	123,321,149	27,373,472	542,385	44,107	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	286,819	63,665	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	424,680	94,266	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	170,990,273	37,954,540	16,862,767	2,316,654	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,735,303	4,158,656	1,355,303	116,331	31.00
32.00	03200	CORONARY CARE UNIT	0	5,179,153	1,149,611	345,104	40,839	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	15,691,923	3,483,120	1,202,140	106,440	34.00
35.01	02400	NEURO ICU	0	8,505,949	1,888,057	414,020	53,634	35.01
35.02	02401	CARDIO-THORACIC ICU	0	13,042,223	2,894,969	664,819	76,148	35.02
40.00	04000	SUBPROVIDER - IPF	0	15,293,291	3,394,637	1,923,736	49,093	40.00
43.00	04300	NURSERY	0	1,672,766	371,302	74,501	22,629	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	0	89,810,836	19,935,221	5,472,615	90,412	50.00
51.00	05100	RECOVERY ROOM	0	18,631,136	4,135,535	1,771,405	59,014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,369,079	2,079,645	703,075	28,367	52.00
53.00	05300	ANESTHESIOLOGY	0	10,792,206	2,395,535	42,245	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,741,884	8,821,466	2,943,335	109,055	54.00
54.01	03630	ULTRASOUND	0	3,801,561	843,829	571,450	4,490	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,247,596	6,935,998	2,398,141	15,102	55.00
56.00	05600	RADIOISOTOPE	0	3,408,048	756,481	350,896	15,536	56.00
57.00	05700	CT SCAN	0	8,650,698	1,920,187	297,517	25,819	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,156,621	2,920,362	943,364	129,287	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,008,735	2,887,536	867,441	25,386	59.00
60.00	06000	LABORATORY	0	53,207,507	11,810,417	2,718,688	0	60.00
60.01	06001	HLA LAB	0	4,243,965	942,029	93,889	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	37,972,644	8,428,750	739,319	13,336	63.00
65.00	06500	RESPIRATORY THERAPY	0	16,225,558	3,601,571	282,257	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,050,814	1,343,093	228,219	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,758,520	612,306	63,992	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,015,117	225,325	32,013	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,800,966	1,287,635	347,289	11,459	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,150,576	477,361	50,396	603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,890,948	14,181,810	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	99,264,410	22,033,622	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,998,897	443,693	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,071,629	1,125,744	338,306	5,036	74.00
76.00	03330	ENDOSCOPY	0	9,115,391	2,023,334	646,020	17,062	76.00
76.01	03950	OB/GYN IN VITRO	0	2,582,592	573,255	160,308	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	522,661	116,015	80,050	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	746,023	165,594	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	10,195,996	2,263,195	35,863	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	255,471	56,707	28,094	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	20,344,356	4,515,816	2,702,317	28,991	90.00
90.01	04950	OUTPATIENT PSYCH	0	522,367	115,949	188,506	0	90.01
91.00	09100	EMERGENCY	0	29,586,322	6,567,246	1,651,468	420,194	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	11,075,032	2,458,314	90,906	0	105.00
106.00	10600	HEART ACQUISITION	0	2,117,868	470,101	49,286	0	106.00
107.00	10700	LIVER ACQUISITION	0	4,611,055	1,023,511	46,095	0	107.00
108.00	10800	LUNG ACQUISITION	0	5,734,747	1,272,936	41,170	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	386,023	85,685	2,324	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,719,994,348	311,167,622	63,349,925	3,934,735	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	228,202	50,654	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	101,519	22,534	135,891	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	74,838	16,612	122,989	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	26,141,530	5,802,609	14,824,264	0	194.00
194.01	07951	RETAIL PHARMACY	0	5,508,903	1,222,806	142,342	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,344,299	1,186,269	247,989	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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 118-201)	0	1,757,393,639	319,469,106	78,823,400	3,934,735	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	26,719,071					9.00
10.00	01000	DIETARY	422,645	14,093,607				10.00
11.00	01100	CAFETERIA	497,919	0	8,735,504			11.00
13.00	01300	NURSING ADMINISTRATION	299,552	0	376,391	68,941,911		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	374,959	0	134,603	0	30,837,091	14.00
15.00	01500	PHARMACY	478,636	0	310,335	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	145,192	0	109,677	0	0	16.00
17.00	01700	SOCIAL SERVICE	96,547	0	181,964	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	647,618	0	63,563	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	1,246	0	0	18.02
20.00	02000	NURSING SCHOOL	1,117,134	0	118,401	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	187,413	0	904,833	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	4,985	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	6,232	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,826,689	11,838,805	2,167,362	32,950,629	0	30.00
31.00	03100	INTENSIVE CARE UNIT	468,306	346,408	190,688	2,949,287	0	31.00
32.00	03200	CORONARY CARE UNIT	119,246	131,750	63,563	979,396	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	415,382	303,030	159,530	2,464,184	0	34.00
35.01	02400	NEURO ICU	143,059	126,267	87,243	1,352,435	0	35.01
35.02	02401	CARDIO-THORACIC ICU	229,719	132,010	133,357	2,078,983	0	35.02
40.00	04000	SUBPROVIDER - IPF	664,719	718,129	183,210	1,552,200	0	40.00
43.00	04300	NURSERY	25,743	0	18,695	281,755	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,890,984	0	614,439	9,335,055	0	50.00
51.00	05100	RECOVERY ROOM	612,084	1,301	174,486	2,590,160	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	242,937	0	104,691	1,627,017	0	52.00
53.00	05300	ANESTHESIOLOGY	14,597	0	68,548	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,017,027	0	279,177	0	0	54.00
54.01	03630	ULTRASOUND	197,456	0	24,927	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	738,124	0	152,052	0	0	55.00
56.00	05600	RADIOISOTOPE	121,247	0	19,941	0	0	56.00
57.00	05700	CT SCAN	102,803	0	53,592	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	325,966	0	63,563	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	299,732	0	68,548	1,068,810	0	59.00
60.00	06000	LABORATORY	920,756	0	397,578	0	0	60.00
60.01	06001	HLA LAB	32,442	0	21,188	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	255,461	0	94,721	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	97,530	0	155,791	0	0	65.00
66.00	06600	PHYSICAL THERAPY	78,858	0	77,272	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,111	0	33,651	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,062	0	12,463	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	120,001	0	57,331	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,413	0	16,202	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,073,452	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	18,763,639	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	116,897	0	36,143	0	0	74.00
76.00	03330	ENDOSCOPY	223,223	0	72,287	1,126,911	0	76.00
76.01	03950	OB/GYN IN VITRO	55,392	0	12,463	188,269	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	27,660	0	6,232	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	12,392	0	63,563	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,707	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	933,747	0	190,688	2,935,375	0	90.00
90.01	04950	OUTPATIENT PSYCH	65,136	0	3,739	0	0	90.01
91.00	09100	EMERGENCY	570,641	0	290,394	4,499,238	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	31,411	0	24,927	386,192	0	105.00
106.00	10600	HEART ACQUISITION	17,030	0	12,463	203,625	0	106.00
107.00	10700	LIVER ACQUISITION	15,927	0	12,463	187,195	0	107.00
108.00	10800	LUNG ACQUISITION	14,226	0	11,217	181,493	0	108.00
109.00	10900	PANCREAS ACQUISITION	803	0	0	3,702	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,373,261	13,597,700	8,442,618	68,941,911	30,837,091	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	1,246	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	46,955	20,518	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	42,497	20,518	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	5,121,485	23,752	214,368	0	0	194.00
194.01	07951	RETAIL PHARMACY	49,184	0	58,577	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	85,689	0	18,695	0	0	194.02
194.03	07953	GUEST MEALS	0	431,119	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	26,719,071	14,093,607	8,735,504	68,941,911	30,837,091	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES	OTHER GENERAL SERVICE: LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	214,052,992					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,749,251				16.00
17.00	01700	SOCIAL SERVICE	92,284	0	19,280,391			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	15,943,772	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	42	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,175	722,981	16,021,954	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,190	94,208	846,743	0	0	31.00
32.00	03200	CORONARY CARE UNIT	961	33,071	290,155	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	449	81,948	711,502	0	0	34.00
35.01	02400	NEURO ICU	1,582	42,894	420,841	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	1,222	64,312	565,761	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	272	57,235	0	0	0	40.00
43.00	04300	NURSERY	0	9,672	423,435	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	79,012	735,978	0	0	0	50.00
51.00	05100	RECOVERY ROOM	196	175,168	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	190	25,437	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,652,515	320,307	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	560,384	534,336	0	0	0	54.00
54.01	03630	ULTRASOUND	15,584	85,843	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,868,164	543,471	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,321,901	26,772	0	0	0	56.00
57.00	05700	CT SCAN	14,680	457,205	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	74,096	285,761	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	555	158,291	0	0	0	59.00
60.00	06000	LABORATORY	378	1,080,358	0	0	11,904,685	60.00
60.01	06001	HLA LAB	822	53,342	0	0	722,638	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,373	426,453	0	0	3,316,449	63.00
65.00	06500	RESPIRATORY THERAPY	4,276	98,410	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	28,249	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,207	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,203	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,284,166	246,662	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,510	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	336,122	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	504,417	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,535,042	738,657	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	44,971	38,185	0	0	0	74.00
76.00	03330	ENDOSCOPY	246	77,006	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	11,469	10,297	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	226	4,870	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	1,928	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	7,229	0	0	0	76.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE EXTENDED CARE SERVICES	OTHER GENERAL SERVICE LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,191	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	442,883	124,409	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	719,464	2,053	0	0	0	90.01
91.00	09100	EMERGENCY	49,916	416,665	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	25,616	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	2,612	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	9,869	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	12,664	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	871	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	198,911,686	8,748,945	19,280,391	0	15,943,772	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	21,253	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	161,924	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	14,958,129	306	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	214,052,992	8,749,251	19,280,391	0	15,943,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	
			18.02	20.00	21.00	23.01	23A.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	117,244					18.02
20.00	02000	NURSING SCHOOL	0	3,140,717				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		152,373,359			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			355,469		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				525,178	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,107,621	32,028,880	0	331,854,330	30.00
31.00	03100	INTENSIVE CARE UNIT	0	112,757	4,555,963	0	33,933,143	31.00
32.00	03200	CORONARY CARE UNIT	0	45,124	2,636,059	0	11,014,032	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	3,138,891	0	27,758,539	34.00
35.01	02400	NEURO ICU	0	22,509	899,003	0	13,957,493	35.01
35.02	02401	CARDIO-THORACIC ICU	0	22,509	2,300,838	0	22,206,870	35.02
40.00	04000	SUBPROVIDER - IPF	0	221,499	2,590,347	0	26,648,368	40.00
43.00	04300	NURSERY	0	70,169	0	0	2,970,667	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	0	286,596	25,842,522	0	154,093,670	50.00
51.00	05100	RECOVERY ROOM	0	0	396,171	0	28,546,656	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	155,556	1,401,835	0	15,737,829	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,963,463	0	22,249,416	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,311,767	0	66,318,431	54.00
54.01	03630	ULTRASOUND	0	0	1,950,379	0	7,495,519	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,148,464	0	48,047,112	55.00
56.00	05600	RADIOISOTOPE	0	0	2,316,075	0	9,336,897	56.00
57.00	05700	CT SCAN	0	0	853,291	0	12,375,792	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	380,933	0	18,279,953	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,889,430	0	20,274,464	59.00
60.00	06000	LABORATORY	0	0	8,715,756	0	90,756,123	60.00
60.01	06001	HLA LAB	0	0	0	0	6,110,315	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,392,262	0	53,704,768	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,340,886	0	21,806,279	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,782,768	0	9,589,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,502,787	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,303,183	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,188,512	0	11,344,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,327,403	0	7,064,464	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	90,482,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	140,566,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	355,469	190,071,758	73.00
74.00	07400	RENAL DIALYSIS	0	0	563,781	0	7,340,692	74.00
76.00	03330	ENDOSCOPY	0	76,087	2,178,939	0	15,556,506	76.00
76.01	03950	OB/GYN IN VITRO	0	0	213,323	0	3,807,368	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	213,323	0	971,037	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	913,545	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	0	0	12,578,238	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	353,170	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	
			18.02	20.00	21.00	23.01	23A.01	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	13,134,584	0	45,353,166	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	2,773,195	0	4,390,409	90.01
91.00	09100	EMERGENCY	0	20,290	8,532,908	0	52,605,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	14,092,398	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	2,872,985	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	5,906,115	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	7,268,453	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	479,408	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,140,717	151,961,951	355,469	1,674,414,522	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	117,244	0	0	0	397,346	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	228,560	0	577,230	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	182,848	0	460,302	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	52,289,932	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	21,940,247	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	6,882,941	194.02
194.03	07953	GUEST MEALS	0	0	0	0	431,119	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	117,244	3,140,717	152,373,359	355,469	1,757,393,639	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION						18.02
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
23.01	02301	PARAMED ED PRGM-PHARMACY						23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	525,178					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	99,099	331,953,429	-32,028,880	299,924,549		30.00
31.00	03100	INTENSIVE CARE UNIT	10,146	33,943,289	-4,555,963	29,387,326		31.00
32.00	03200	CORONARY CARE UNIT	3,293	11,017,325	-2,636,059	8,381,266		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,300	27,766,839	-3,138,891	24,627,948		34.00
35.01	02400	NEURO ICU	4,173	13,961,666	-899,003	13,062,663		35.01
35.02	02401	CARDIO-THORACIC ICU	6,640	22,213,510	-2,300,838	19,912,672		35.02
40.00	04000	SUBPROVIDER - IPF	7,968	26,656,336	-2,590,347	24,065,989		40.00
43.00	04300	NURSERY	888	2,971,555	0	2,971,555		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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,074	154,139,744	-25,842,522	128,297,222		50.00
51.00	05100	RECOVERY ROOM	8,535	28,555,191	-396,171	28,159,020		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,706	15,742,535	-1,401,835	14,340,700		52.00
53.00	05300	ANESTHESIOLOGY	6,653	22,256,069	-6,963,463	15,292,606		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,829	66,338,260	-12,311,767	54,026,493		54.00
54.01	03630	ULTRASOUND	2,241	7,497,760	-1,950,379	5,547,381		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,366	48,061,478	-2,148,464	45,913,014		55.00
56.00	05600	RADIOISOTOPE	2,792	9,339,689	-2,316,075	7,023,614		56.00
57.00	05700	CT SCAN	3,700	12,379,492	-853,291	11,526,201		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,466	18,285,419	-380,933	17,904,486		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,062	20,280,526	-1,889,430	18,391,096		59.00
60.00	06000	LABORATORY	27,136	90,783,259	-8,715,756	82,067,503		60.00
60.01	06001	HLA LAB	1,827	6,112,142	0	6,112,142		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,058	53,720,826	-2,392,262	51,328,564		63.00
65.00	06500	RESPIRATORY THERAPY	6,520	21,812,799	-1,340,886	20,471,913		65.00
66.00	06600	PHYSICAL THERAPY	2,867	9,592,140	-1,782,768	7,809,372		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,047	3,503,834	0	3,503,834		67.00
68.00	06800	SPEECH PATHOLOGY	390	1,303,573	0	1,303,573		68.00
69.00	06900	ELECTROCARDIOLOGY	3,392	11,347,413	-1,188,512	10,158,901		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112	7,066,576	-4,327,403	2,739,173		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,054	90,509,386	0	90,509,386		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,029	140,608,117	0	140,608,117		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,831	190,128,589	0	190,128,589		73.00
74.00	07400	RENAL DIALYSIS	2,195	7,342,887	-563,781	6,779,106		74.00
76.00	03330	ENDOSCOPY	4,651	15,561,157	-2,178,939	13,382,218		76.00
76.01	03950	OB/GYN IN VITRO	1,138	3,808,506	-213,323	3,595,183		76.01
76.02	03320	ELECTROSHOCK THERAPY	290	971,327	-213,323	758,004		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	273	913,818	0	913,818		76.03
76.04	03952	BONE MARROW ACQUISITION	3,761	12,581,999	0	12,581,999		76.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	106	353,276	0	353,276		76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,561	45,366,727	-13,134,584	32,232,143		90.00
90.01	04950	OUTPATIENT PSYCH	1,313	4,391,722	-2,773,195	1,618,527		90.01
91.00	09100	EMERGENCY	15,729	52,621,011	-8,532,908	44,088,103		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,214	14,096,612	0	14,096,612		105.00
106.00	10600	HEART ACQUISITION	859	2,873,844	0	2,873,844		106.00
107.00	10700	LIVER ACQUISITION	1,766	5,907,881	0	5,907,881		107.00
108.00	10800	LUNG ACQUISITION	2,173	7,270,626	0	7,270,626		108.00
109.00	10900	PANCREAS ACQUISITION	143	479,551	0	479,551		109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	500,366	1,674,389,710	-151,961,951	1,522,427,759		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	119	397,465	0	397,465		191.00
191.01	19101	RESEARCH CTSA I/P	173	577,403	-228,560	348,843		191.01
191.02	19102	RESEARCH CTSA O/P	138	460,440	-182,848	277,592		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	15,635	52,305,567	0	52,305,567		194.00
194.01	07951	RETAIL PHARMACY	6,560	21,946,807	0	21,946,807		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	2,058	6,884,999	0	6,884,999		194.02
194.03	07953	GUEST MEALS	129	431,248	0	431,248		194.03
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	525,178	1,757,393,639	-152,373,359	1,605,020,280		202.00

