

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 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/28/2018 4:35 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: _____ Time: _____

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status

(1) As Submitted

(2) Settled without Audit

(3) Settled with Audit

(4) Reopened

(5) Amended

6. Date Received: _____

7. Contractor No. _____

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date: _____

11. Contractor's Vendor Code: _____ 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BARNES-JEWISH HOSPITAL (26-0032) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,918,450	1,075,691	0	54,213,789	1.00
2.00 Subprovider - IPF	0	-145,336	2,055		363,230	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	0		0	6.00
200.00 Total	0