COST ALLOCATION STATISTICS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet Non-CMS W | Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	100	BJH SQ FT	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	103	NEW STRUCT SQ FT	1.03
1.04	NEW CRC-B&F(GSON)	104	GSON SQ FT	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	105	THE HIGHLANDS SQ FT	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	200	ACTUAL DEPR	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	540	NONPATIENT TELEPHONES	5.01
5.03	PURCHASING RECEIVING AND STORES	560	$$ AMT PURCHASES	5.03
5.04	ADMITTING	570	TOTAL REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	580	TOTAL REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM COST	5.06
7.00	OPERATION OF PLANT	700	BJH TOTAL SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	800	LAUNDRY POUNDS	8.00
9.00	HOUSEKEEPING	900	BJH TOTAL SQ FT	9.00
10.00	DIETARY	1000	MEALS SERVED	10.00
11.00	CAFETERIA	1100	FTE HOURS	11.00
13.00	NURSING ADMINISTRATION	1300	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	1400	SUPPLY REQUIS.	14.00
15.00	PHARMACY	1500	PHARMACY REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	570	TOTAL REVENUE	16.00
17.00	SOCIAL SERVICE	1700	PATIENT DAYS	17.00
18.00	EXTENDED CARE SERVICES	1800	ECF PT DAYS	18.00
18.01	LAB ADMINISTRATION	1801	LAB HOURS	18.01
18.02	RESEARCH ADMINISTRATION	1802	RESEARCH HOURS	18.02
20.00	NURSING SCHOOL	2000	STUDENT HOURS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2100	% OF TIME	21.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,882	232,042	81,820	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	7,485	88,684	41,333	0	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	2,510	130,702	6,868	0	0	5.03
5.04	00570	ADMITTING	106,494	232,068	18,874	0	17,269	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	10,391,986	3,347,063	5,368,899	0	353,575	5.06
7.00	00700	OPERATION OF PLANT	149,735	1,678,289	2,648,996	0	2,240	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,119	16,384	531	0	0	8.00
9.00	00900	HOUSEKEEPING	21,302	168,891	88,416	0	442	9.00
10.00	01000	DIETARY	14,858	230,732	3,516	0	0	10.00
11.00	01100	CAFETERIA	21,612	285,576	108,926	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	86,434	185,760	43,186	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,085,472	239,660	42,627	0	0	14.00
15.00	01500	PHARMACY	2,489,184	42,282	465,248	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	209,360	29,073	118,547	0	0	16.00
17.00	01700	SOCIAL SERVICE	28,255	10,664	94,467	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	11,746	0	736,411	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	842,105	0	0	1,622,291	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	40,725	81,526	75,415	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	1,179	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	400,384	4,127,664	16,394	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,469	332,573	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	3,065	84,684	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,405	294,989	0	0	0	34.00
35.01	02400	NEURO ICU	6,276	101,595	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	19,792	0	261,215	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	21,264	242,468	367,619	0	0	40.00
43.00	04300	NURSERY	1,181	18,281	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	238,911	461,267	1,411,674	0	0	50.00
51.00	05100	RECOVERY ROOM	51,126	254,375	288,702	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,067	171,921	968	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,554	0	16,598	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,933	233,344	537,488	0	44,853	54.00
54.01	03630	ULTRASOUND	11,277	86,131	52,044	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-42,633	137,145	722,660	0	0	55.00
56.00	05600	RADIOISOTOPE	5,290	86,105	0	0	0	56.00
57.00	05700	CT SCAN	20,143	0	41,673	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,126	107,000	109,621	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,826	6,962	329,680	0	0	59.00
60.00	06000	LABORATORY	95,776	16,775	1,028,069	0	17,269	60.00
60.01	06001	HLA LAB	10,589	0	36,890	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,275	32,452	238,525	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	168,322	69,262	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,752	17,933	60,956	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,030	17,089	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,519	8,545	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,739	61,883	37,367	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	914	12,366	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,244	66,973	25,688	0	0	74.00
76.00	03330	ENDOSCOPY	48,335	43,108	184,804	0	0	76.00
76.01	03950	OB/GYN IN VITRO	5,254	39,338	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	884	19,643	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
76.04	03952	BONE MARROW ACQUISITION	8,304	0	14,091	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	434	0	11,038	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	82,122	0	988,181	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	5,743	0	74,066	0	0	90.01
91.00	09100	EMERGENCY	62,250	15,294	603,814	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,484	374	35,118	0	0	105.00
106.00	10600	HEART ACQUISITION	10,557	374	18,765	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,778	374	17,512	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,406	374	15,576	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	41	374	313	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,029,102	14,150,346	17,516,823	1,622,291	435,648	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	48,921	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	44,276	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	402,318	898,925	3,661,966	0	985,605	194.00
194.01	07951	RETAIL PHARMACY	25,454	0	55,928	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	3,640	0	97,438	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	27,553,711	15,049,271	21,332,155	1,622,291	1,421,253	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			2.00	2A	4.00	5.01	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,221,474	2,560,218	2,560,218			4.00
5.01	00540	NONPATIENT TELEPHONES	27,224	164,726	3,170	167,896		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	11,995	152,075	5,043	293	157,411	5.03
5.04	00570	ADMITTING	65,374	440,079	63,096	7,098	187	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,052,945	21,514,468	140,717	17,890	397	5.06
7.00	00700	OPERATION OF PLANT	635,548	5,114,808	44,854	3,614	907	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	587	20,621	0	0	998	8.00
9.00	00900	HOUSEKEEPING	165,119	444,170	55,273	1,162	626	9.00
10.00	01000	DIETARY	237,502	486,608	23,071	1,339	798	10.00
11.00	01100	CAFETERIA	132,988	549,102	21,480	1,285	2,856	11.00
13.00	01300	NURSING ADMINISTRATION	1,841,639	2,157,019	120,932	5,343	137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	143,844	11,511,603	19,753	1,291	5,862	14.00
15.00	01500	PHARMACY	195,334	3,192,048	95,973	4,595	43,678	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,529	395,509	16,255	2,017	61	16.00
17.00	01700	SOCIAL SERVICE	28,980	162,366	47,948	2,613	35	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	72,623	820,780	20,101	872	8	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	320	0	0	18.02
20.00	02000	NURSING SCHOOL	598,642	3,063,038	39,416	3,008	81	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	14,503	212,169	205,607	1,268	78	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	982	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	1,805	2,984	1,407	149	1	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,921,630	7,466,072	542,884	33,726	2,802	30.00
31.00	03100	INTENSIVE CARE UNIT	2,656,374	3,011,416	45,998	1,794	491	31.00
32.00	03200	CORONARY CARE UNIT	5,717	93,466	16,310	468	88	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	279,401	588,795	44,128	1,799	596	34.00
35.01	02400	NEURO ICU	218,151	326,022	24,606	927	220	35.01
35.02	02401	CARDIO-THORACIC ICU	218,516	499,523	38,023	2,042	409	35.02
40.00	04000	SUBPROVIDER - IPF	120,225	751,576	44,338	2,204	118	40.00
43.00	04300	NURSERY	33,081	52,543	4,793	126	61	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	7,488,514	9,600,366	177,238	12,041	7,666	50.00
51.00	05100	RECOVERY ROOM	268,586	862,789	48,086	2,889	679	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	120,665	304,621	25,743	902	245	52.00
53.00	05300	ANESTHESIOLOGY	743,531	792,683	10,791	4,983	2,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,984,893	7,848,511	68,001	5,257	2,234	54.00
54.01	03630	ULTRASOUND	343,066	492,518	6,327	569	27	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,580,785	6,397,957	43,110	4,730	1,204	55.00
56.00	05600	RADIOISOTOPE	1,056,091	1,147,486	5,953	807	555	56.00
57.00	05700	CT SCAN	2,646,704	2,708,520	14,563	1,191	317	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,457,664	3,686,411	17,309	1,123	507	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,660,422	3,010,890	19,616	1,882	957	59.00
60.00	06000	LABORATORY	1,452,037	2,609,926	76,177	5,593	4,711	60.00
60.01	06001	HLA LAB	28,142	75,621	5,118	352	910	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	464,372	776,624	24,454	1,407	9,546	63.00
65.00	06500	RESPIRATORY THERAPY	867,894	1,105,478	40,011	696	908	65.00
66.00	06600	PHYSICAL THERAPY	23,536	119,177	19,194	511	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,435	28,554	9,340	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	9,195	20,259	3,284	0	8	68.00
69.00	06900	ELECTROCARDIOLOGY	514,665	638,654	13,690	1,036	552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	457,616	470,896	3,372	163	12	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	21,709	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,945	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	324,638	419,543	11,820	401	380	74.00
76.00	03330	ENDOSCOPY	1,267,482	1,543,729	19,116	1,384	555	76.00
76.01	03950	OB/GYN IN VITRO	77,438	122,030	3,529	37	156	76.01
76.02	03320	ELECTROSHOCK THERAPY	12,942	33,469	1,364	158	25	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	257	76.03
76.04	03952	BONE MARROW ACQUISITION	0	22,395	18,009	1,165	14	76.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			2.00	2A	4.00	5.01	5.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	11,472	0	77	2	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	864,605	1,934,908	50,632	8,574	493	90.00
90.01	04950	OUTPATIENT PSYCH	117,199	197,008	695	701	169	90.01
91.00	09100	EMERGENCY	1,183,874	1,865,232	66,834	5,654	1,074	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	41,976	6,153	342	4	105.00
106.00	10600	HEART ACQUISITION	423	30,119	3,508	272	1	106.00
107.00	10700	LIVER ACQUISITION	0	21,664	3,289	268	1	107.00
108.00	10800	LUNG ACQUISITION	306	21,662	2,950	170	1	108.00
109.00	10900	PANCREAS ACQUISITION	0	728	100	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,963,470	114,717,680	2,505,854	162,258	153,544	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	347	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	48,921	0	0	20	191.01
191.02	19102	RESEARCH CTSA O/P	0	44,276	0	0	11	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,328,113	7,276,927	33,267	2,925	322	194.00
194.01	07951	RETAIL PHARMACY	59,393	140,775	16,206	2,064	3,497	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	4,714	105,792	4,544	649	17	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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 118-201)	55,355,690	122,334,371	2,560,218	167,896	157,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	510,460					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	21,673,472			5.06
7.00	00700	OPERATION OF PLANT	0	0	971,384	6,135,567		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	45,391	19,571	86,581	8.00
9.00	00900	HOUSEKEEPING	0	0	316,655	71,819	2,230	9.00
10.00	01000	DIETARY	0	0	153,390	95,210	19	10.00
11.00	01100	CAFETERIA	0	0	83,758	112,167	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	830,596	67,481	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	360,288	84,468	146	14.00
15.00	01500	PHARMACY	0	0	2,610,858	107,823	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	99,503	32,708	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	229,535	22,098	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	164,622	145,890	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	1,430	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	251,659	19	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,857,093	42,219	971	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	4,319	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	6,395	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,156	0	2,574,943	1,312,586	50,976	30.00
31.00	03100	INTENSIVE CARE UNIT	5,493	0	282,135	105,496	2,560	31.00
32.00	03200	CORONARY CARE UNIT	1,928	0	77,993	26,863	899	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,778	0	236,305	93,574	2,342	34.00
35.01	02400	NEURO ICU	2,501	0	128,091	32,227	1,180	35.01
35.02	02401	CARDIO-THORACIC ICU	3,750	0	196,403	51,749	1,676	35.02
40.00	04000	SUBPROVIDER - IPF	3,337	0	230,302	149,742	1,080	40.00
43.00	04300	NURSERY	564	0	25,190	5,799	498	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	42,914	0	1,352,461	425,985	1,989	50.00
51.00	05100	RECOVERY ROOM	10,214	0	280,566	137,885	1,299	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,483	0	141,089	54,727	624	52.00
53.00	05300	ANESTHESIOLOGY	18,677	0	162,520	3,288	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,157	0	598,473	229,107	2,400	54.00
54.01	03630	ULTRASOUND	5,005	0	57,248	44,481	99	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	31,689	0	470,558	186,670	332	55.00
56.00	05600	RADIOISOTOPE	1,561	0	51,322	27,314	342	56.00
57.00	05700	CT SCAN	26,659	0	130,271	23,159	568	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,662	0	198,126	73,431	2,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,230	0	195,899	67,521	559	59.00
60.00	06000	LABORATORY	63,298	0	801,252	211,621	0	60.00
60.01	06001	HLA LAB	3,110	0	63,910	7,308	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,866	0	571,830	57,548	293	63.00
65.00	06500	RESPIRATORY THERAPY	5,738	0	244,341	21,971	0	65.00
66.00	06600	PHYSICAL THERAPY	1,647	0	91,119	17,764	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	712	0	41,541	4,981	0	67.00
68.00	06800	SPEECH PATHOLOGY	420	0	15,287	2,492	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,383	0	87,357	27,033	252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,429	0	32,386	3,923	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,599	0	962,134	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,412	0	1,494,823	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,070	0	30,101	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,227	0	76,374	26,334	111	74.00
76.00	03330	ENDOSCOPY	4,490	0	137,269	50,286	375	76.00
76.01	03950	OB/GYN IN VITRO	600	0	38,891	12,478	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	284	0	7,871	6,231	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	112	0	11,234	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	422	0	153,542	2,792	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	186	0	3,847	2,187	0	76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,254	0	306,366	210,347	638	90.00
90.01	04950	OUTPATIENT PSYCH	120	0	7,866	14,673	0	90.01
91.00	09100	EMERGENCY	24,295	0	445,540	128,549	9,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,494	0	166,779	7,076	0	105.00
106.00	10600	HEART ACQUISITION	152	0	31,893	3,836	0	106.00
107.00	10700	LIVER ACQUISITION	575	0	69,438	3,588	0	107.00
108.00	10800	LUNG ACQUISITION	738	0	86,360	3,205	0	108.00
109.00	10900	PANCREAS ACQUISITION	51	0	5,813	181	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	510,442	0	21,110,276	4,931,121	86,581	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	3,436	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	1,529	10,578	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	1,127	9,573	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	393,665	1,153,912	0	194.00
194.01	07951	RETAIL PHARMACY	18	0	82,959	11,080	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	80,480	19,303	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	510,460	0	21,673,472	6,135,567	86,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	891,935					9.00
10.00	01000	DIETARY	14,109	774,544				10.00
11.00	01100	CAFETERIA	16,622	0	787,270			11.00
13.00	01300	NURSING ADMINISTRATION	10,000	0	33,921	3,225,429		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,517	0	12,131	0	12,008,059	14.00
15.00	01500	PHARMACY	15,978	0	27,968	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,847	0	9,884	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,223	0	16,399	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	21,619	0	5,728	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	112	0	0	18.02
20.00	02000	NURSING SCHOOL	37,292	0	10,671	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,256	0	81,546	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	449	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	562	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	194,506	650,626	195,335	1,541,585	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,633	19,038	17,185	137,982	0	31.00
32.00	03200	CORONARY CARE UNIT	3,981	7,241	5,728	45,821	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,866	16,654	14,377	115,286	0	34.00
35.01	02400	NEURO ICU	4,776	6,939	7,863	63,273	0	35.01
35.02	02401	CARDIO-THORACIC ICU	7,668	7,255	12,019	97,265	0	35.02
40.00	04000	SUBPROVIDER - IPF	22,190	39,466	16,511	72,619	0	40.00
43.00	04300	NURSERY	859	0	1,685	13,182	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	63,125	0	55,375	436,738	0	50.00
51.00	05100	RECOVERY ROOM	20,433	71	15,725	121,180	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,110	0	9,435	76,120	0	52.00
53.00	05300	ANESTHESIOLOGY	487	0	6,178	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,950	0	25,160	0	0	54.00
54.01	03630	ULTRASOUND	6,591	0	2,246	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	24,640	0	13,703	0	0	55.00
56.00	05600	RADIOISOTOPE	4,047	0	1,797	0	0	56.00
57.00	05700	CT SCAN	3,432	0	4,830	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,881	0	5,728	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,006	0	6,178	50,004	0	59.00
60.00	06000	LABORATORY	30,737	0	35,831	0	0	60.00
60.01	06001	HLA LAB	1,083	0	1,909	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,528	0	8,537	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,256	0	14,040	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,632	0	6,964	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	738	0	3,033	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	369	0	1,123	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,006	0	5,167	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	581	0	1,460	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,701,451	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,306,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,902	0	3,257	0	0	74.00
76.00	03330	ENDOSCOPY	7,452	0	6,515	52,722	0	76.00
76.01	03950	OB/GYN IN VITRO	1,849	0	1,123	8,808	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	923	0	562	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	414	0	5,728	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	324	0	0	0	0	76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	31,170	0	17,185	137,331	0	90.00
90.01	04950	OUTPATIENT PSYCH	2,174	0	337	0	0	90.01
91.00	09100	EMERGENCY	19,049	0	26,171	210,496	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,049	0	2,246	18,068	0	105.00
106.00	10600	HEART ACQUISITION	568	0	1,123	9,527	0	106.00
107.00	10700	LIVER ACQUISITION	532	0	1,123	8,758	0	107.00
108.00	10800	LUNG ACQUISITION	475	0	1,011	8,491	0	108.00
109.00	10900	PANCREAS ACQUISITION	27	0	0	173	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	713,482	747,290	760,874	3,225,429	12,008,059	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	112	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	1,567	1,128	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	1,419	1,128	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	170,965	1,305	19,320	0	0	194.00
194.01	07951	RETAIL PHARMACY	1,642	0	5,279	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	2,860	0	1,685	0	0	194.02
194.03	07953	GUEST MEALS	0	23,693	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	891,935	774,544	787,270	3,225,429	12,008,059	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES	OTHER GENERAL SERVICE: LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,098,921					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	560,784				16.00
17.00	01700	SOCIAL SERVICE	2,629	0	486,846			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	1,179,620	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	1	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,857	46,372	404,567	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	91	6,043	21,381	0	0	31.00
32.00	03200	CORONARY CARE UNIT	27	2,121	7,327	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13	5,256	17,966	0	0	34.00
35.01	02400	NEURO ICU	45	2,751	10,627	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	35	4,125	14,286	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	8	3,671	0	0	0	40.00
43.00	04300	NURSERY	0	620	10,692	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,251	47,206	0	0	0	50.00
51.00	05100	RECOVERY ROOM	6	11,235	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5	1,632	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	47,084	20,545	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,967	34,272	0	0	0	54.00
54.01	03630	ULTRASOUND	444	5,506	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	110,213	34,858	0	0	0	55.00
56.00	05600	RADIOISOTOPE	66,156	1,717	0	0	0	56.00
57.00	05700	CT SCAN	418	29,325	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,111	18,329	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16	10,153	0	0	0	59.00
60.00	06000	LABORATORY	11	68,900	0	0	880,783	60.00
60.01	06001	HLA LAB	23	3,421	0	0	53,465	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,863	27,353	0	0	245,372	63.00
65.00	06500	RESPIRATORY THERAPY	122	6,312	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,812	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	783	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	462	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	65,081	15,821	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,572	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,559	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,353	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,314,870	47,377	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,281	2,449	0	0	0	74.00
76.00	03330	ENDOSCOPY	7	4,939	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	327	660	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	6	312	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	124	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	464	0	0	0	76.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	205	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,619	7,980	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	20,499	132	0	0	0	90.01
91.00	09100	EMERGENCY	1,422	26,725	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,643	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	168	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	633	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	812	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	56	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,667,508	560,764	486,846	0	1,179,620	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	606	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	4,614	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	426,193	20	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,098,921	560,784	486,846	0	1,179,620	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			18.02	20.00	21.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	1,862					18.02
20.00	02000	NURSING SCHOOL	0	1,352,119				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		2,407,207			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			5,750		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				11,498	23.02
		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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.01	02400	NEURO ICU	0					35.01
35.02	02401	CARDIO-THORACIC ICU	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
54.01	03630	ULTRASOUND	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	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
60.01	06001	HLA LAB	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
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 PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03330	ENDOSCOPY	0					76.00
76.01	03950	OB/GYN IN VITRO	0					76.01
76.02	03320	ELECTROSHOCK THERAPY	0					76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0					76.03
76.04	03952	BONE MARROW ACQUISITION	0					76.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			18.02	20.00	21.00	23.01	23.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
90.01	04950	OUTPATIENT PSYCH	0					90.01
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		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
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,862					191.00
191.01	19101	RESEARCH CTSA I/P	0					191.01
191.02	19102	RESEARCH CTSA O/P	0					191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0					194.00
194.01	07951	RETAIL PHARMACY	0					194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0					194.02
194.03	07953	GUEST MEALS	0					194.03
200.00		Cross Foot Adjustments		1,352,119	2,407,207	5,750	11,498	200.00
201.00		Negative Cost Centers	0	2,053,066	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,862	3,405,185	2,407,207	5,750	11,498	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01852	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
23.01	02301	PARAMED ED PRGM-PHARMACY					23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	15,060,993	0	15,060,993		30.00
31.00	03100	INTENSIVE CARE UNIT	3,672,736	0	3,672,736		31.00
32.00	03200	CORONARY CARE UNIT	290,261	0	290,261		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,155,735	0	1,155,735		34.00
35.01	02400	NEURO ICU	612,048	0	612,048		35.01
35.02	02401	CARDIO-THORACIC ICU	936,228	0	936,228		35.02
40.00	04000	SUBPROVIDER - IPF	1,337,162	0	1,337,162		40.00
43.00	04300	NURSERY	116,612	0	116,612		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
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	12,225,355	0	12,225,355		50.00
51.00	05100	RECOVERY ROOM	1,513,057	0	1,513,057		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	624,736	0	624,736		52.00
53.00	05300	ANESTHESIOLOGY	1,069,439	0	1,069,439		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,894,489	0	8,894,489		54.00
54.01	03630	ULTRASOUND	621,061	0	621,061		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,319,664	0	7,319,664		55.00
56.00	05600	RADIOISOTOPE	1,309,057	0	1,309,057		56.00
57.00	05700	CT SCAN	2,943,253	0	2,943,253		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,033,463	0	4,033,463		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,382,911	0	3,382,911		59.00
60.00	06000	LABORATORY	4,788,840	0	4,788,840		60.00
60.01	06001	HLA LAB	216,230	0	216,230		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,758,221	0	1,758,221		63.00
65.00	06500	RESPIRATORY THERAPY	1,442,873	0	1,442,873		65.00
66.00	06600	PHYSICAL THERAPY	260,837	0	260,837		66.00
67.00	06700	OCCUPATIONAL THERAPY	89,687	0	89,687		67.00
68.00	06800	SPEECH PATHOLOGY	43,704	0	43,704		68.00
69.00	06900	ELECTROCARDIOLOGY	873,032	0	873,032		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	515,807	0	515,807		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,726,452	0	5,726,452		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,897,141	0	8,897,141		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,435,418	0	5,435,418		73.00
74.00	07400	RENAL DIALYSIS	548,079	0	548,079		74.00
76.00	03330	ENDOSCOPY	1,828,839	0	1,828,839		76.00
76.01	03950	OB/GYN IN VITRO	190,488	0	190,488		76.01
76.02	03320	ELECTROSHOCK THERAPY	51,205	0	51,205		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,727	0	11,727		76.03
76.04	03952	BONE MARROW ACQUISITION	204,945	0	204,945		76.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,300	0	18,300		76.98
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2,725,497	0	2,725,497		90.00
90.01	04950	OUTPATIENT PSYCH	244,374	0	244,374		90.01
91.00	09100	EMERGENCY	2,830,287	0	2,830,287		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	246,830	0	246,830		105.00
106.00	10600	HEART ACQUISITION	81,167	0	81,167		106.00
107.00	10700	LIVER ACQUISITION	109,869	0	109,869		107.00
108.00	10800	LUNG ACQUISITION	125,875	0	125,875		108.00
109.00	10900	PANCREAS ACQUISITION	7,129	0	7,129		109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	106,391,113	0	106,391,113		118.00
		NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	5,757	0	5,757		191.00
191.01	19101	RESEARCH CTSA I/P	64,349	0	64,349		191.01
191.02	19102	RESEARCH CTSA O/P	57,534	0	57,534		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	9,057,222	0	9,057,222		194.00
194.01	07951	RETAIL PHARMACY	689,733	0	689,733		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	215,330	0	215,330		194.02
194.03	07953	GUEST MEALS	23,693	0	23,693		194.03
200.00		Cross Foot Adjustments	3,776,574	0	3,776,574		200.00
201.00		Negative Cost Centers	2,053,066	0	2,053,066		201.00
202.00		TOTAL (sum lines 118-201)	122,334,371	0	122,334,371		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	
			1.00	1.03	1.04	1.05	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,768,227					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	1,565,359				1.03
1.04	00104	NEW CRC-B&F(GSON)	0	0	93,215			1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	48,228		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					26,596,432	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,264	6,004	0	0	1,067,339	4.00
5.01	00540	NONPATIENT TELEPHONES	10,420	3,033	0	0	13,080	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	15,357	504	0	0	5,763	5.03
5.04	00570	ADMITTING	27,267	1,385	0	586	31,410	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	393,266	393,971	0	11,998	986,367	5.06
7.00	00700	OPERATION OF PLANT	197,192	194,384	0	76	305,358	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,925	39	0	0	282	8.00
9.00	00900	HOUSEKEEPING	19,844	6,488	0	15	79,334	9.00
10.00	01000	DIETARY	27,110	258	0	0	114,111	10.00
11.00	01100	CAFETERIA	33,554	7,993	0	0	63,896	11.00
13.00	01300	NURSING ADMINISTRATION	21,826	3,169	0	0	884,842	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,159	3,128	0	0	69,112	14.00
15.00	01500	PHARMACY	4,968	34,140	0	0	93,851	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,416	8,699	0	0	18,512	16.00
17.00	01700	SOCIAL SERVICE	1,253	6,932	0	0	13,924	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	54,038	0	0	34,893	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	93,215	0	287,626	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,579	5,534	0	0	6,968	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	867	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	484,983	1,203	0	0	1,403,739	30.00
31.00	03100	INTENSIVE CARE UNIT	39,076	0	0	0	1,276,293	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	2,747	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,660	0	0	0	134,242	34.00
35.01	02400	NEURO ICU	11,937	0	0	0	104,814	35.01
35.02	02401	CARDIO-THORACIC ICU	0	19,168	0	0	104,989	35.02
40.00	04000	SUBPROVIDER - IPF	28,489	26,976	0	0	57,764	40.00
43.00	04300	NURSERY	2,148	0	0	0	15,894	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	54,197	103,589	0	0	3,597,963	50.00
51.00	05100	RECOVERY ROOM	29,888	21,185	0	0	129,046	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,200	71	0	0	57,975	52.00
53.00	05300	ANESTHESIOLOGY	0	1,218	0	0	357,240	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,417	39,441	0	1,522	3,355,992	54.00
54.01	03630	ULTRASOUND	10,120	3,819	0	0	164,831	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	16,114	53,029	0	0	2,681,368	55.00
56.00	05600	RADIOISOTOPE	10,117	0	0	0	507,414	56.00
57.00	05700	CT SCAN	0	3,058	0	0	1,271,647	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,572	8,044	0	0	1,661,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	818	24,192	0	0	1,278,238	59.00
60.00	06000	LABORATORY	1,971	75,440	0	586	697,652	60.00
60.01	06001	HLA LAB	0	2,707	0	0	13,521	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,813	17,503	0	0	223,114	63.00
65.00	06500	RESPIRATORY THERAPY	8,138	0	0	0	416,992	65.00
66.00	06600	PHYSICAL THERAPY	2,107	4,473	0	0	11,308	66.00
67.00	06700	OCCUPATIONAL THERAPY	591	1,254	0	0	3,092	67.00
68.00	06800	SPEECH PATHOLOGY	296	627	0	0	4,418	68.00
69.00	06900	ELECTROCARDIOLOGY	7,271	2,742	0	0	247,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,453	0	0	0	219,868	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,869	1,885	0	0	155,977	74.00
76.00	03330	ENDOSCOPY	5,065	13,561	0	0	608,980	76.00
76.01	03950	OB/GYN IN VITRO	4,622	0	0	0	37,206	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	6,218	76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	
			1.00	1.03	1.04	1.05	2.00	
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	1,034	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	810	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	72,513	0	0	415,412	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	56,310	90.01
91.00	09100	EMERGENCY	1,797	44,308	0	0	568,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	44	2,577	0	0	0	105.00
106.00	10600	HEART ACQUISITION	44	1,377	0	0	203	106.00
107.00	10700	LIVER ACQUISITION	44	1,285	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	44	1,143	0	0	147	108.00
109.00	10900	PANCREAS ACQUISITION	44	23	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,662,607	1,285,389	93,215	14,783	25,927,520	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	105,620	268,716	0	33,445	638,111	194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	28,536	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	7,150	0	0	2,265	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	15,049,271	21,332,155	1,622,291	1,421,253	55,355,690	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.510938	13.627644	17.403755	29.469458	2.081320	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT TELEPHONES)	PURCHASING RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	529,051,009					4.00
5.01	00540	NONPATIENT TELEPHONES	655,134	3,613,144				5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,042,133	6,309	439,343,486			5.03
5.04	00570	ADMITTING	13,039,115	152,752	523,001	5,101,597,848		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	29,079,825	385,001	1,107,637	0	0	5.06
7.00	00700	OPERATION OF PLANT	9,269,198	77,775	2,532,581	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,786,439	0	0	8.00
9.00	00900	HOUSEKEEPING	11,422,495	24,998	1,749,334	0	0	9.00
10.00	01000	DIETARY	4,767,621	28,824	2,230,348	0	0	10.00
11.00	01100	CAFETERIA	4,438,864	27,649	7,977,877	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	24,991,081	114,974	381,658	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,081,941	27,785	16,373,583	0	0	14.00
15.00	01500	PHARMACY	19,833,153	98,877	121,655,315	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,359,225	43,398	170,018	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,908,655	56,228	97,518	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	4,154,030	18,766	23,314	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	66,086	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,145,441	64,737	225,802	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	42,489,481	27,297	218,392	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	202,990	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	290,678	3,212	1,619	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	112,160,699	725,806	7,826,875	421,563,514	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,505,722	38,606	1,371,631	54,931,833	0	31.00
32.00	03200	CORONARY CARE UNIT	3,370,556	10,068	246,655	19,283,382	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,119,316	38,724	1,666,090	47,783,263	0	34.00
35.01	02400	NEURO ICU	5,084,966	19,946	613,333	25,011,204	0	35.01
35.02	02401	CARDIO-THORACIC ICU	7,857,697	43,940	1,143,338	37,499,852	0	35.02
40.00	04000	SUBPROVIDER - IPF	9,162,534	47,423	330,138	33,373,041	0	40.00
43.00	04300	NURSERY	990,414	2,703	171,223	5,639,530	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,626,923	259,120	21,413,840	429,141,684	0	50.00
51.00	05100	RECOVERY ROOM	9,937,215	62,164	1,897,994	102,138,634	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,319,989	19,421	683,088	14,832,191	0	52.00
53.00	05300	ANESTHESIOLOGY	2,230,041	107,235	6,154,142	186,768,190	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,052,742	113,131	6,240,268	311,566,181	0	54.00
54.01	03630	ULTRASOUND	1,307,592	12,253	75,667	50,054,120	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,908,882	101,787	3,363,985	316,892,425	0	55.00
56.00	05600	RADIOISOTOPE	1,230,278	17,377	1,549,612	15,610,501	0	56.00
57.00	05700	CT SCAN	3,009,426	25,625	884,310	266,591,674	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,577,080	24,163	1,416,017	166,624,397	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,053,648	40,495	2,674,034	92,298,232	0	59.00
60.00	06000	LABORATORY	15,742,226	120,370	13,159,377	629,939,622	0	60.00
60.01	06001	HLA LAB	1,057,561	7,581	2,543,047	31,102,941	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,053,510	30,276	26,664,544	248,660,525	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,268,547	14,975	2,535,490	57,382,009	0	65.00
66.00	06600	PHYSICAL THERAPY	3,966,510	10,988	47,955	16,471,899	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,930,066	0	13,267	7,117,793	0	67.00
68.00	06800	SPEECH PATHOLOGY	678,638	0	20,987	4,200,076	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,829,196	22,289	1,542,217	143,826,145	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	696,851	3,509	34,502	14,291,380	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	60,639,514	195,989,380	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	94,817,712	294,120,689	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	430,704,030	0	73.00
74.00	07400	RENAL DIALYSIS	2,442,565	8,619	1,060,874	22,265,458	0	74.00
76.00	03330	ENDOSCOPY	3,950,450	29,789	1,549,994	44,901,287	0	76.00
76.01	03950	OB/GYN IN VITRO	729,338	793	434,698	6,003,975	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	281,963	3,395	69,703	2,839,499	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	717,500	1,124,463	0	76.03
76.04	03952	BONE MARROW ACQUISITION	3,721,592	25,066	38,964	4,215,012	0	76.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT TELEPHONES)	PURCHASING RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,667	4,656	1,860,823	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,463,325	184,519	1,378,120	72,541,666	0	90.00
90.01	04950	OUTPATIENT PSYCH	143,605	15,094	472,446	1,197,023	0	90.01
91.00	09100	EMERGENCY	13,811,591	121,677	2,998,884	242,953,499	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,271,569	7,358	10,144	14,936,479	0	105.00
106.00	10600	HEART ACQUISITION	724,842	5,844	2,569	1,523,234	0	106.00
107.00	10700	LIVER ACQUISITION	679,589	5,762	3,107	5,754,327	0	107.00
108.00	10800	LUNG ACQUISITION	609,669	3,662	3,621	7,384,489	0	108.00
109.00	10900	PANCREAS ACQUISITION	20,566	0	36	508,112	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	517,816,635	3,491,802	428,540,604	5,101,419,683	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	71,678	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	57,045	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	29,601	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,874,768	62,946	900,704	0	0	194.00
194.01	07951	RETAIL PHARMACY	3,348,967	44,419	9,769,224	178,165	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	938,961	13,977	46,308	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	76,917,107	1,540,771	14,269,225	23,676,317	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.145387	0.426435	0.032479	0.004641	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,560,218	167,896	157,411	510,460	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004839	0.046468	0.000358	0.000100	0.000000	205.00

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		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-319,469,106	1,439,253,297				5.06
7.00	00700	OPERATION OF PLANT	0	64,505,237	2,272,630			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,014,243	7,249	6,494,145		8.00
9.00	00900	HOUSEKEEPING	0	21,027,599	26,602	167,256	2,229,472	9.00
10.00	01000	DIETARY	0	10,185,958	35,266	1,450	35,266	10.00
11.00	01100	CAFETERIA	0	5,561,989	41,547	0	41,547	11.00
13.00	01300	NURSING ADMINISTRATION	0	55,156,102	24,995	0	24,995	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,925,108	31,287	10,955	31,287	14.00
15.00	01500	PHARMACY	0	173,391,739	39,938	0	39,938	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,607,523	12,115	0	12,115	16.00
17.00	01700	SOCIAL SERVICE	0	15,242,374	8,185	0	8,056	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	10,931,823	54,038	0	54,038	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	94,927	0	0	0	18.02
20.00	02000	NURSING SCHOOL	1,328,764	0	93,215	1,411	93,215	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	123,321,149	15,638	72,797	15,638	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	286,819	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	424,680	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	170,990,273	486,186	3,823,566	486,186	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,735,303	39,076	192,000	39,076	31.00
32.00	03200	CORONARY CARE UNIT	0	5,179,153	9,950	67,403	9,950	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	15,691,923	34,660	175,675	34,660	34.00
35.01	02400	NEURO ICU	0	8,505,949	11,937	88,521	11,937	35.01
35.02	02401	CARDIO-THORACIC ICU	0	13,042,223	19,168	125,679	19,168	35.02
40.00	04000	SUBPROVIDER - IPF	0	15,293,291	55,465	81,026	55,465	40.00
43.00	04300	NURSERY	0	1,672,766	2,148	37,348	2,148	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	0	89,810,836	157,786	149,221	157,786	50.00
51.00	05100	RECOVERY ROOM	0	18,631,136	51,073	97,401	51,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,369,079	20,271	46,818	20,271	52.00
53.00	05300	ANESTHESIOLOGY	0	10,792,206	1,218	0	1,218	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,741,884	84,862	179,992	84,862	54.00
54.01	03630	ULTRASOUND	0	3,801,561	16,476	7,410	16,476	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,247,596	69,143	24,926	61,590	55.00
56.00	05600	RADIOISOTOPE	0	3,408,048	10,117	25,642	10,117	56.00
57.00	05700	CT SCAN	0	8,650,698	8,578	42,614	8,578	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,156,621	27,199	213,383	27,199	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,008,735	25,010	41,898	25,010	59.00
60.00	06000	LABORATORY	0	53,207,507	78,385	0	76,829	60.00
60.01	06001	HLA LAB	0	4,243,965	2,707	0	2,707	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	37,972,644	21,316	22,011	21,316	63.00
65.00	06500	RESPIRATORY THERAPY	0	16,225,558	8,138	0	8,138	65.00
66.00	06600	PHYSICAL THERAPY	0	6,050,814	6,580	0	6,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,758,520	1,845	0	1,845	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,015,117	923	0	923	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,800,966	10,013	18,912	10,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,150,576	1,453	995	1,453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,890,948	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	99,264,410	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,998,897	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,071,629	9,754	8,311	9,754	74.00
76.00	03330	ENDOSCOPY	0	9,115,391	18,626	28,160	18,626	76.00
76.01	03950	OB/GYN IN VITRO	0	2,582,592	4,622	0	4,622	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	522,661	2,308	0	2,308	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	746,023	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	10,195,996	1,034	0	1,034	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	255,471	810	0	810	76.98

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		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	20,344,356	77,913	47,848	77,913	90.00
90.01	04950	OUTPATIENT PSYCH	0	522,367	5,435	0	5,435	90.01
91.00	09100	EMERGENCY	0	29,586,322	47,615	693,516	47,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	11,075,032	2,621	0	2,621	105.00
106.00	10600	HEART ACQUISITION	0	2,117,868	1,421	0	1,421	106.00
107.00	10700	LIVER ACQUISITION	0	4,611,055	1,329	0	1,329	107.00
108.00	10800	LUNG ACQUISITION	0	5,734,747	1,187	0	1,187	108.00
109.00	10900	PANCREAS ACQUISITION	0	386,023	67	0	67	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-318,140,342	1,401,854,006	1,826,500	6,494,145	1,783,411	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	228,202	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	101,519	3,918	0	3,918	191.01
191.02	19102	RESEARCH CTSA O/P	0	74,838	3,546	0	3,546	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	26,141,530	427,412	0	427,343	194.00
194.01	07951	RETAIL PHARMACY	0	5,508,903	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,344,299	7,150	0	7,150	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)		319,469,106	78,823,400	3,934,735	26,719,071	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.221969	34.683780	0.605890	11.984484	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		21,673,472	6,135,567	86,581	891,935	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.015059	2.699765	0.013332	0.400066	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	758,328					10.00
11.00	01100	CAFETERIA	0	7,009				11.00
13.00	01300	NURSING ADMINISTRATION	0	302	7,448,275			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	108	0	155,831,662		14.00
15.00	01500	PHARMACY	0	249	0	0	138,576,189	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	88	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	146	0	0	59,744	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	51	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	1	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	95	0	0	27	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	726	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	4	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	5	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	637,005	1,739	3,559,886	0	42,194	30.00
31.00	03100	INTENSIVE CARE UNIT	18,639	153	318,632	0	2,065	31.00
32.00	03200	CORONARY CARE UNIT	7,089	51	105,811	0	622	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,305	128	266,223	0	291	34.00
35.01	02400	NEURO ICU	6,794	70	146,113	0	1,024	35.01
35.02	02401	CARDIO-THORACIC ICU	7,103	107	224,607	0	791	35.02
40.00	04000	SUBPROVIDER - IPF	38,640	147	167,695	0	176	40.00
43.00	04300	NURSERY	0	15	30,440	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	493	1,008,531	0	51,152	50.00
51.00	05100	RECOVERY ROOM	70	140	279,833	0	127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	84	175,778	0	123	52.00
53.00	05300	ANESTHESIOLOGY	0	55	0	0	1,069,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	224	0	0	362,788	54.00
54.01	03630	ULTRASOUND	0	20	0	0	10,089	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	122	0	0	2,504,219	55.00
56.00	05600	RADIOISOTOPE	0	16	0	0	1,503,180	56.00
57.00	05700	CT SCAN	0	43	0	0	9,504	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	51	0	0	47,969	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55	115,471	0	359	59.00
60.00	06000	LABORATORY	0	319	0	0	245	60.00
60.01	06001	HLA LAB	0	17	0	0	532	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	76	0	0	42,322	63.00
65.00	06500	RESPIRATORY THERAPY	0	125	0	0	2,768	65.00
66.00	06600	PHYSICAL THERAPY	0	62	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	46	0	0	1,478,751	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	61,011,850	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	94,819,812	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	120,761,288	73.00
74.00	07400	RENAL DIALYSIS	0	29	0	0	29,114	74.00
76.00	03330	ENDOSCOPY	0	58	121,748	0	159	76.00
76.01	03950	OB/GYN IN VITRO	0	10	20,340	0	7,425	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	5	0	0	146	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	51	0	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	153	317,129	0	286,719	90.00
90.01	04950	OUTPATIENT PSYCH	0	3	0	0	465,775	90.01
91.00	09100	EMERGENCY	0	233	486,084	0	32,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	20	41,723	0	0	105.00
106.00	10600	HEART ACQUISITION	0	10	21,999	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	10	20,224	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	9	19,608	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	400	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	731,645	6,774	7,448,275	155,831,662	128,773,828	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	1	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	1,104	0	0	0	13,759	191.01
191.02	19102	RESEARCH CTSA O/P	1,104	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,278	172	0	0	104,828	194.00
194.01	07951	RETAIL PHARMACY	0	47	0	0	9,683,774	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	15	0	0	0	194.02
194.03	07953	GUEST MEALS	23,197	0	0	0	0	194.03
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)	14,093,607	8,735,504	68,941,911	30,837,091	214,052,992	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.585107	1,246.326723	9.256091	0.197887	1.544659	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	774,544	787,270	3,225,429	12,008,059	6,098,921	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.021384	112.322728	0.433044	0.077058	0.044011	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	OTHER GENERAL SERVICE: RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,101,597,848					16.00
17.00	01700	SOCIAL SERVICE	0	304,800				17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0			18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	768,332		18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	100	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	421,563,514	253,288	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	54,931,833	13,386	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	19,283,382	4,587	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	47,783,263	11,248	0	0	0	34.00
35.01	02400	NEURO ICU	25,011,204	6,653	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	37,499,852	8,944	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,373,041	0	0	0	0	40.00
43.00	04300	NURSERY	5,639,530	6,694	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	429,141,684	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	102,138,634	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,832,191	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	186,768,190	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	311,566,181	0	0	0	0	54.00
54.01	03630	ULTRASOUND	50,054,120	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	316,892,425	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	15,610,501	0	0	0	0	56.00
57.00	05700	CT SCAN	266,591,674	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	166,624,397	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	92,298,232	0	0	0	0	59.00
60.00	06000	LABORATORY	629,939,622	0	0	573,688	0	60.00
60.01	06001	HLA LAB	31,102,941	0	0	34,824	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	248,660,525	0	0	159,820	0	63.00
65.00	06500	RESPIRATORY THERAPY	57,382,009	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,471,899	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,117,793	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,200,076	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	143,826,145	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,291,380	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,989,380	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	294,120,689	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	430,704,030	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	22,265,458	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	44,901,287	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	6,003,975	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,839,499	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	OTHER GENERAL SERVICE: RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	18.01	18.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	1,124,463	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	4,215,012	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,860,823	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	72,541,666	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	1,197,023	0	0	0	0	90.01
91.00	09100	EMERGENCY	242,953,499	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,936,479	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,523,234	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	5,754,327	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	7,384,489	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	508,112	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,101,419,683	304,800	0	768,332	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	100	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	178,165	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	8,749,251	19,280,391	0	15,943,772	117,244	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001715	63.255876	0.000000	20.751149	1,172.440000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	560,784	486,846	0	1,179,620	1,862	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000110	1.597264	0.000000	1.535300	18.620000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION						18.02
20.00	02000	NURSING SCHOOL	29,720					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		10,000				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY			100			23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				-525,178	1,756,868,461	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,944	2,102	0	0	331,854,330	30.00
31.00	03100	INTENSIVE CARE UNIT	1,067	299	0	0	33,933,143	31.00
32.00	03200	CORONARY CARE UNIT	427	173	0	0	11,014,032	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	206	0	0	27,758,539	34.00
35.01	02400	NEURO ICU	213	59	0	0	13,957,493	35.01
35.02	02401	CARDIO-THORACIC ICU	213	151	0	0	22,206,870	35.02
40.00	04000	SUBPROVIDER - IPF	2,096	170	0	0	26,648,368	40.00
43.00	04300	NURSERY	664	0	0	0	2,970,667	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	2,712	1,696	0	0	154,093,670	50.00
51.00	05100	RECOVERY ROOM	0	26	0	0	28,546,656	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,472	92	0	0	15,737,829	52.00
53.00	05300	ANESTHESIOLOGY	0	457	0	0	22,249,416	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	808	0	0	66,318,431	54.00
54.01	03630	ULTRASOUND	0	128	0	0	7,495,519	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	141	0	0	48,047,112	55.00
56.00	05600	RADIOISOTOPE	0	152	0	0	9,336,897	56.00
57.00	05700	CT SCAN	0	56	0	0	12,375,792	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	25	0	0	18,279,953	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	124	0	0	20,274,464	59.00
60.00	06000	LABORATORY	0	572	0	0	90,756,123	60.00
60.01	06001	HLA LAB	0	0	0	0	6,110,315	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	157	0	0	53,704,768	63.00
65.00	06500	RESPIRATORY THERAPY	0	88	0	0	21,806,279	65.00
66.00	06600	PHYSICAL THERAPY	0	117	0	0	9,589,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,502,787	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,303,183	68.00
69.00	06900	ELECTROCARDIOLOGY	0	78	0	0	11,344,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	284	0	0	7,064,464	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	90,482,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	140,566,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	190,071,758	73.00
74.00	07400	RENAL DIALYSIS	0	37	0	0	7,340,692	74.00
76.00	03330	ENDOSCOPY	720	143	0	0	15,556,506	76.00
76.01	03950	OB/GYN IN VITRO	0	14	0	0	3,807,368	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	14	0	0	971,037	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	913,545	76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02	
76.04	03952	BONE MARROW ACQUISITION	0	0	0	0	12,578,238	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	353,170	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	862	0	0	45,353,166	90.00
90.01	04950	OUTPATIENT PSYCH	0	182	0	0	4,390,409	90.01
91.00	09100	EMERGENCY	192	560	0	0	52,605,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	14,092,398	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	2,872,985	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	5,906,115	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	7,268,453	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	479,408	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,720	9,973	100	-525,178	1,673,889,344	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	397,346	191.00
191.01	19101	RESEARCH CTSA I/P	0	15	0	0	577,230	191.01
191.02	19102	RESEARCH CTSA O/P	0	12	0	0	460,302	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	52,289,932	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	21,940,247	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	6,882,941	194.02
194.03	07953	GUEST MEALS	0	0	0	0	431,119	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,140,717	152,373,359	355,469		525,178	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	105.676884	15,237.335900	3,554.690000		0.000299	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,405,185	2,407,207	5,750		11,498	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	45.495256	240.720700	57.500000		0.000007	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 5:06 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	299,924,549		299,924,549	0	299,924,549	30.00
31.00	03100	INTENSIVE CARE UNIT	29,387,326		29,387,326	0	29,387,326	31.00
32.00	03200	CORONARY CARE UNIT	8,381,266		8,381,266	0	8,381,266	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	24,627,948		24,627,948	0	24,627,948	34.00
35.01	02400	NEURO ICU	13,062,663		13,062,663	0	13,062,663	35.01
35.02	02401	CARDIO-THORACIC ICU	19,912,672		19,912,672	0	19,912,672	35.02
40.00	04000	SUBPROVIDER - IPF	24,065,989		24,065,989	0	24,065,989	40.00
43.00	04300	NURSERY	2,971,555		2,971,555	0	2,971,555	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	128,297,222		128,297,222	0	128,297,222	50.00
51.00	05100	RECOVERY ROOM	28,159,020		28,159,020	0	28,159,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,340,700		14,340,700	0	14,340,700	52.00
53.00	05300	ANESTHESIOLOGY	15,292,606		15,292,606	0	15,292,606	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,026,493		54,026,493	0	54,026,493	54.00
54.01	03630	ULTRASOUND	5,547,381		5,547,381	0	5,547,381	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	45,913,014		45,913,014	0	45,913,014	55.00
56.00	05600	RADIOISOTOPE	7,023,614		7,023,614	0	7,023,614	56.00
57.00	05700	CT SCAN	11,526,201		11,526,201	0	11,526,201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,904,486		17,904,486	0	17,904,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,391,096		18,391,096	0	18,391,096	59.00
60.00	06000	LABORATORY	82,067,503		82,067,503	0	82,067,503	60.00
60.01	06001	HLA LAB	6,112,142		6,112,142	0	6,112,142	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,328,564		51,328,564	0	51,328,564	63.00
65.00	06500	RESPIRATORY THERAPY	20,471,913	0	20,471,913	0	20,471,913	65.00
66.00	06600	PHYSICAL THERAPY	7,809,372	0	7,809,372	0	7,809,372	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,503,834	0	3,503,834	0	3,503,834	67.00
68.00	06800	SPEECH PATHOLOGY	1,303,573	0	1,303,573	0	1,303,573	68.00
69.00	06900	ELECTROCARDIOLOGY	10,158,901		10,158,901	0	10,158,901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,739,173		2,739,173	0	2,739,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,509,386		90,509,386	0	90,509,386	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	140,608,117		140,608,117	0	140,608,117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	190,128,589		190,128,589	0	190,128,589	73.00
74.00	07400	RENAL DIALYSIS	6,779,106		6,779,106	0	6,779,106	74.00
76.00	03330	ENDOSCOPY	13,382,218		13,382,218	0	13,382,218	76.00
76.01	03950	OB/GYN IN VITRO	3,595,183		3,595,183	0	3,595,183	76.01
76.02	03320	ELECTROSHOCK THERAPY	758,004		758,004	0	758,004	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	913,818		913,818	0	913,818	76.03
76.04	03952	BONE MARROW ACQUISITION	12,581,999		12,581,999	0	12,581,999	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	353,276		353,276	0	353,276	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	32,232,143		32,232,143	0	32,232,143	90.00
90.01	04950	OUTPATIENT PSYCH	1,618,527		1,618,527	0	1,618,527	90.01
91.00	09100	EMERGENCY	44,088,103		44,088,103	0	44,088,103	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,150,336		7,150,336		7,150,336	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,096,612		14,096,612		14,096,612	105.00
106.00	10600	HEART ACQUISITION	2,873,844		2,873,844		2,873,844	106.00
107.00	10700	LIVER ACQUISITION	5,907,881		5,907,881		5,907,881	107.00
108.00	10800	LUNG ACQUISITION	7,270,626		7,270,626		7,270,626	108.00
109.00	10900	PANCREAS ACQUISITION	479,551		479,551		479,551	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,529,578,095	0	1,529,578,095	0	1,529,578,095	200.00
201.00		Less Observation Beds	7,150,336		7,150,336		7,150,336	201.00
202.00		Total (see instructions)	1,522,427,759	0	1,522,427,759	0	1,522,427,759	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 5:06 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	415,438,354		415,438,354			30.00
31.00	03100	INTENSIVE CARE UNIT	54,931,832		54,931,832			31.00
32.00	03200	CORONARY CARE UNIT	19,283,382		19,283,382			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	47,783,263		47,783,263			34.00
35.01	02400	NEURO ICU	25,011,203		25,011,203			35.01
35.02	02401	CARDIO-THORACIC ICU	37,499,852		37,499,852			35.02
40.00	04000	SUBPROVIDER - IPF	33,372,702		33,372,702			40.00
43.00	04300	NURSERY	5,639,530		5,639,530			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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	280,486,056	148,655,628	429,141,684	0.298962	0.000000	50.00
51.00	05100	RECOVERY ROOM	35,616,961	66,521,673	102,138,634	0.275694	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,767,265	3,064,926	14,832,191	0.966863	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	109,619,935	77,148,255	186,768,190	0.081880	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106,660,458	204,905,723	311,566,181	0.173403	0.000000	54.00
54.01	03630	ULTRASOUND	11,547,518	38,506,602	50,054,120	0.110828	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,404,692	305,487,733	316,892,425	0.144885	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,178,811	12,431,690	15,610,501	0.449929	0.000000	56.00
57.00	05700	CT SCAN	92,621,855	173,969,819	266,591,674	0.043235	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,727,513	131,896,884	166,624,397	0.107454	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,743,425	52,554,807	92,298,232	0.199257	0.000000	59.00
60.00	06000	LABORATORY	344,529,093	285,410,529	629,939,622	0.130278	0.000000	60.00
60.01	06001	HLA LAB	6,315,804	24,787,137	31,102,941	0.196513	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	168,939,237	79,721,288	248,660,525	0.206420	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	52,028,847	5,353,162	57,382,009	0.356765	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,734,520	737,379	16,471,899	0.474103	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,669,899	447,894	7,117,793	0.492264	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,959,508	240,568	4,200,076	0.310369	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	74,996,558	68,829,587	143,826,145	0.070633	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,723,754	1,567,626	14,291,380	0.191666	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	126,352,207	69,637,173	195,989,380	0.461808	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	218,333,601	75,787,088	294,120,689	0.478063	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	291,375,915	139,328,115	430,704,030	0.441437	0.000000	73.00
74.00	07400	RENAL DIALYSIS	21,407,558	857,900	22,265,458	0.304467	0.000000	74.00
76.00	03330	ENDOSCOPY	11,281,176	33,620,111	44,901,287	0.298036	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	0	6,003,975	6,003,975	0.598800	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	870,616	1,968,883	2,839,499	0.266950	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	37,120	1,087,343	1,124,463	0.812671	0.000000	76.03
76.04	03952	BONE MARROW ACQUISITION	2,854,975	1,360,037	4,215,012	2.985045	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,366	1,856,457	1,860,823	0.189849	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,227,168	70,314,498	72,541,666	0.444326	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	915	1,196,108	1,197,023	1.352127	0.000000	90.01
91.00	09100	EMERGENCY	94,375,304	148,578,195	242,953,499	0.181467	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	415,101	4,783,056	5,198,157	1.375552	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,936,479	0	14,936,479			105.00
106.00	10600	HEART ACQUISITION	1,523,234	0	1,523,234			106.00
107.00	10700	LIVER ACQUISITION	5,754,327	0	5,754,327			107.00
108.00	10800	LUNG ACQUISITION	7,384,489	0	7,384,489			108.00
109.00	10900	PANCREAS ACQUISITION	508,112	0	508,112			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,861,874,490	2,238,617,849	5,100,492,339			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,861,874,490	2,238,617,849	5,100,492,339			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.01	02400	NEURO ICU			35.01
35.02	02401	CARDIO-THORACIC ICU			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
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	0.298962		50.00
51.00	05100	RECOVERY ROOM	0.275694		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863		52.00
53.00	05300	ANESTHESIOLOGY	0.081880		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403		54.00
54.01	03630	ULTRASOUND	0.110828		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885		55.00
56.00	05600	RADIOISOTOPE	0.449929		56.00
57.00	05700	CT SCAN	0.043235		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257		59.00
60.00	06000	LABORATORY	0.130278		60.00
60.01	06001	HLA LAB	0.196513		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420		63.00
65.00	06500	RESPIRATORY THERAPY	0.356765		65.00
66.00	06600	PHYSICAL THERAPY	0.474103		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264		67.00
68.00	06800	SPEECH PATHOLOGY	0.310369		68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437		73.00
74.00	07400	RENAL DIALYSIS	0.304467		74.00
76.00	03330	ENDOSCOPY	0.298036		76.00
76.01	03950	OB/GYN IN VITRO	0.598800		76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671		76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.444326		90.00
90.01	04950	OUTPATIENT PSYCH	1.352127		90.01
91.00	09100	EMERGENCY	0.181467		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552		92.00
		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
113.00	11300	INTEREST EXPENSE			113.00
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: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Title XIX Therapy Limit Adj.	Hospital Costs Total Costs	Hospital Costs RCE Disallowance	Cost Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	299,924,549		299,924,549	0	299,924,549	30.00
31.00	03100	INTENSIVE CARE UNIT	29,387,326		29,387,326	0	29,387,326	31.00
32.00	03200	CORONARY CARE UNIT	8,381,266		8,381,266	0	8,381,266	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	24,627,948		24,627,948	0	24,627,948	34.00
35.01	02400	NEURO ICU	13,062,663		13,062,663	0	13,062,663	35.01
35.02	02401	CARDIO-THORACIC ICU	19,912,672		19,912,672	0	19,912,672	35.02
40.00	04000	SUBPROVIDER - IPF	24,065,989		24,065,989	0	24,065,989	40.00
43.00	04300	NURSERY	2,971,555		2,971,555	0	2,971,555	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	128,297,222		128,297,222	0	128,297,222	50.00
51.00	05100	RECOVERY ROOM	28,159,020		28,159,020	0	28,159,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,340,700		14,340,700	0	14,340,700	52.00
53.00	05300	ANESTHESIOLOGY	15,292,606		15,292,606	0	15,292,606	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,026,493		54,026,493	0	54,026,493	54.00
54.01	03630	ULTRASOUND	5,547,381		5,547,381	0	5,547,381	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	45,913,014		45,913,014	0	45,913,014	55.00
56.00	05600	RADIOISOTOPE	7,023,614		7,023,614	0	7,023,614	56.00
57.00	05700	CT SCAN	11,526,201		11,526,201	0	11,526,201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,904,486		17,904,486	0	17,904,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,391,096		18,391,096	0	18,391,096	59.00
60.00	06000	LABORATORY	82,067,503		82,067,503	0	82,067,503	60.00
60.01	06001	HLA LAB	6,112,142		6,112,142	0	6,112,142	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,328,564		51,328,564	0	51,328,564	63.00
65.00	06500	RESPIRATORY THERAPY	20,471,913	0	20,471,913	0	20,471,913	65.00
66.00	06600	PHYSICAL THERAPY	7,809,372	0	7,809,372	0	7,809,372	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,503,834	0	3,503,834	0	3,503,834	67.00
68.00	06800	SPEECH PATHOLOGY	1,303,573	0	1,303,573	0	1,303,573	68.00
69.00	06900	ELECTROCARDIOLOGY	10,158,901		10,158,901	0	10,158,901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,739,173		2,739,173	0	2,739,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,509,386		90,509,386	0	90,509,386	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	140,608,117		140,608,117	0	140,608,117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	190,128,589		190,128,589	0	190,128,589	73.00
74.00	07400	RENAL DIALYSIS	6,779,106		6,779,106	0	6,779,106	74.00
76.00	03330	ENDOSCOPY	13,382,218		13,382,218	0	13,382,218	76.00
76.01	03950	OB/GYN IN VITRO	3,595,183		3,595,183	0	3,595,183	76.01
76.02	03320	ELECTROSHOCK THERAPY	758,004		758,004	0	758,004	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	913,818		913,818	0	913,818	76.03
76.04	03952	BONE MARROW ACQUISITION	12,581,999		12,581,999	0	12,581,999	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	353,276		353,276	0	353,276	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	32,232,143		32,232,143	0	32,232,143	90.00
90.01	04950	OUTPATIENT PSYCH	1,618,527		1,618,527	0	1,618,527	90.01
91.00	09100	EMERGENCY	44,088,103		44,088,103	0	44,088,103	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,150,336		7,150,336		7,150,336	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,096,612		14,096,612		14,096,612	105.00
106.00	10600	HEART ACQUISITION	2,873,844		2,873,844		2,873,844	106.00
107.00	10700	LIVER ACQUISITION	5,907,881		5,907,881		5,907,881	107.00
108.00	10800	LUNG ACQUISITION	7,270,626		7,270,626		7,270,626	108.00
109.00	10900	PANCREAS ACQUISITION	479,551		479,551		479,551	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,529,578,095	0	1,529,578,095	0	1,529,578,095	200.00
201.00		Less Observation Beds	7,150,336		7,150,336		7,150,336	201.00
202.00		Total (see instructions)	1,522,427,759	0	1,522,427,759	0	1,522,427,759	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	415,438,354		415,438,354			30.00
31.00	03100	INTENSIVE CARE UNIT	54,931,832		54,931,832			31.00
32.00	03200	CORONARY CARE UNIT	19,283,382		19,283,382			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	47,783,263		47,783,263			34.00
35.01	02400	NEURO ICU	25,011,203		25,011,203			35.01
35.02	02401	CARDIO-THORACIC ICU	37,499,852		37,499,852			35.02
40.00	04000	SUBPROVIDER - IPF	33,372,702		33,372,702			40.00
43.00	04300	NURSERY	5,639,530		5,639,530			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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	280,486,056	148,655,628	429,141,684	0.298962	0.000000	50.00
51.00	05100	RECOVERY ROOM	35,616,961	66,521,673	102,138,634	0.275694	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,767,265	3,064,926	14,832,191	0.966863	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	109,619,935	77,148,255	186,768,190	0.081880	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106,660,458	204,905,723	311,566,181	0.173403	0.000000	54.00
54.01	03630	ULTRASOUND	11,547,518	38,506,602	50,054,120	0.110828	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,404,692	305,487,733	316,892,425	0.144885	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,178,811	12,431,690	15,610,501	0.449929	0.000000	56.00
57.00	05700	CT SCAN	92,621,855	173,969,819	266,591,674	0.043235	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,727,513	131,896,884	166,624,397	0.107454	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,743,425	52,554,807	92,298,232	0.199257	0.000000	59.00
60.00	06000	LABORATORY	344,529,093	285,410,529	629,939,622	0.130278	0.000000	60.00
60.01	06001	HLA LAB	6,315,804	24,787,137	31,102,941	0.196513	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	168,939,237	79,721,288	248,660,525	0.206420	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	52,028,847	5,353,162	57,382,009	0.356765	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,734,520	737,379	16,471,899	0.474103	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,669,899	447,894	7,117,793	0.492264	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,959,508	240,568	4,200,076	0.310369	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	74,996,558	68,829,587	143,826,145	0.070633	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,723,754	1,567,626	14,291,380	0.191666	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	126,352,207	69,637,173	195,989,380	0.461808	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	218,333,601	75,787,088	294,120,689	0.478063	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	291,375,915	139,328,115	430,704,030	0.441437	0.000000	73.00
74.00	07400	RENAL DIALYSIS	21,407,558	857,900	22,265,458	0.304467	0.000000	74.00
76.00	03330	ENDOSCOPY	11,281,176	33,620,111	44,901,287	0.298036	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	0	6,003,975	6,003,975	0.598800	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	870,616	1,968,883	2,839,499	0.266950	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	37,120	1,087,343	1,124,463	0.812671	0.000000	76.03
76.04	03952	BONE MARROW ACQUISITION	2,854,975	1,360,037	4,215,012	2.985045	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,366	1,856,457	1,860,823	0.189849	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,227,168	70,314,498	72,541,666	0.444326	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	915	1,196,108	1,197,023	1.352127	0.000000	90.01
91.00	09100	EMERGENCY	94,375,304	148,578,195	242,953,499	0.181467	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	415,101	4,783,056	5,198,157	1.375552	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,936,479	0	14,936,479			105.00
106.00	10600	HEART ACQUISITION	1,523,234	0	1,523,234			106.00
107.00	10700	LIVER ACQUISITION	5,754,327	0	5,754,327			107.00
108.00	10800	LUNG ACQUISITION	7,384,489	0	7,384,489			108.00
109.00	10900	PANCREAS ACQUISITION	508,112	0	508,112			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,861,874,490	2,238,617,849	5,100,492,339			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,861,874,490	2,238,617,849	5,100,492,339			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Hospital	Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.01	02400	NEURO ICU			35.01
35.02	02401	CARDIO-THORACIC ICU			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
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	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	HLA LAB	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03330	ENDOSCOPY	0.000000		76.00
76.01	03950	OB/GYN IN VITRO	0.000000		76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000000		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000000		76.03
76.04	03952	BONE MARROW ACQUISITION	0.000000		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	OUTPATIENT PSYCH	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		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
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/22/2017 5:06 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,060,993	0	15,060,993	259,474	58.04	30.00
31.00	INTENSIVE CARE UNIT	3,672,736		3,672,736	13,386	274.37	31.00
32.00	CORONARY CARE UNIT	290,261		290,261	4,587	63.28	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,155,735		1,155,735	11,248	102.75	34.00
35.01	NEURO ICU	612,048		612,048	6,653	92.00	35.01
35.02	CARDIO-THORACIC ICU	936,228		936,228	8,944	104.68	35.02
40.00	SUBPROVIDER - IPF	1,337,162	0	1,337,162	25,083	53.31	40.00
43.00	NURSERY	116,612		116,612	6,694	17.42	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 30-199)	23,181,775		23,181,775	336,069		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	85,699	4,973,970		30.00
31.00	INTENSIVE CARE UNIT	4,946	1,357,034		31.00
32.00	CORONARY CARE UNIT	1,988	125,801		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,963	407,198		34.00
35.01	NEURO ICU	2,019	185,748		35.01
35.02	CARDIO-THORACIC ICU	3,353	350,992		35.02
40.00	SUBPROVIDER - IPF	6,145	327,590		40.00
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 30-199)	108,113	7,728,333		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/22/2017 5:06 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,225,355	429,141,684	0.028488	92,971,028	2,648,559	50.00
51.00	05100	RECOVERY ROOM	1,513,057	102,138,634	0.014814	11,981,584	177,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	624,736	14,832,191	0.042120	227,498	9,582	52.00
53.00	05300	ANESTHESIOLOGY	1,069,439	186,768,190	0.005726	31,318,952	179,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,894,489	311,566,181	0.028548	37,461,410	1,069,448	54.00
54.01	03630	ULTRASOUND	621,061	50,054,120	0.012408	3,791,641	47,047	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,319,664	316,892,425	0.023098	3,867,473	89,331	55.00
56.00	05600	RADIOISOTOPE	1,309,057	15,610,501	0.083857	1,364,991	114,464	56.00
57.00	05700	CT SCAN	2,943,253	266,591,674	0.011040	32,911,441	363,342	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,033,463	166,624,397	0.024207	10,616,594	256,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,382,911	92,298,232	0.036652	17,289,881	633,709	59.00
60.00	06000	LABORATORY	4,788,840	629,939,622	0.007602	113,142,557	860,110	60.00
60.01	06001	HLA LAB	216,230	31,102,941	0.006952	2,729,981	18,979	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,758,221	248,660,525	0.007071	53,765,464	380,176	63.00
65.00	06500	RESPIRATORY THERAPY	1,442,873	57,382,009	0.025145	20,323,194	511,027	65.00
66.00	06600	PHYSICAL THERAPY	260,837	16,471,899	0.015835	5,990,792	94,864	66.00
67.00	06700	OCCUPATIONAL THERAPY	89,687	7,117,793	0.012600	2,578,316	32,487	67.00
68.00	06800	SPEECH PATHOLOGY	43,704	4,200,076	0.010406	1,516,656	15,782	68.00
69.00	06900	ELECTROCARDIOLOGY	873,032	143,826,145	0.006070	31,546,450	191,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	515,807	14,291,380	0.036092	4,625,802	166,954	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,726,452	195,989,380	0.029218	43,376,369	1,267,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,897,141	294,120,689	0.030250	92,516,032	2,798,610	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,435,418	430,704,030	0.012620	93,956,855	1,185,736	73.00
74.00	07400	RENAL DIALYSIS	548,079	22,265,458	0.024616	10,768,259	265,071	74.00
76.00	03330	ENDOSCOPY	1,828,839	44,901,287	0.040730	4,549,969	185,320	76.00
76.01	03950	OB/GYN IN VITRO	190,488	6,003,975	0.031727	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	51,205	2,839,499	0.018033	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,727	1,124,463	0.010429	9,280	97	76.03
76.04	03952	BONE MARROW ACQUISITION	204,945	4,215,012	0.048623	682,495	33,185	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,300	1,860,823	0.009834	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,725,497	72,541,666	0.037571	909,994	34,189	90.00
90.01	04950	OUTPATIENT PSYCH	244,374	1,197,023	0.204151	0	0	90.01
91.00	09100	EMERGENCY	2,830,287	242,953,499	0.011650	31,546,450	367,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	359,061	5,198,157	0.069075	154,650	10,682	92.00
200.00		Total (lines 50-199)	82,997,529	4,431,425,580		758,492,058	14,008,948	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
				Title XVIII		Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,107,621	99,099	0	0	2,206,720	30.00
31.00	03100	INTENSIVE CARE UNIT	112,757	10,146	0		122,903	31.00
32.00	03200	CORONARY CARE UNIT	45,124	3,293	0		48,417	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	8,300	0		8,300	34.00
35.01	02400	NEURO ICU	22,509	4,173	0		26,682	35.01
35.02	02401	CARDIO-THORACIC ICU	22,509	6,640	0		29,149	35.02
40.00	04000	SUBPROVIDER - IPF	221,499	7,968	0	0	229,467	40.00
43.00	04300	NURSERY	70,169	888	0		71,057	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 30-199)	2,602,188	140,507	0		2,742,695	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	259,474	8.50	85,699	728,442	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,386	9.18	4,946	45,404	0	31.00
32.00	03200	CORONARY CARE UNIT	4,587	10.56	1,988	20,993	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,248	0.74	3,963	2,933	0	34.00
35.01	02400	NEURO ICU	6,653	4.01	2,019	8,096	0	35.01
35.02	02401	CARDIO-THORACIC ICU	8,944	3.26	3,353	10,931	0	35.02
40.00	04000	SUBPROVIDER - IPF	25,083	9.15	6,145	56,227	0	40.00
43.00	04300	NURSERY	6,694	10.62	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	336,069		108,113	873,026	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.01	02400	NEURO ICU	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
45.00	04500	NURSING FACILITY	0		45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	286,596	46,074	0	332,670	50.00
51.00	05100	RECOVERY ROOM	0	0	8,535	0	8,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	155,556	4,706	0	160,262	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,653	0	6,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19,829	0	19,829	54.00
54.01	03630	ULTRASOUND	0	0	2,241	0	2,241	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,366	0	14,366	55.00
56.00	05600	RADIOISOTOPE	0	0	2,792	0	2,792	56.00
57.00	05700	CT SCAN	0	0	3,700	0	3,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,466	0	5,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,062	0	6,062	59.00
60.00	06000	LABORATORY	0	0	27,136	0	27,136	60.00
60.01	06001	HLA LAB	0	0	1,827	0	1,827	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	16,058	0	16,058	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,520	0	6,520	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,867	0	2,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,047	0	1,047	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	390	0	390	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,392	0	3,392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,112	0	2,112	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,054	0	27,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	42,029	0	42,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	412,300	0	412,300	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,195	0	2,195	74.00
76.00	03330	ENDOSCOPY	0	76,087	4,651	0	80,738	76.00
76.01	03950	OB/GYN IN VITRO	0	0	1,138	0	1,138	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	290	0	290	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	273	0	273	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	3,761	0	3,761	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	106	0	106	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	13,561	0	13,561	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,313	0	1,313	90.01
91.00	09100	EMERGENCY	0	20,290	15,729	0	36,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	50,245	2,360	0	52,605	92.00
200.00		Total (lines 50-199)	0	588,774	708,533	0	1,297,307	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	332,670	429,141,684	0.000775	0.000775	92,971,028	50.00
51.00	05100	RECOVERY ROOM	8,535	102,138,634	0.000084	0.000084	11,981,584	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	160,262	14,832,191	0.010805	0.010805	227,498	52.00
53.00	05300	ANESTHESIOLOGY	6,653	186,768,190	0.000036	0.000036	31,318,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,829	311,566,181	0.000064	0.000064	37,461,410	54.00
54.01	03630	ULTRASOUND	2,241	50,054,120	0.000045	0.000045	3,791,641	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,366	316,892,425	0.000045	0.000045	3,867,473	55.00
56.00	05600	RADIOISOTOPE	2,792	15,610,501	0.000179	0.000179	1,364,991	56.00
57.00	05700	CT SCAN	3,700	266,591,674	0.000014	0.000014	32,911,441	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,466	166,624,397	0.000033	0.000033	10,616,594	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,062	92,298,232	0.000066	0.000066	17,289,881	59.00
60.00	06000	LABORATORY	27,136	629,939,622	0.000043	0.000043	113,142,557	60.00
60.01	06001	HLA LAB	1,827	31,102,941	0.000059	0.000059	2,729,981	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,058	248,660,525	0.000065	0.000065	53,765,464	63.00
65.00	06500	RESPIRATORY THERAPY	6,520	57,382,009	0.000114	0.000114	20,323,194	65.00
66.00	06600	PHYSICAL THERAPY	2,867	16,471,899	0.000174	0.000174	5,990,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,047	7,117,793	0.000147	0.000147	2,578,316	67.00
68.00	06800	SPEECH PATHOLOGY	390	4,200,076	0.000093	0.000093	1,516,656	68.00
69.00	06900	ELECTROCARDIOLOGY	3,392	143,826,145	0.000024	0.000024	31,546,450	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112	14,291,380	0.000148	0.000148	4,625,802	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,054	195,989,380	0.000138	0.000138	43,376,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,029	294,120,689	0.000143	0.000143	92,516,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	412,300	430,704,030	0.000957	0.000957	93,956,855	73.00
74.00	07400	RENAL DIALYSIS	2,195	22,265,458	0.000099	0.000099	10,768,259	74.00
76.00	03330	ENDOSCOPY	80,738	44,901,287	0.001798	0.001798	4,549,969	76.00
76.01	03950	OB/GYN IN VITRO	1,138	6,003,975	0.000190	0.000190	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	290	2,839,499	0.000102	0.000102	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	273	1,124,463	0.000243	0.000243	9,280	76.03
76.04	03952	BONE MARROW ACQUISITION	3,761	4,215,012	0.000892	0.000892	682,495	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	106	1,860,823	0.000057	0.000057	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,561	72,541,666	0.000187	0.000187	909,994	90.00
90.01	04950	OUTPATIENT PSYCH	1,313	1,197,023	0.001097	0.001097	0	90.01
91.00	09100	EMERGENCY	36,019	242,953,499	0.000148	0.000148	31,546,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	52,605	5,198,157	0.010120	0.010120	154,650	92.00
200.00		Total (lines 50-199)	1,297,307	4,431,425,580			758,492,058	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			Title XVIII			Hospital	PPS	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,053	30,190,580	23,398	0	0	50.00
51.00	05100	RECOVERY ROOM	1,006	16,083,831	1,351	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,458	53,435	577	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,127	15,976,962	575	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,398	52,312,527	3,348	0	0	54.00
54.01	03630	ULTRASOUND	171	5,503,769	248	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	174	92,335,085	4,155	0	0	55.00
56.00	05600	RADIOISOTOPE	244	3,740,426	670	0	0	56.00
57.00	05700	CT SCAN	461	49,159,883	688	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	350	29,015,018	957	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,141	19,450,214	1,284	0	0	59.00
60.00	06000	LABORATORY	4,865	31,686,750	1,363	0	0	60.00
60.01	06001	HLA LAB	161	4,488,511	265	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,495	23,030,336	1,497	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,317	2,030,517	231	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,042	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	379	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	141	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	757	20,892,950	501	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	685	427,477	63	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,986	17,900,609	2,470	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,230	24,847,115	3,553	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,917	43,816,417	41,932	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,066	587,781	58	0	0	74.00
76.00	03330	ENDOSCOPY	8,181	8,763,283	15,756	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	213,739	22	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	2	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	609	213,739	191	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	427,477	24	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	170	19,663,953	3,677	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	320,608	352	0	0	90.01
91.00	09100	EMERGENCY	4,669	20,572,342	3,045	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,565	641,216	6,489	0	0	92.00
200.00		Total (lines 50-199)	220,820	534,346,550	118,740	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	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	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.04	03952	BONE MARROW ACQUISITION	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/22/2017 5:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.298962	30,190,580	2,025	0	9,025,836	50.00
51.00	05100	RECOVERY ROOM	0.275694	16,083,831	0	0	4,434,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863	53,435	0	0	51,664	52.00
53.00	05300	ANESTHESIOLOGY	0.081880	15,976,962	0	0	1,308,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403	52,312,527	0	0	9,071,149	54.00
54.01	03630	ULTRASOUND	0.110828	5,503,769	0	0	609,972	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885	92,335,085	0	0	13,377,969	55.00
56.00	05600	RADIOISOTOPE	0.449929	3,740,426	0	0	1,682,926	56.00
57.00	05700	CT SCAN	0.043235	49,159,883	0	0	2,125,428	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454	29,015,018	0	0	3,117,780	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257	19,450,214	0	0	3,875,591	59.00
60.00	06000	LABORATORY	0.130278	31,686,750	58,484	0	4,128,086	60.00
60.01	06001	HLA LAB	0.196513	4,488,511	0	0	882,051	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420	23,030,336	0	0	4,753,922	63.00
65.00	06500	RESPIRATORY THERAPY	0.356765	2,030,517	217,418	0	724,417	65.00
66.00	06600	PHYSICAL THERAPY	0.474103	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.310369	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633	20,892,950	0	0	1,475,732	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666	427,477	0	0	81,933	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808	17,900,609	0	0	8,266,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063	24,847,115	0	0	11,878,486	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437	43,816,417	2,962	139,282	19,342,188	73.00
74.00	07400	RENAL DIALYSIS	0.304467	587,781	0	0	178,960	74.00
76.00	03330	ENDOSCOPY	0.298036	8,763,283	0	0	2,611,774	76.00
76.01	03950	OB/GYN IN VITRO	0.598800	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950	213,739	0	0	57,058	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671	0	382,261	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045	213,739	0	0	638,021	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849	427,477	0	0	81,156	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.444326	19,663,953	67	0	8,737,206	90.00
90.01	04950	OUTPATIENT PSYCH	1.352127	320,608	0	0	433,503	90.01
91.00	09100	EMERGENCY	0.181467	20,572,342	431	0	3,733,201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552	641,216	0	0	882,026	92.00
200.00		Subtotal (see instructions)		534,346,550	663,648	139,282	117,567,089	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		534,346,550	663,648	139,282	117,567,089	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/22/2017 5:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	605	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	03630	ULTRASOUND	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	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	7,619	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	77,567	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,308	61,484		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	310,652	0		76.03
76.04	03952	BONE MARROW ACQUISITION	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	30	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	78	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	397,859	61,484		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	397,859	61,484		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0032
Component CCN: 26-S032

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part II
Date/Time Prepared:
5/22/2017 5:06 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,225,355	429,141,684	0.028488	30,479	868	50.00
51.00	05100	RECOVERY ROOM	1,513,057	102,138,634	0.014814	25,757	382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	624,736	14,832,191	0.042120	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,069,439	186,768,190	0.005726	216,788	1,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,894,489	311,566,181	0.028548	56,665	1,618	54.00
54.01	03630	ULTRASOUND	621,061	50,054,120	0.012408	2,146	27	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,319,664	316,892,425	0.023098	0	0	55.00
56.00	05600	RADIOISOTOPE	1,309,057	15,610,501	0.083857	2,146	180	56.00
57.00	05700	CT SCAN	2,943,253	266,591,674	0.011040	141,663	1,564	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,033,463	166,624,397	0.024207	84,569	2,047	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,382,911	92,298,232	0.036652	0	0	59.00
60.00	06000	LABORATORY	4,788,840	629,939,622	0.007602	1,105,404	8,403	60.00
60.01	06001	HLA LAB	216,230	31,102,941	0.006952	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,758,221	248,660,525	0.007071	16,313	115	63.00
65.00	06500	RESPIRATORY THERAPY	1,442,873	57,382,009	0.025145	43,787	1,101	65.00
66.00	06600	PHYSICAL THERAPY	260,837	16,471,899	0.015835	15,883	252	66.00
67.00	06700	OCCUPATIONAL THERAPY	89,687	7,117,793	0.012600	9,444	119	67.00
68.00	06800	SPEECH PATHOLOGY	43,704	4,200,076	0.010406	3,864	40	68.00
69.00	06900	ELECTROCARDIOLOGY	873,032	143,826,145	0.006070	54,948	334	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	515,807	14,291,380	0.036092	11,591	418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,726,452	195,989,380	0.029218	1,288	38	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,897,141	294,120,689	0.030250	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,435,418	430,704,030	0.012620	1,088,665	13,739	73.00
74.00	07400	RENAL DIALYSIS	548,079	22,265,458	0.024616	65,251	1,606	74.00
76.00	03330	ENDOSCOPY	1,828,839	44,901,287	0.040730	21,035	857	76.00
76.01	03950	OB/GYN IN VITRO	190,488	6,003,975	0.031727	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	51,205	2,839,499	0.018033	280,751	5,063	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,727	1,124,463	0.010429	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	204,945	4,215,012	0.048623	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,300	1,860,823	0.009834	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,725,497	72,541,666	0.037571	3,005	113	90.00
90.01	04950	OUTPATIENT PSYCH	244,374	1,197,023	0.204151	429	88	90.01
91.00	09100	EMERGENCY	2,830,287	242,953,499	0.011650	1,010,962	11,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,198,157	0.000000	0	0	92.00
200.00		Total (lines 50-199)	82,638,468	4,431,425,580		4,292,833	51,991	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032
Component CCN: 26-S032

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV
Date/Time Prepared: 5/22/2017 5:06 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	286,596	46,074	0	332,670	50.00
51.00	05100	RECOVERY ROOM	0	0	8,535	0	8,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	155,556	4,706	0	160,262	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,653	0	6,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19,829	0	19,829	54.00
54.01	03630	ULTRASOUND	0	0	2,241	0	2,241	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,366	0	14,366	55.00
56.00	05600	RADIOISOTOPE	0	0	2,792	0	2,792	56.00
57.00	05700	CT SCAN	0	0	3,700	0	3,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,466	0	5,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,062	0	6,062	59.00
60.00	06000	LABORATORY	0	0	27,136	0	27,136	60.00
60.01	06001	HLA LAB	0	0	1,827	0	1,827	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	16,058	0	16,058	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,520	0	6,520	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,867	0	2,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,047	0	1,047	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	390	0	390	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,392	0	3,392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,112	0	2,112	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,054	0	27,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	42,029	0	42,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	412,300	0	412,300	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,195	0	2,195	74.00
76.00	03330	ENDOSCOPY	0	76,087	4,651	0	80,738	76.00
76.01	03950	OB/GYN IN VITRO	0	0	1,138	0	1,138	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	290	0	290	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	273	0	273	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	3,761	0	3,761	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	106	0	106	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	13,561	0	13,561	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,313	0	1,313	90.01
91.00	09100	EMERGENCY	0	20,290	15,729	0	36,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	538,529	706,173	0	1,244,702	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	332,670	429,141,684	0.000775	0.000775	30,479	50.00
51.00	05100	RECOVERY ROOM	8,535	102,138,634	0.000084	0.000084	25,757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	160,262	14,832,191	0.010805	0.010805	0	52.00
53.00	05300	ANESTHESIOLOGY	6,653	186,768,190	0.000036	0.000036	216,788	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,829	311,566,181	0.000064	0.000064	56,665	54.00
54.01	03630	ULTRASOUND	2,241	50,054,120	0.000045	0.000045	2,146	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,366	316,892,425	0.000045	0.000045	0	55.00
56.00	05600	RADIOISOTOPE	2,792	15,610,501	0.000179	0.000179	2,146	56.00
57.00	05700	CT SCAN	3,700	266,591,674	0.000014	0.000014	141,663	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,466	166,624,397	0.000033	0.000033	84,569	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,062	92,298,232	0.000066	0.000066	0	59.00
60.00	06000	LABORATORY	27,136	629,939,622	0.000043	0.000043	1,105,404	60.00
60.01	06001	HLA LAB	1,827	31,102,941	0.000059	0.000059	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,058	248,660,525	0.000065	0.000065	16,313	63.00
65.00	06500	RESPIRATORY THERAPY	6,520	57,382,009	0.000114	0.000114	43,787	65.00
66.00	06600	PHYSICAL THERAPY	2,867	16,471,899	0.000174	0.000174	15,883	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,047	7,117,793	0.000147	0.000147	9,444	67.00
68.00	06800	SPEECH PATHOLOGY	390	4,200,076	0.000093	0.000093	3,864	68.00
69.00	06900	ELECTROCARDIOLOGY	3,392	143,826,145	0.000024	0.000024	54,948	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112	14,291,380	0.000148	0.000148	11,591	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,054	195,989,380	0.000138	0.000138	1,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,029	294,120,689	0.000143	0.000143	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	412,300	430,704,030	0.000957	0.000957	1,088,665	73.00
74.00	07400	RENAL DIALYSIS	2,195	22,265,458	0.000099	0.000099	65,251	74.00
76.00	03330	ENDOSCOPY	80,738	44,901,287	0.001798	0.001798	21,035	76.00
76.01	03950	OB/GYN IN VITRO	1,138	6,003,975	0.000190	0.000190	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	290	2,839,499	0.000102	0.000102	280,751	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	273	1,124,463	0.000243	0.000243	0	76.03
76.04	03952	BONE MARROW ACQUISITION	3,761	4,215,012	0.000892	0.000892	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	106	1,860,823	0.000057	0.000057	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,561	72,541,666	0.000187	0.000187	3,005	90.00
90.01	04950	OUTPATIENT PSYCH	1,313	1,197,023	0.001097	0.001097	429	90.01
91.00	09100	EMERGENCY	36,019	242,953,499	0.000148	0.000148	1,010,962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,198,157	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,244,702	4,431,425,580			4,292,833	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032
Component CCN: 26-S032

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV
Date/Time Prepared: 5/22/2017 5:06 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	2	1,148	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8	173,514	6	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4	6,296	0	0	0	54.00
54.01	03630	ULTRASOUND	0	1,919	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	2	15,482	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	48	64,348	3	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1	8,876	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,042	239,690	229	0	0	73.00
74.00	07400	RENAL DIALYSIS	6	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	38	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	29	238,205	24	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1	22,924	4	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,958	7	0	0	90.01
91.00	09100	EMERGENCY	150	225,078	33	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	1,370	1,003,460	306	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	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	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.04	03952	BONE MARROW ACQUISITION	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032
Component CCN: 26-S032

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part V
Date/Time Prepared:
5/22/2017 5:06 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.298962	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.275694	1,148	0	0	316	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.081880	173,514	0	0	14,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403	6,296	0	0	1,092	54.00
54.01	03630	ULTRASOUND	0.110828	1,919	0	0	213	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.449929	0	0	0	0	56.00
57.00	05700	CT SCAN	0.043235	15,482	0	0	669	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257	0	0	0	0	59.00
60.00	06000	LABORATORY	0.130278	64,348	0	0	8,383	60.00
60.01	06001	HLA LAB	0.196513	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.356765	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.474103	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.310369	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633	8,876	0	0	627	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808	22	0	0	10	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437	239,690	0	0	105,808	73.00
74.00	07400	RENAL DIALYSIS	0.304467	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.298036	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.598800	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950	238,205	0	0	63,589	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.444326	22,924	0	0	10,186	90.00
90.01	04950	OUTPATIENT PSYCH	1.352127	5,958	0	0	8,056	90.01
91.00	09100	EMERGENCY	0.181467	225,078	0	0	40,844	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552	0	0	0	0	92.00
200.00		Subtotal (see instructions)		1,003,460	0	0	254,000	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		1,003,460	0	0	254,000	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	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	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Hospital | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,060,993	0	15,060,993	259,474	58.04	30.00
31.00	INTENSIVE CARE UNIT	3,672,736		3,672,736	13,386	274.37	31.00
32.00	CORONARY CARE UNIT	290,261		290,261	4,587	63.28	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,155,735		1,155,735	11,248	102.75	34.00
35.01	NEURO ICU	612,048		612,048	6,653	92.00	35.01
35.02	CARDIO-THORACIC ICU	936,228		936,228	8,944	104.68	35.02
40.00	SUBPROVIDER - IPF	1,337,162	0	1,337,162	25,083	53.31	40.00
43.00	NURSERY	116,612		116,612	6,694	17.42	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 30-199)	23,181,775		23,181,775	336,069		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	24,041	1,395,340	30.00
31.00	INTENSIVE CARE UNIT	1,789	490,848	31.00
32.00	CORONARY CARE UNIT	397	25,122	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,209	124,225	34.00
35.01	NEURO ICU	577	53,084	35.01
35.02	CARDIO-THORACIC ICU	516	54,015	35.02
40.00	SUBPROVIDER - IPF	8,223	438,368	40.00
43.00	NURSERY	742	12,926	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	37,494	2,593,928	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,225,355	429,141,684	0.028488	15,167,831	432,101	50.00
51.00	05100	RECOVERY ROOM	1,513,057	102,138,634	0.014814	1,830,964	27,124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	624,736	14,832,191	0.042120	1,130,751	47,627	52.00
53.00	05300	ANESTHESIOLOGY	1,069,439	186,768,190	0.005726	6,586,681	37,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,894,489	311,566,181	0.028548	9,331,926	266,408	54.00
54.01	03630	ULTRASOUND	621,061	50,054,120	0.012408	1,327,937	16,477	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,319,664	316,892,425	0.023098	1,489,436	34,403	55.00
56.00	05600	RADIOISOTOPE	1,309,057	15,610,501	0.083857	280,746	23,543	56.00
57.00	05700	CT SCAN	2,943,253	266,591,674	0.011040	10,029,908	110,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,033,463	166,624,397	0.024207	3,305,816	80,024	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,382,911	92,298,232	0.036652	2,690,702	98,620	59.00
60.00	06000	LABORATORY	4,788,840	629,939,622	0.007602	32,668,745	248,348	60.00
60.01	06001	HLA LAB	216,230	31,102,941	0.006952	302,178	2,101	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,758,221	248,660,525	0.007071	14,086,014	99,602	63.00
65.00	06500	RESPIRATORY THERAPY	1,442,873	57,382,009	0.025145	5,898,849	148,327	65.00
66.00	06600	PHYSICAL THERAPY	260,837	16,471,899	0.015835	1,175,575	18,615	66.00
67.00	06700	OCCUPATIONAL THERAPY	89,687	7,117,793	0.012600	574,967	7,245	67.00
68.00	06800	SPEECH PATHOLOGY	43,704	4,200,076	0.010406	381,795	3,973	68.00
69.00	06900	ELECTROCARDIOLOGY	873,032	143,826,145	0.006070	7,088,070	43,025	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	515,807	14,291,380	0.036092	1,449,610	52,319	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,726,452	195,989,380	0.029218	10,361,595	302,745	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,897,141	294,120,689	0.030250	3,341,374	101,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,435,418	430,704,030	0.012620	26,082,685	329,163	73.00
74.00	07400	RENAL DIALYSIS	548,079	22,265,458	0.024616	1,962,893	48,319	74.00
76.00	03330	ENDOSCOPY	1,828,839	44,901,287	0.040730	826,631	33,669	76.00
76.01	03950	OB/GYN IN VITRO	190,488	6,003,975	0.031727	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	51,205	2,839,499	0.018033	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,727	1,124,463	0.010429	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	204,945	4,215,012	0.048623	102,656	4,991	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,300	1,860,823	0.009834	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,725,497	72,541,666	0.037571	139,405	5,238	90.00
90.01	04950	OUTPATIENT PSYCH	244,374	1,197,023	0.204151	0	0	90.01
91.00	09100	EMERGENCY	2,830,287	242,953,499	0.011650	12,873,075	149,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	359,061	5,198,157	0.069075	35,850	2,476	92.00
200.00		Total (lines 50-199)	82,997,529	4,431,425,580		172,524,665	2,775,976	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			Title XIX			Hospital	Cost	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,107,621	99,099	0	0	2,206,720	30.00
31.00	03100	INTENSIVE CARE UNIT	112,757	10,146	0		122,903	31.00
32.00	03200	CORONARY CARE UNIT	45,124	3,293	0		48,417	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	8,300	0		8,300	34.00
35.01	02400	NEURO ICU	22,509	4,173	0		26,682	35.01
35.02	02401	CARDIO-THORACIC ICU	22,509	6,640	0		29,149	35.02
40.00	04000	SUBPROVIDER - IPF	221,499	7,968	0	0	229,467	40.00
43.00	04300	NURSERY	70,169	888	0		71,057	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 30-199)	2,602,188	140,507	0		2,742,695	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	259,474	8.50	24,041	204,349	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,386	9.18	1,789	16,423	0	31.00
32.00	03200	CORONARY CARE UNIT	4,587	10.56	397	4,192	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,248	0.74	1,209	895	0	34.00
35.01	02400	NEURO ICU	6,653	4.01	577	2,314	0	35.01
35.02	02401	CARDIO-THORACIC ICU	8,944	3.26	516	1,682	0	35.02
40.00	04000	SUBPROVIDER - IPF	25,083	9.15	8,223	75,240	0	40.00
43.00	04300	NURSERY	6,694	10.62	742	7,880	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	336,069		37,494	312,975	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.01	02400	NEURO ICU	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
45.00	04500	NURSING FACILITY	0		45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Title XIX Non Physician Anesthetist Cost	Title XIX Nursing School	Title XIX Allied Health	Hospital All Other Medical Education Cost	Hospital Total Cost (sum of col 1 through col. 4)		
			1.00	2.00	3.00	4.00	5.00		
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	286,596	46,074	0	332,670	50.00
51.00	05100	RECOVERY ROOM	0	0	8,535	0	8,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	155,556	4,706	0	160,262	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,653	0	6,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19,829	0	19,829	54.00
54.01	03630	ULTRASOUND	0	0	2,241	0	2,241	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,366	0	14,366	55.00
56.00	05600	RADIOISOTOPE	0	0	2,792	0	2,792	56.00
57.00	05700	CT SCAN	0	0	3,700	0	3,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,466	0	5,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,062	0	6,062	59.00
60.00	06000	LABORATORY	0	0	27,136	0	27,136	60.00
60.01	06001	HLA LAB	0	0	1,827	0	1,827	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	16,058	0	16,058	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,520	0	6,520	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,867	0	2,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,047	0	1,047	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	390	0	390	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,392	0	3,392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,112	0	2,112	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,054	0	27,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	42,029	0	42,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	412,300	0	412,300	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,195	0	2,195	74.00
76.00	03330	ENDOSCOPY	0	76,087	4,651	0	80,738	76.00
76.01	03950	OB/GYN IN VITRO	0	0	1,138	0	1,138	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	290	0	290	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	273	0	273	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	3,761	0	3,761	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	106	0	106	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	13,561	0	13,561	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,313	0	1,313	90.01
91.00	09100	EMERGENCY	0	20,290	15,729	0	36,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	538,529	706,173	0	1,244,702	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Hospital | Cost

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	332,670	429,141,684	0.000775	0.000775	15,167,831	50.00
51.00	05100	RECOVERY ROOM	8,535	102,138,634	0.000084	0.000084	1,830,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	160,262	14,832,191	0.010805	0.010805	1,130,751	52.00
53.00	05300	ANESTHESIOLOGY	6,653	186,768,190	0.000036	0.000036	6,586,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,829	311,566,181	0.000064	0.000064	9,331,926	54.00
54.01	03630	ULTRASOUND	2,241	50,054,120	0.000045	0.000045	1,327,937	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,366	316,892,425	0.000045	0.000045	1,489,436	55.00
56.00	05600	RADIOISOTOPE	2,792	15,610,501	0.000179	0.000179	280,746	56.00
57.00	05700	CT SCAN	3,700	266,591,674	0.000014	0.000014	10,029,908	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,466	166,624,397	0.000033	0.000033	3,305,816	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,062	92,298,232	0.000066	0.000066	2,690,702	59.00
60.00	06000	LABORATORY	27,136	629,939,622	0.000043	0.000043	32,668,745	60.00
60.01	06001	HLA LAB	1,827	31,102,941	0.000059	0.000059	302,178	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,058	248,660,525	0.000065	0.000065	14,086,014	63.00
65.00	06500	RESPIRATORY THERAPY	6,520	57,382,009	0.000114	0.000114	5,898,849	65.00
66.00	06600	PHYSICAL THERAPY	2,867	16,471,899	0.000174	0.000174	1,175,575	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,047	7,117,793	0.000147	0.000147	574,967	67.00
68.00	06800	SPEECH PATHOLOGY	390	4,200,076	0.000093	0.000093	381,795	68.00
69.00	06900	ELECTROCARDIOLOGY	3,392	143,826,145	0.000024	0.000024	7,088,070	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112	14,291,380	0.000148	0.000148	1,449,610	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,054	195,989,380	0.000138	0.000138	10,361,595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,029	294,120,689	0.000143	0.000143	3,341,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	412,300	430,704,030	0.000957	0.000957	26,082,685	73.00
74.00	07400	RENAL DIALYSIS	2,195	22,265,458	0.000099	0.000099	1,962,893	74.00
76.00	03330	ENDOSCOPY	80,738	44,901,287	0.001798	0.001798	826,631	76.00
76.01	03950	OB/GYN IN VITRO	1,138	6,003,975	0.000190	0.000190	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	290	2,839,499	0.000102	0.000102	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	273	1,124,463	0.000243	0.000243	0	76.03
76.04	03952	BONE MARROW ACQUISITION	3,761	4,215,012	0.000892	0.000892	102,656	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	106	1,860,823	0.000057	0.000057	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,561	72,541,666	0.000187	0.000187	139,405	90.00
90.01	04950	OUTPATIENT PSYCH	1,313	1,197,023	0.001097	0.001097	0	90.01
91.00	09100	EMERGENCY	36,019	242,953,499	0.000148	0.000148	12,873,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,198,157	0.000000	0.000000	35,850	92.00
200.00		Total (lines 50-199)	1,244,702	4,431,425,580			172,524,665	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm

		Cost Center Description	Title XIX			Hospital	Cost	
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,755	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	154	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,218	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	237	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	597	0	0	0	0	54.00
54.01	03630	ULTRASOUND	60	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	67	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	50	0	0	0	0	56.00
57.00	05700	CT SCAN	140	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	109	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	178	0	0	0	0	59.00
60.00	06000	LABORATORY	1,405	0	0	0	0	60.00
60.01	06001	HLA LAB	18	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	916	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	672	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	205	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	85	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	36	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	170	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	215	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,430	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	478	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,961	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	194	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	1,486	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	92	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,905	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	59,859	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Hospital | Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	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	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.04	03952	BONE MARROW ACQUISITION	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.298962	0	0	5,986,723	0	50.00
51.00	05100	RECOVERY ROOM	0.275694	0	0	3,265,980	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863	0	0	177,057	0	52.00
53.00	05300	ANESTHESIOLOGY	0.081880	0	0	3,485,574	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403	0	0	11,187,735	0	54.00
54.01	03630	ULTRASOUND	0.110828	0	0	2,670,100	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885	0	0	17,591,925	0	55.00
56.00	05600	RADIOISOTOPE	0.449929	0	0	553,463	0	56.00
57.00	05700	CT SCAN	0.043235	0	0	10,755,574	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454	0	0	6,210,747	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257	0	0	1,464,949	0	59.00
60.00	06000	LABORATORY	0.130278	0	0	19,528,390	0	60.00
60.01	06001	HLA LAB	0.196513	0	0	622,679	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420	0	0	4,428,317	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.356765	0	0	250,068	0	65.00
66.00	06600	PHYSICAL THERAPY	0.474103	0	0	21,838	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264	0	0	14,659	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.310369	0	0	13,728	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633	0	0	3,935,609	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666	0	0	118,553	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808	0	0	4,824,567	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437	0	0	7,529,976	0	73.00
74.00	07400	RENAL DIALYSIS	0.304467	0	0	41,027	0	74.00
76.00	03330	ENDOSCOPY	0.298036	0	0	2,156,052	0	76.00
76.01	03950	OB/GYN IN VITRO	0.598800	0	0	425	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950	0	0	213,452	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671	0	0	18,560	0	76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045	0	0	133,164	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849	0	0	212,393	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.444326	0	0	7,607,722	0	90.00
90.01	04950	OUTPATIENT PSYCH	1.352127	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.181467	0	0	17,095,623	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552	0	0	259,465	0	92.00
200.00		Subtotal (see instructions)		0	0	132,376,094	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	132,376,094	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,789,803		50.00
51.00	05100	RECOVERY ROOM	0	900,411		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	171,190		52.00
53.00	05300	ANESTHESIOLOGY	0	285,399		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,939,987		54.00
54.01	03630	ULTRASOUND	0	295,922		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,548,806		55.00
56.00	05600	RADIOISOTOPE	0	249,019		56.00
57.00	05700	CT SCAN	0	465,017		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	667,370		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	291,901		59.00
60.00	06000	LABORATORY	0	2,544,120		60.00
60.01	06001	HLA LAB	0	122,365		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	914,093		63.00
65.00	06500	RESPIRATORY THERAPY	0	89,216		65.00
66.00	06600	PHYSICAL THERAPY	0	10,353		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,216		67.00
68.00	06800	SPEECH PATHOLOGY	0	4,261		68.00
69.00	06900	ELECTROCARDIOLOGY	0	277,984		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,723		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,228,024		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,324,010		73.00
74.00	07400	RENAL DIALYSIS	0	12,491		74.00
76.00	03330	ENDOSCOPY	0	642,581		76.00
76.01	03950	OB/GYN IN VITRO	0	254		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	56,981		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	15,083		76.03
76.04	03952	BONE MARROW ACQUISITION	0	397,501		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	40,323		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	3,380,309		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	3,102,291		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	356,908		92.00
200.00		Subtotal (see instructions)	0	27,153,912		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	27,153,912		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0032
Component CCN: 26-S032

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part II
Date/Time Prepared:
5/22/2017 5:06 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,225,355	429,141,684	0.028488	34,262	976	50.00
51.00	05100	RECOVERY ROOM	1,513,057	102,138,634	0.014814	10,141	150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	624,736	14,832,191	0.042120	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,069,439	186,768,190	0.005726	106,594	610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,894,489	311,566,181	0.028548	86,211	2,461	54.00
54.01	03630	ULTRASOUND	621,061	50,054,120	0.012408	13,869	172	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,319,664	316,892,425	0.023098	0	0	55.00
56.00	05600	RADIOISOTOPE	1,309,057	15,610,501	0.083857	0	0	56.00
57.00	05700	CT SCAN	2,943,253	266,591,674	0.011040	120,080	1,326	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,033,463	166,624,397	0.024207	71,496	1,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,382,911	92,298,232	0.036652	0	0	59.00
60.00	06000	LABORATORY	4,788,840	629,939,622	0.007602	1,425,344	10,835	60.00
60.01	06001	HLA LAB	216,230	31,102,941	0.006952	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,758,221	248,660,525	0.007071	27,255	193	63.00
65.00	06500	RESPIRATORY THERAPY	1,442,873	57,382,009	0.025145	28,975	729	65.00
66.00	06600	PHYSICAL THERAPY	260,837	16,471,899	0.015835	3,901	62	66.00
67.00	06700	OCCUPATIONAL THERAPY	89,687	7,117,793	0.012600	2,142	27	67.00
68.00	06800	SPEECH PATHOLOGY	43,704	4,200,076	0.010406	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	873,032	143,826,145	0.006070	28,414	172	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	515,807	14,291,380	0.036092	7,737	279	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,726,452	195,989,380	0.029218	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,897,141	294,120,689	0.030250	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,435,418	430,704,030	0.012620	1,518,470	19,163	73.00
74.00	07400	RENAL DIALYSIS	548,079	22,265,458	0.024616	15,299	377	74.00
76.00	03330	ENDOSCOPY	1,828,839	44,901,287	0.040730	4,068	166	76.00
76.01	03950	OB/GYN IN VITRO	190,488	6,003,975	0.031727	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	51,205	2,839,499	0.018033	126,830	2,287	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	11,727	1,124,463	0.010429	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	204,945	4,215,012	0.048623	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,300	1,860,823	0.009834	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,725,497	72,541,666	0.037571	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	244,374	1,197,023	0.204151	486	99	90.01
91.00	09100	EMERGENCY	2,830,287	242,953,499	0.011650	1,475,258	17,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,198,157	0.000000	0	0	92.00
200.00		Total (lines 50-199)	82,638,468	4,431,425,580		5,106,832	59,002	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	286,596	46,074	0	332,670	50.00
51.00	05100	RECOVERY ROOM	0	0	8,535	0	8,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	155,556	4,706	0	160,262	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,653	0	6,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19,829	0	19,829	54.00
54.01	03630	ULTRASOUND	0	0	2,241	0	2,241	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,366	0	14,366	55.00
56.00	05600	RADIOISOTOPE	0	0	2,792	0	2,792	56.00
57.00	05700	CT SCAN	0	0	3,700	0	3,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,466	0	5,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,062	0	6,062	59.00
60.00	06000	LABORATORY	0	0	27,136	0	27,136	60.00
60.01	06001	HLA LAB	0	0	1,827	0	1,827	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	16,058	0	16,058	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,520	0	6,520	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,867	0	2,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,047	0	1,047	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	390	0	390	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,392	0	3,392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,112	0	2,112	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,054	0	27,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	42,029	0	42,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	412,300	0	412,300	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,195	0	2,195	74.00
76.00	03330	ENDOSCOPY	0	76,087	4,651	0	80,738	76.00
76.01	03950	OB/GYN IN VITRO	0	0	1,138	0	1,138	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	290	0	290	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	273	0	273	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	3,761	0	3,761	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	106	0	106	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	13,561	0	13,561	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,313	0	1,313	90.01
91.00	09100	EMERGENCY	0	20,290	15,729	0	36,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	538,529	706,173	0	1,244,702	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	332,670	429,141,684	0.000775	0.000775	34,262	50.00
51.00	05100	RECOVERY ROOM	8,535	102,138,634	0.000084	0.000084	10,141	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	160,262	14,832,191	0.010805	0.010805	0	52.00
53.00	05300	ANESTHESIOLOGY	6,653	186,768,190	0.000036	0.000036	106,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,829	311,566,181	0.000064	0.000064	86,211	54.00
54.01	03630	ULTRASOUND	2,241	50,054,120	0.000045	0.000045	13,869	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,366	316,892,425	0.000045	0.000045	0	55.00
56.00	05600	RADIOISOTOPE	2,792	15,610,501	0.000179	0.000179	0	56.00
57.00	05700	CT SCAN	3,700	266,591,674	0.000014	0.000014	120,080	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,466	166,624,397	0.000033	0.000033	71,496	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,062	92,298,232	0.000066	0.000066	0	59.00
60.00	06000	LABORATORY	27,136	629,939,622	0.000043	0.000043	1,425,344	60.00
60.01	06001	HLA LAB	1,827	31,102,941	0.000059	0.000059	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,058	248,660,525	0.000065	0.000065	27,255	63.00
65.00	06500	RESPIRATORY THERAPY	6,520	57,382,009	0.000114	0.000114	28,975	65.00
66.00	06600	PHYSICAL THERAPY	2,867	16,471,899	0.000174	0.000174	3,901	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,047	7,117,793	0.000147	0.000147	2,142	67.00
68.00	06800	SPEECH PATHOLOGY	390	4,200,076	0.000093	0.000093	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,392	143,826,145	0.000024	0.000024	28,414	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112	14,291,380	0.000148	0.000148	7,737	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,054	195,989,380	0.000138	0.000138	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,029	294,120,689	0.000143	0.000143	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	412,300	430,704,030	0.000957	0.000957	1,518,470	73.00
74.00	07400	RENAL DIALYSIS	2,195	22,265,458	0.000099	0.000099	15,299	74.00
76.00	03330	ENDOSCOPY	80,738	44,901,287	0.001798	0.001798	4,068	76.00
76.01	03950	OB/GYN IN VITRO	1,138	6,003,975	0.000190	0.000190	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	290	2,839,499	0.000102	0.000102	126,830	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	273	1,124,463	0.000243	0.000243	0	76.03
76.04	03952	BONE MARROW ACQUISITION	3,761	4,215,012	0.000892	0.000892	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	106	1,860,823	0.000057	0.000057	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,561	72,541,666	0.000187	0.000187	0	90.00
90.01	04950	OUTPATIENT PSYCH	1,313	1,197,023	0.001097	0.001097	486	90.01
91.00	09100	EMERGENCY	36,019	242,953,499	0.000148	0.000148	1,475,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,198,157	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,244,702	4,431,425,580			5,106,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6	0	0	0	0	54.00
54.01	03630	ULTRASOUND	1	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	2	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	61	0	0	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1	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	1	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,453	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	7	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	13	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	1	0	0	0	0	90.01
91.00	09100	EMERGENCY	218	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	1,806	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	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	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.04	03952	BONE MARROW ACQUISITION	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032
Component CCN: 26-S032

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part V
Date/Time Prepared:
5/22/2017 5:06 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.298962	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.275694	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.081880	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403	0	0	604	0	54.00
54.01	03630	ULTRASOUND	0.110828	0	0	1,811	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885	0	0	32,897	0	55.00
56.00	05600	RADIOISOTOPE	0.449929	0	0	0	0	56.00
57.00	05700	CT SCAN	0.043235	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257	0	0	0	0	59.00
60.00	06000	LABORATORY	0.130278	0	0	35,437	0	60.00
60.01	06001	HLA LAB	0.196513	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.356765	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.474103	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.310369	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437	0	0	453,370	0	73.00
74.00	07400	RENAL DIALYSIS	0.304467	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.298036	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.598800	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.444326	0	0	2,077	0	90.00
90.01	04950	OUTPATIENT PSYCH	1.352127	0	0	615,597	0	90.01
91.00	09100	EMERGENCY	0.181467	0	0	3,431	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	1,145,224	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	1,145,224	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	105		54.00
54.01	03630	ULTRASOUND	0	201		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,766		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	4,617		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	200,134		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.04	03952	BONE MARROW ACQUISITION	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	923		90.00
90.01	04950	OUTPATIENT PSYCH	0	832,365		90.01
91.00	09100	EMERGENCY	0	623		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	1,043,734		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,043,734		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	259,474	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	259,474	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)	253,288	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)	85,699	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	299,924,549	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)	299,924,549	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	299,924,549	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,155.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	99,058,617	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)	99,058,617	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Title XVIII Total Inpatient Cost	Title XVIII Total Inpatient Days	Title XVIII Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS 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	29,387,326	13,386	2,195.38	4,946	10,858,349	43.00
44.00	CORONARY CARE UNIT	8,381,266	4,587	1,827.18	1,988	3,632,434	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	24,627,948	11,248	2,189.54	3,963	8,677,147	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	13,062,663	6,653	1,963.42	2,019	3,964,145	47.01
47.02	CARDIO-THORACIC ICU	19,912,672	8,944	2,226.37	3,353	7,465,019	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	208,059,476	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	341,715,187	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)	8,217,542	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	14,229,768	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	22,447,310	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	319,267,877	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)	6,186	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,155.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	7,150,336	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	15,060,993	299,924,549	0.050216	7,150,336	359,061	90.00
91.00	Nursing School cost	2,107,621	299,924,549	0.007027	7,150,336	50,245	91.00
92.00	Allied health cost	99,099	299,924,549	0.000330	7,150,336	2,360	92.00
93.00	All other Medical Education	0	299,924,549	0.000000	7,150,336	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	25,083	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,083	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)	25,083	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)	6,145	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	24,065,989	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)	24,065,989	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	24,065,989	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	959.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,895,820	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	5,895,820	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,010,311	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,906,131	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)	383,817	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	53,361	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	437,178	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,468,953	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,337,162	24,065,989	0.055562	0	0	90.00
91.00	Nursing School cost	221,499	24,065,989	0.009204	0	0	91.00
92.00	Allied health cost	7,968	24,065,989	0.000331	0	0	92.00
93.00	All other Medical Education	0	24,065,989	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	259,474	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	259,474	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)	253,288	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)	24,041	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)	6,694	15.00
16.00	Nursery days (title V or XIX only)	742	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	299,924,549	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)	299,924,549	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	299,924,549	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,155.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	27,788,751	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)	27,788,751	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Cost Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,971,555	6,694	443.91	742	329,381	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	29,387,326	13,386	2,195.38	1,789	3,927,535	43.00
44.00	CORONARY CARE UNIT	8,381,266	4,587	1,827.18	397	725,390	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	24,627,948	11,248	2,189.54	1,209	2,647,154	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	13,062,663	6,653	1,963.42	577	1,132,893	47.01
47.02	CARDIO-THORACIC ICU	19,912,672	8,944	2,226.37	516	1,148,807	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	42,663,419	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	80,363,330	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	6,186	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,155.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	7,150,336	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 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)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	15,060,993	299,924,549	0.050216	7,150,336	359,061	90.00
91.00	Nursing School cost	2,107,621	299,924,549	0.007027	7,150,336	50,245	91.00
92.00	Allied health cost	99,099	299,924,549	0.000330	7,150,336	2,360	92.00
93.00	All other Medical Education	0	299,924,549	0.000000	7,150,336	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	25,083	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,083	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)	25,083	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)	8,223	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)	6,694	15.00
16.00	Nursery days (title V or XIX only)	742	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	24,065,989	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)	24,065,989	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	24,065,989	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	959.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,889,557	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)	7,889,557	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032
Component CCN: 26-S032

Period: From 01/01/2016 To 12/31/2016

Worksheet D-1
Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,237,579	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	9,127,136	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,337,162	24,065,989	0.055562	0	0	90.00
91.00	Nursing School cost	221,499	24,065,989	0.009204	0	0	91.00
92.00	Allied health cost	7,968	24,065,989	0.000331	0	0	92.00
93.00	All other Medical Education	0	24,065,989	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/22/2017 5:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		132,195,598		30.00
31.00	03100	INTENSIVE CARE UNIT		20,699,368		31.00
32.00	03200	CORONARY CARE UNIT		8,534,191		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		17,205,921		34.00
35.01	02400	NEURO ICU		7,722,721		35.01
35.02	02401	CARDIO-THORACIC ICU		14,606,465		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.298962	92,971,028	27,794,804	50.00
51.00	05100	RECOVERY ROOM	0.275694	11,981,584	3,303,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863	227,498	219,959	52.00
53.00	05300	ANESTHESIOLOGY	0.081880	31,318,952	2,564,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403	37,461,410	6,495,921	54.00
54.01	03630	ULTRASOUND	0.110828	3,791,641	420,220	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885	3,867,473	560,339	55.00
56.00	05600	RADIOISOTOPE	0.449929	1,364,991	614,149	56.00
57.00	05700	CT SCAN	0.043235	32,911,441	1,422,926	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454	10,616,594	1,140,795	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257	17,289,881	3,445,130	59.00
60.00	06000	LABORATORY	0.130278	113,142,557	14,739,986	60.00
60.01	06001	HLA LAB	0.196513	2,729,981	536,477	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420	53,765,464	11,098,267	63.00
65.00	06500	RESPIRATORY THERAPY	0.356765	20,323,194	7,250,604	65.00
66.00	06600	PHYSICAL THERAPY	0.474103	5,990,792	2,840,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264	2,578,316	1,269,212	67.00
68.00	06800	SPEECH PATHOLOGY	0.310369	1,516,656	470,723	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633	31,546,450	2,228,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666	4,625,802	886,609	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808	43,376,369	20,031,554	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063	92,516,032	44,228,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437	93,956,855	41,476,032	73.00
74.00	07400	RENAL DIALYSIS	0.304467	10,768,259	3,278,580	74.00
76.00	03330	ENDOSCOPY	0.298036	4,549,969	1,356,055	76.00
76.01	03950	OB/GYN IN VITRO	0.598800	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671	9,280	7,542	76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045	682,495	2,037,278	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.444326	909,994	404,334	90.00
90.01	04950	OUTPATIENT PSYCH	1.352127	0	0	90.01
91.00	09100	EMERGENCY	0.181467	31,546,450	5,724,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552	154,650	212,729	92.00
200.00		Total (sum of lines 50-94 and 96-98)		758,492,058	208,059,476	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)		758,492,058		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400	NEURO ICU		0		35.01
35.02	02401	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		8,140,050		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.298962	30,479	9,112	50.00
51.00	05100	RECOVERY ROOM	0.275694	25,757	7,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.081880	216,788	17,751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403	56,665	9,826	54.00
54.01	03630	ULTRASOUND	0.110828	2,146	238	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885	0	0	55.00
56.00	05600	RADIOISOTOPE	0.449929	2,146	966	56.00
57.00	05700	CT SCAN	0.043235	141,663	6,125	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454	84,569	9,087	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257	0	0	59.00
60.00	06000	LABORATORY	0.130278	1,105,404	144,010	60.00
60.01	06001	HLA LAB	0.196513	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420	16,313	3,367	63.00
65.00	06500	RESPIRATORY THERAPY	0.356765	43,787	15,622	65.00
66.00	06600	PHYSICAL THERAPY	0.474103	15,883	7,530	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264	9,444	4,649	67.00
68.00	06800	SPEECH PATHOLOGY	0.310369	3,864	1,199	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633	54,948	3,881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666	11,591	2,222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808	1,288	595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437	1,088,665	480,577	73.00
74.00	07400	RENAL DIALYSIS	0.304467	65,251	19,867	74.00
76.00	03330	ENDOSCOPY	0.298036	21,035	6,269	76.00
76.01	03950	OB/GYN IN VITRO	0.598800	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950	280,751	74,946	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.444326	3,005	1,335	90.00
90.01	04950	OUTPATIENT PSYCH	1.352127	429	580	90.01
91.00	09100	EMERGENCY	0.181467	1,010,962	183,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,292,833	1,010,311	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)		4,292,833		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		37,558,220		30.00
31.00	03100	INTENSIVE CARE UNIT		7,186,304		31.00
32.00	03200	CORONARY CARE UNIT		1,683,009		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		5,023,337		34.00
35.01	02400	NEURO ICU		2,197,794		35.01
35.02	02401	CARDIO-THORACIC ICU		2,202,345		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		626,990		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.298962	15,167,831	4,534,605	50.00
51.00	05100	RECOVERY ROOM	0.275694	1,830,964	504,786	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863	1,130,751	1,093,281	52.00
53.00	05300	ANESTHESIOLOGY	0.081880	6,586,681	539,317	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403	9,331,926	1,618,184	54.00
54.01	03630	ULTRASOUND	0.110828	1,327,937	147,173	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885	1,489,436	215,797	55.00
56.00	05600	RADIOISOTOPE	0.449929	280,746	126,316	56.00
57.00	05700	CT SCAN	0.043235	10,029,908	433,643	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454	3,305,816	355,223	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257	2,690,702	536,141	59.00
60.00	06000	LABORATORY	0.130278	32,668,745	4,256,019	60.00
60.01	06001	HLA LAB	0.196513	302,178	59,382	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420	14,086,014	2,907,635	63.00
65.00	06500	RESPIRATORY THERAPY	0.356765	5,898,849	2,104,503	65.00
66.00	06600	PHYSICAL THERAPY	0.474103	1,175,575	557,344	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264	574,967	283,036	67.00
68.00	06800	SPEECH PATHOLOGY	0.310369	381,795	118,497	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633	7,088,070	500,652	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666	1,449,610	277,841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808	10,361,595	4,785,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063	3,341,374	1,597,387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437	26,082,685	11,513,862	73.00
74.00	07400	RENAL DIALYSIS	0.304467	1,962,893	597,636	74.00
76.00	03330	ENDOSCOPY	0.298036	826,631	246,366	76.00
76.01	03950	OB/GYN IN VITRO	0.598800	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045	102,656	306,433	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.444326	139,405	61,941	90.00
90.01	04950	OUTPATIENT PSYCH	1.352127	0	0	90.01
91.00	09100	EMERGENCY	0.181467	12,873,075	2,336,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552	35,850	49,314	92.00
200.00		Total (sum of lines 50-94 and 96-98)		172,524,665	42,663,419	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)		172,524,665		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 26-0032
Component CCN: 26-S032

Period: From 01/01/2016 To 12/31/2016

Worksheet D-3
Date/Time Prepared: 5/22/2017 5:06 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400	NEURO ICU		0		35.01
35.02	02401	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		11,205,880		40.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.298962	34,262	10,243	50.00
51.00	05100	RECOVERY ROOM	0.275694	10,141	2,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.966863	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.081880	106,594	8,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173403	86,211	14,949	54.00
54.01	03630	ULTRASOUND	0.110828	13,869	1,537	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.144885	0	0	55.00
56.00	05600	RADIOISOTOPE	0.449929	0	0	56.00
57.00	05700	CT SCAN	0.043235	120,080	5,192	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.107454	71,496	7,683	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.199257	0	0	59.00
60.00	06000	LABORATORY	0.130278	1,425,344	185,691	60.00
60.01	06001	HLA LAB	0.196513	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.206420	27,255	5,626	63.00
65.00	06500	RESPIRATORY THERAPY	0.356765	28,975	10,337	65.00
66.00	06600	PHYSICAL THERAPY	0.474103	3,901	1,849	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.492264	2,142	1,054	67.00
68.00	06800	SPEECH PATHOLOGY	0.310369	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070633	28,414	2,007	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191666	7,737	1,483	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.461808	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478063	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441437	1,518,470	670,309	73.00
74.00	07400	RENAL DIALYSIS	0.304467	15,299	4,658	74.00
76.00	03330	ENDOSCOPY	0.298036	4,068	1,212	76.00
76.01	03950	OB/GYN IN VITRO	0.598800	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.266950	126,830	33,857	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.812671	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	2.985045	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.189849	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.444326	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	1.352127	486	657	90.01
91.00	09100	EMERGENCY	0.181467	1,475,258	267,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.375552	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,106,832	1,237,579	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)		5,106,832		202.00

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

Kidney Hospital PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	351,802	1,155.89	328	379,132	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,195.38	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,827.18	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,189.54	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,963.42	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,226.37	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		351,802		328	379,132	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.298962	1,335,062	399,133	8.00
9.00	RECOVERY ROOM	51.00	0.275694	192,619	53,104	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.966863	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.081880	344,638	28,219	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.173403	496,480	86,091	12.00
12.01	ULTRASOUND	54.01	0.110828	56,964	6,313	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.144885	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.449929	315,985	142,171	14.00
15.00	CT SCAN	57.00	0.043235	1,776,623	76,812	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.107454	148,941	16,004	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.199257	33,448	6,665	17.00
18.00	LABORATORY	60.00	0.130278	3,723,414	485,079	18.00
18.01	HLA LAB	60.01	0.196513	11,767,502	2,312,467	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.206420	658,737	135,976	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.356765	39,822	14,207	23.00
24.00	PHYSICAL THERAPY	66.00	0.474103	228	108	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.492264	144	71	25.00
26.00	SPEECH PATHOLOGY	68.00	0.310369	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.070633	4,311,110	304,507	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.191666	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.461808	1,332	615	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.478063	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.441437	485,902	214,495	31.00
32.00	RENAL DIALYSIS	74.00	0.304467	114,006	34,711	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.298036	49,382	14,718	34.00
34.01	OB/GYN IN VITRO	76.01	0.598800	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.266950	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.812671	0	0	34.03
34.04	BONE MARROW ACQUISITION	76.04	2.985045	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.189849	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.444326	3,060	1,360	37.00
37.01	OUTPATIENT PSYCH	90.01	1.352127	0	0	37.01
38.00	EMERGENCY	91.00	0.181467	40,520	7,353	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.375552	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			25,895,919	4,340,179	41.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Kidney: Worksheet D-2, Part I Line Numbers	Kidney: Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital: Organ Acquisition	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	328	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			328	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	3,060	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	40,520	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		43,580		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	4,719,311		26,247,721		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	14,096,612		14,918,521		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	18,815,923		41,166,242		61.00
62.00	Total Usable Organs (see instructions)		231			62.00
63.00	Medicare Usable Organs (see instructions)		139			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.601732			64.00
65.00	Medicare Cost/Charges (see instructions)	11,322,143		24,771,045		65.00
66.00	Revenue for Organs Sold	41,164		41,164		66.00
67.00	Subtotal (line 65 minus line 66)	11,280,979		24,729,881		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,280,979	0	24,729,881	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	71	9		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	151		73.00
74.00	Total (sum of lines 70 thru 73)	71	160		74.00
75.00	Organs Transplanted	71	151	14,918,521	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	9	41,164	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	71	160		84.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	41,840	1,155.89	40	46,236	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,436	2,195.38	1	2,195	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,827.18	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,189.54	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,963.42	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,226.37	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		46,276		41	48,431	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.298962	53,647	16,038	8.00
9.00	RECOVERY ROOM	51.00	0.275694	14,487	3,994	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.966863	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.081880	20,554	1,683	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.173403	216,901	37,611	12.00
12.01	ULTRASOUND	54.01	0.110828	143,957	15,954	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.144885	167,973	24,337	13.00
14.00	RADIOISOTOPE	56.00	0.449929	211,980	95,376	14.00
15.00	CT SCAN	57.00	0.043235	538,807	23,295	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.107454	2,187,089	235,011	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.199257	61,584	12,271	17.00
18.00	LABORATORY	60.00	0.130278	1,482,412	193,126	18.00
18.01	HLA LAB	60.01	0.196513	355,462	69,853	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.206420	261,660	54,012	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.356765	11,113	3,965	23.00
24.00	PHYSICAL THERAPY	66.00	0.474103	114	54	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.492264	144	71	25.00
26.00	SPEECH PATHOLOGY	68.00	0.310369	578	179	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.070633	1,419,653	100,274	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.191666	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.461808	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.478063	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.441437	61,208	27,019	31.00
32.00	RENAL DIALYSIS	74.00	0.304467	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.298036	42,196	12,576	34.00
34.01	OB/GYN IN VITRO	76.01	0.598800	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.266950	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.812671	0	0	34.03
34.04	BONE MARROW ACQUISITION	76.04	2.985045	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.189849	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.444326	2,394	1,064	37.00
37.01	OUTPATIENT PSYCH	90.01	1.352127	0	0	37.01
38.00	EMERGENCY	91.00	0.181467	16,669	3,025	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.375552	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			7,270,582	930,788	41.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Liver		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	40	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			41	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	2,394	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	16,669	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		19,063		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	979,219		7,316,858		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,907,881		5,747,400		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,887,100		13,064,258		61.00
62.00	Total Usable Organs (see instructions)		80			62.00
63.00	Medicare Usable Organs (see instructions)		23			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.287500			64.00
65.00	Medicare Cost/Charges (see instructions)	1,980,041		3,755,974		65.00
66.00	Revenue for Organs Sold	1,339		1,339		66.00
67.00	Subtotal (line 65 minus line 66)	1,978,702		3,754,635		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,978,702	0	3,754,635	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	80		73.00
74.00	Total (sum of lines 70 thru 73)	0	80		74.00
75.00	Organs Transplanted	0	80	5,747,400	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	1,339	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	80		84.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	28,023	1,155.89	23	26,585	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,195.38	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	8,702	1,827.18	2	3,654	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,189.54	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,963.42	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,226.37	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		36,725		25	30,239	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.298962	101,040	30,207	8.00
9.00	RECOVERY ROOM	51.00	0.275694	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.966863	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.081880	5,258	431	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.173403	18,308	3,175	12.00
12.01	ULTRASOUND	54.01	0.110828	5,519	612	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.144885	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.449929	1,431	644	14.00
15.00	CT SCAN	57.00	0.043235	134,089	5,797	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.107454	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.199257	301,562	60,088	17.00
18.00	LABORATORY	60.00	0.130278	209,222	27,257	18.00
18.01	HLA LAB	60.01	0.196513	232,639	45,717	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.206420	48,802	10,074	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.356765	6,768	2,415	23.00
24.00	PHYSICAL THERAPY	66.00	0.474103	227	108	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.492264	216	106	25.00
26.00	SPEECH PATHOLOGY	68.00	0.310369	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.070633	91,995	6,498	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.191666	1,674	321	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.461808	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.478063	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.441437	12,311	5,435	31.00
32.00	RENAL DIALYSIS	74.00	0.304467	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.298036	18,344	5,467	34.00
34.01	OB/GYN IN VITRO	76.01	0.598800	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.266950	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.812671	0	0	34.03
34.04	BONE MARROW ACQUISITION	76.04	2.985045	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.189849	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.444326	202	90	37.00
37.01	OUTPATIENT PSYCH	90.01	1.352127	0	0	37.01
38.00	EMERGENCY	91.00	0.181467	6,701	1,216	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.375552	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			1,196,308	205,658	41.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Heart: Worksheet D-2, Part I Line Numbers	Heart: Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital: Organ Acquisition	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	23	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	2	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			25	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	202	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	6,701	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		6,903		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	235,897		1,233,033		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,873,844		1,521,400		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,109,741		2,754,433		61.00
62.00	Total Usable Organs (see instructions)		29			62.00
63.00	Medicare Usable Organs (see instructions)		18			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.620690			64.00
65.00	Medicare Cost/Charges (see instructions)	1,930,185		1,709,649		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,930,185		1,709,649		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,930,185	0	1,709,649	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	29		73.00
74.00	Total (sum of lines 70 thru 73)	0	29		74.00
75.00	Organs Transplanted	0	29	1,521,400	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	29		84.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Lung		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	14,719	1,155.89	9	10,403	1.00
2.00	INTENSIVE CARE UNIT	43.00	25,766	2,195.38	6	13,172	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,827.18	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,189.54	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,963.42	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	4,266	2,226.37	1	2,226	6.02
7.00	TOTAL (sum of lines 1-6)		44,751		16	25,801	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.298962	6,939	2,074	8.00
9.00	RECOVERY ROOM	51.00	0.275694	2,732	753	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.966863	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.081880	2,868	235	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.173403	116,405	20,185	12.00
12.01	ULTRASOUND	54.01	0.110828	18,634	2,065	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.144885	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.449929	576,914	259,570	14.00
15.00	CT SCAN	57.00	0.043235	320,237	13,845	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.107454	50,179	5,392	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.199257	1,016,096	202,464	17.00
18.00	LABORATORY	60.00	0.130278	935,377	121,859	18.00
18.01	HLA LAB	60.01	0.196513	628,178	123,445	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.206420	168,320	34,745	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.356765	180,123	64,262	23.00
24.00	PHYSICAL THERAPY	66.00	0.474103	568	269	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.492264	504	248	25.00
26.00	SPEECH PATHOLOGY	68.00	0.310369	3,155	979	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.070633	311,625	22,011	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.191666	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.461808	34	16	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.478063	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.441437	54,574	24,091	31.00
32.00	RENAL DIALYSIS	74.00	0.304467	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.298036	73,127	21,794	34.00
34.01	OB/GYN IN VITRO	76.01	0.598800	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.266950	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.812671	0	0	34.03
34.04	BONE MARROW ACQUISITION	76.04	2.985045	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.189849	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.444326	1,072	476	37.00
37.01	OUTPATIENT PSYCH	90.01	1.352127	0	0	37.01
38.00	EMERGENCY	91.00	0.181467	1,293	235	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.375552	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			4,468,954	921,013	41.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Lung		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	9	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	6	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	1	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			16	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	1,072	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	1,293	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		2,365		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	946,814		4,513,705		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	7,270,626		7,375,600		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	8,217,440		11,889,305		61.00
62.00	Total Usable Organs (see instructions)		164			62.00
63.00	Medicare Usable Organs (see instructions)		61			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.371951			64.00
65.00	Medicare Cost/Charges (see instructions)	3,056,485		4,422,239		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	3,056,485		4,422,239		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,056,485	0	4,422,239	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	164		73.00
74.00	Total (sum of lines 70 thru 73)	0	164		74.00
75.00	Organs Transplanted	0	164	7,375,600	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	164		84.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Pancreas		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,155.89	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,195.38	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,827.18	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,189.54	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,963.42	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,226.37	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.298962	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.275694	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.966863	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.081880	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.173403	0	0	12.00
12.01	ULTRASOUND	54.01	0.110828	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.144885	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.449929	0	0	14.00
15.00	CT SCAN	57.00	0.043235	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.107454	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.199257	0	0	17.00
18.00	LABORATORY	60.00	0.130278	0	0	18.00
18.01	HLA LAB	60.01	0.196513	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.206420	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.356765	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.474103	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.492264	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.310369	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.070633	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.191666	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.461808	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.478063	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.441437	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.304467	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.298036	0	0	34.00
34.01	OB/GYN IN VITRO	76.01	0.598800	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.266950	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.812671	0	0	34.03
34.04	BONE MARROW ACQUISITION	76.04	2.985045	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.189849	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.444326	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	1.352127	0	0	37.01
38.00	EMERGENCY	91.00	0.181467	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.375552	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			0	0	41.00

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

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

Provider CCN: 26-0032
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Pancreas: Worksheet D-2, Part I Line Numbers	Pancreas: Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital: Organ Acquisition	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	0		0		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	479,551		507,500		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	479,551		507,500		61.00
62.00	Total Usable Organs (see instructions)		10			62.00
63.00	Medicare Usable Organs (see instructions)		4			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.400000			64.00
65.00	Medicare Cost/Charges (see instructions)	191,820		203,000		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	191,820		203,000		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	191,820	0	203,000	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	10		73.00
74.00	Total (sum of lines 70 thru 73)	0	10		74.00
75.00	Organs Transplanted	0	10	507,500	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	10		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	142,652,925	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	48,290,533	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)	28,063,340	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	51,168,532	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,233.09	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	563.66	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	52.59	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 Section 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).	-14.90	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 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 section 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)	601.35	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	707.15	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	601.35	12.00
13.00	Total allowable FTE count for the prior year.	601.60	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.	605.05	14.00
15.00	Sum of lines 12 through 14 divided by 3.	602.67	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	0.50	17.00
18.00	Adjusted rolling average FTE count	603.17	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.489153	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.496979	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.489153	21.00
22.00	IME payment adjustment (see instructions)	45,112,110	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	12,089,026	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	105.80	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)	45,112,110	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	12,089,026	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)	21.85	31.00
32.00	Sum of lines 30 and 31	29.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)	13.58	33.00
34.00	Disproportionate share adjustment (see instructions)	6,482,531	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.002151715	0.002126382	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	13,784,196	12,710,411	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	10,319,318	3,203,723	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	13,523,041		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	284,124,480		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	296,213,506	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	21,517,104	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).	21,097,056	52.00
53.00	Nursing and Allied Health Managed Care payment	596,075	53.00
54.00	Special add-on payments for new technologies	101,951	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)	18,438,171	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	816,799	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	220,820	58.00
59.00	Total (sum of amounts on lines 49 through 58)	359,001,482	59.00
60.00	Primary payer payments	52,591	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	358,948,891	61.00
62.00	Deductibles billed to program beneficiaries	12,990,341	62.00
63.00	Coinsurance billed to program beneficiaries	2,160,893	63.00
64.00	Allowable bad debts (see instructions)	3,933,134	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	2,556,537	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,831,685	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	346,354,194	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	3,245	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 DEMONSTRATION PROJECT	0	70.50
70.88	SCH or MDH volume decrease adjustment	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)	-475,863	70.93
70.94	HRR adjustment amount (see instructions)	-453,676	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:06 pm
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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		3,169,063	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		342,252,347	71.00
71.01	Sequestration adjustment (see instructions)		6,845,047	71.01
72.00	Interim payments		337,215,916	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, 72, and 73)		-1,808,616	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,702,729	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet DSH | Date/Time Prepared: 5/22/2017 5:06 pm

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	7.68	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	21.85	0.00			21.85	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	29.53	0.00			21.85	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	1,233.09	0.00			1,233.09	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	13.58	0.00			7.24	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	7.68	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	25,264	0			25,264	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	18,474	0			18,474	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	8,816	0			8,816	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	8,492	0			8,492	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	4,956	0			4,956	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	912	0			912	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	66,914	0			66,914	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	304,800	0			304,800	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,430	0			1,430	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	306,230	0			306,230	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	21.85	0.00			21.85	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	13.58		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		13.58		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		13.58		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	7.24		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	7.24		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	7.24		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period: From 01/01/2016 To 12/31/2016

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2017 5:06 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 (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	142,652,925	142,652,925		142,652,925	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	48,290,533		48,290,533	48,290,533	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	28,063,340	20,592,334	7,471,006	28,063,340	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	51,168,532	37,159,430	14,009,102	51,168,532	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.489153	0.489153	0.489153		5.00
6.00	IME payment adjustment (see instructions)	22.00	45,112,110	33,703,037	11,409,073	45,112,110	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,089,026	8,779,250	3,309,776	12,089,026	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	45,112,110	33,703,037	11,409,073	45,112,110	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,089,026	8,779,250	3,309,776	12,089,026	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1358	0.1358	0.1358		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	6,482,531	4,843,067	1,639,464	6,482,531	11.00
11.01	Uncompensated care payments	36.00	13,523,041	10,319,318	3,203,723	13,523,041	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	284,124,480	212,110,681	72,013,799	284,124,480	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	296,213,506	220,889,931	75,323,575	296,213,506	15.00
16.00	Payment for inpatient program capital	50.00	21,517,104	16,088,654	5,428,450	21,517,104	16.00
17.00	Special add-on payments for new technologies	54.00	101,951	100,915	1,036	101,951	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	3,245	3,245	0	3,245	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			237,082,745	80,753,061	317,835,806	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2017 5:06 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	15,235,297	11,356,038	3,879,259	15,235,297	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,820,912	1,407,568	413,344	1,820,912	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	0.2312	0.2312	0.2312		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,522,401	2,625,516	896,885	3,522,401	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0616	0.0616	0.0616		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	938,494	699,532	238,962	938,494	25.00
26.00	Total prospective capital payments (see instructions)	12.00	21,517,104	16,088,654	5,428,450	21,517,104	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	-475,863	-325,832	-150,031	-475,863	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	-453,676	-342,606	-111,070	-453,676	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		2,364,143	804,920	3,169,063	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	459,343	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	117,448,349	2.00
3.00	PPS payments	89,019,917	3.00
4.00	Outlier payment (see instructions)	662,673	4.00
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 line 3 plus line 4 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	118,740	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	459,343	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	802,930	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)	802,930	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	802,930	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	343,587	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 (line 11 minus line 20) (for CAH see instructions)	459,343	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, 8 and 9)	89,801,330	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	120,581	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,115,598	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)	73,024,494	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	6,798,697	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)	79,823,191	30.00
31.00	Primary payer payments	9,521	31.00
32.00	Subtotal (line 30 minus line 31)	79,813,670	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	1,746,900	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,135,485	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	805,454	36.00
37.00	Subtotal (see instructions)	80,949,155	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	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)	80,949,155	40.00
40.01	Sequestration adjustment (see instructions)	1,618,983	40.01
41.00	Interim payments	78,623,732	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	706,440	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	409,672	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	253,694	2.00
3.00	PPS payments	132,864	3.00
4.00	Outlier payment (see instructions)	0	4.00
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 line 3 plus line 4 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	306	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	133,170	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	37,143	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)	96,027	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	96,027	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	96,027	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	96,027	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	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)	96,027	40.00
40.01	Sequestration adjustment (see instructions)	1,921	40.01
41.00	Interim payments	93,806	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	300	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/22/2017 5:06 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		337,091,316		78,391,532	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	03/18/2016	124,600	03/18/2016	29,100	3.01
3.02			0	07/01/2016	203,100	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)		124,600		232,200	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)		337,215,916		78,623,732	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		706,440	6.01
6.02	SETTLEMENT TO PROGRAM		1,808,616		0	6.02
7.00	Total Medicare program liability (see instructions)		335,407,300		79,330,172	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: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/22/2017 5:06 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		4,791,139		93,806	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,791,139		93,806	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		300	6.01
6.02	SETTLEMENT TO PROGRAM		275,141		0	6.02
7.00	Total Medicare program liability (see instructions)		4,515,998		94,106	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	51,462	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	101,968	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	28,322	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	298,106	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5,100,492,339	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	178,548,202	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	721,266	8.00
9.00	Sequestration adjustment amount (see instructions)	14,425	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	706,841	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	735,714	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-28,873	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	4,754,220	1.00
2.00	Net IPF PPS Outlier Payments	228,851	2.00
3.00	Net IPF PPS ECT Payments	69,408	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)	4.26	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	8.24	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	4.26	8.00
9.00	Average Daily Census (see instructions)	68.532787	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.031544	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	149,967	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	5,202,446	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	5,202,446	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	5,202,446	18.00
19.00	Deductibles	361,480	19.00
20.00	Subtotal (line 18 minus line 19)	4,840,966	20.00
21.00	Coinsurance	290,402	21.00
22.00	Subtotal (line 20 minus line 21)	4,550,564	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	4,550,564	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)	57,597	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	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	4,608,161	31.00
31.01	Sequestration adjustment (see instructions)	92,163	31.01
32.00	Interim payments	4,791,139	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, 32 and 33)	-275,141	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	228,851	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	80,363,330		1.00
2.00	Medical and other services		27,153,912	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	80,363,330	27,153,912	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	80,363,330	27,153,912	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	56,477,999		8.00
9.00	Ancillary service charges	172,524,665	132,376,094	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	229,002,664	132,376,094	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	229,002,664	132,376,094	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	148,639,334	105,222,182	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	80,363,330	27,153,912	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	80,363,330	27,153,912	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	80,363,330	27,153,912	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	80,363,330	27,153,912	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	80,363,330	27,153,912	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	14,574,991		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	94,938,321	27,153,912	40.00
41.00	Interim payments	39,937,294	19,766,593	41.00
42.00	Balance due provider/program (line 40 minus line 41)	55,001,027	7,387,319	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Subprovider - IPF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	9,127,136		1.00
2.00	Medical and other services		1,043,734	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	9,127,136	1,043,734	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	9,127,136	1,043,734	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	11,349,947		8.00
9.00	Ancillary service charges	5,106,832	1,145,224	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	16,456,779	1,145,224	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	16,456,779	1,145,224	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	7,329,643	101,490	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	9,127,136	1,043,734	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	9,127,136	1,043,734	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	9,127,136	1,043,734	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	9,127,136	1,043,734	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	9,127,136	1,043,734	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	9,127,136	1,043,734	40.00
41.00	Interim payments	8,559,906	243,236	41.00
42.00	Balance due provider/program (line 40 minus line 41)	567,230	800,498	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	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))			-14.00	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			622.62	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			716.87	6.00
7.00	Enter the lesser of line 5 or line 6			622.62	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.	175.26	465.38	640.64	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.	152.22	404.19	556.41	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	152.22	404.19		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	153.22	402.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	150.43	409.05		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	151.96	405.16		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	0.50		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	151.96	405.66		17.00
18.00	Per resident amount	127,530.17	120,759.83		18.00
19.00	Approved amount for resident costs	19,379,485	48,987,433	68,366,918	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)			94.25	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally 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)			68,366,918	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	108,134	28,322		26.00
27.00	Total Inpatient Days (see instructions)	324,619	324,619		27.00
28.00	Ratio of inpatient days to total inpatient days	0.333111	0.087247		28.00
29.00	Program direct GME amount	22,773,772	5,964,808		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		842,827		30.00
31.00	Net Program direct GME amount			27,895,753	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	2,195	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	22,265,458	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000099	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	348,621,318	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	18,438,171	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	52,591	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	367,006,898	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	118,280,432	42.00
43.00	Primary payer payments (see instructions)	9,521	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	118,270,911	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	485,277,809	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.756282	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.243718	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	27,895,753	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	21,097,056	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	6,798,697	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Hospital	Cost

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	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))			-14.00	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			622.62	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			716.87	6.00
7.00	Enter the lesser of line 5 or line 6			622.62	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.	175.26	465.38	640.64	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.	152.22	404.19	556.41	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	152.22	404.19		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	153.22	402.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	150.43	409.05		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	151.96	405.16		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	0.50		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	151.96	405.66		17.00
18.00	Per resident amount	127,530.17	120,759.83		18.00
19.00	Approved amount for resident costs	19,379,485	48,987,433	68,366,918	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)			94.25	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally 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)			68,366,918	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	37,664	36,731		26.00
27.00	Total Inpatient Days (see instructions)	324,619	324,619		27.00
28.00	Ratio of inpatient days to total inpatient days	0.116025	0.113151		28.00
29.00	Program direct GME amount	7,932,272	7,735,785		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,093,066		30.00
31.00	Net Program direct GME amount			14,574,991	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 5:06 pm
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	0	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)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,574,991	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 26-0032

Period: From 01/01/2016 To 12/31/2016

Worksheet G

Date/Time Prepared: 5/22/2017 5:06 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	1,268,108	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	796,470,469	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-482,122,294	0	0	0	6.00
7.00	Inventory	45,674,049	0	0	0	7.00
8.00	Prepaid expenses	2,348,176	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	25,460,957	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	389,099,465	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	19,911,247	0	0	0	12.00
13.00	Land improvements	20,000,460	0	0	0	13.00
14.00	Accumulated depreciation	-10,513,763	0	0	0	14.00
15.00	Buildings	395,714,650	0	0	0	15.00
16.00	Accumulated depreciation	-243,722,165	0	0	0	16.00
17.00	Leasehold improvements	240,673,159	0	0	0	17.00
18.00	Accumulated depreciation	-70,284,239	0	0	0	18.00
19.00	Fixed equipment	508,264,935	0	0	0	19.00
20.00	Accumulated depreciation	-425,717,899	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	663,134,344	0	0	0	23.00
24.00	Accumulated depreciation	-584,327,578	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	26,502,337	0	0	0	27.00
28.00	Accumulated depreciation	-16,349,158	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)	523,286,330	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	11,318,267	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	713,000,093	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	724,318,360	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,636,704,155	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	61,338,213	0	0	0	37.00
38.00	Salaries, wages, and fees payable	45,546,975	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				42.00
43.00	Due to other funds	23,668,856	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	130,554,044	0	0	0	45.00
	LONG TERM LIABILITIES					
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	7,775,575	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,775,575	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	138,329,619	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,498,374,536				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)	1,498,374,536	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,636,704,155	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/22/2017 5:06 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		1,212,792,526		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		63,932,381				2.00
3.00	Total (sum of line 1 and line 2)		1,276,724,907		0		3.00
4.00	ROUNDING	1		0		0	4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	524,263		0		0	5.00
6.00	TRANSFER FROM BJC	220,311,966		0		0	6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI	813,399		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		221,649,629		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,498,374,536		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,498,374,536		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	ROUNDING		0		4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE		0		5.00
6.00	TRANSFER FROM BJC		0		6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI		0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 26-0032 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/22/2017 5:06 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	421,077,884		421,077,884	1.00
2.00	SUBPROVIDER - IPF	33,372,702		33,372,702	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	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)	454,450,586		454,450,586	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	54,931,832		54,931,832	11.00
12.00	CORONARY CARE UNIT	19,283,382		19,283,382	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	47,783,263		47,783,263	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO ICU	25,011,203		25,011,203	15.01
15.02	CARDIO-THORACIC ICU	37,499,852		37,499,852	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	184,509,532		184,509,532	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	638,960,118		638,960,118	17.00
18.00	Ancillary services	2,131,686,099	2,015,042,945	4,146,729,044	18.00
19.00	Outpatient services	97,018,488	224,871,857	321,890,345	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PART B REVENUE	0	128,324	128,324	27.00
27.01	DIV 102 - BJEC NOW FREESTANDING	0	22,771,394	22,771,394	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,867,664,705	2,262,814,520	5,130,479,225	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,778,549,324		29.00
30.00	BJEC FREE STANDING SNF DIVISION 102	15,865,533			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		15,865,533		36.00
37.00	NONOPERATING DEPARTMENTS	5,995,433			37.00
38.00	ROUNDING	24			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)		5,995,457		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,788,419,400		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/22/2017 5:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,130,479,225	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,357,971,608	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,772,507,617	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,788,419,400	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,911,783	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	3,440,551	6.00
7.00	Income from investments	11,779,824	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	7,290,209	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	15,125,299	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	11,931,793	17.00
18.00	Revenue from sale of medical records and abstracts	958,765	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	20,081,814	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	697,360	20.00
21.00	Rental of vending machines	330,487	21.00
22.00	Rental of hospital space	3,144,100	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID MEANINGFUL USE	0	24.00
24.01	MEDICARE MEANINGFUL USE	798,055	24.01
24.02	BJC OTHER OPERATING REVENUE	1,519,716	24.02
24.03	MISC OTHER OPERATING REVENUE	5,932,666	24.03
25.00	Total other income (sum of lines 6-24)	83,030,639	25.00
26.00	Total (line 5 plus line 25)	67,118,856	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	3,257,094	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	0	27.01
27.02	LOSS ON SALE OF ASSETS	0	27.02
27.03	EXTRAORDINARY ITEM	0	27.03
27.04	BJEC OTHER INCOME	-70,619	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	3,186,475	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	63,932,381	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 26-0032	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/22/2017 5:06 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	15,235,297	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,820,912	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)	818.40	3.00
4.00	Number of interns & residents (see instructions)	603.17	4.00
5.00	Indirect medical education percentage (see instructions)	23.12	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)	3,522,401	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	21.85	8.00
9.00	Sum of lines 7 and 8	29.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.16	10.00
11.00	Disproportionate share adjustment (see instructions)	938,494	11.00
12.00	Total prospective capital payments (see instructions)	21,517,104	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00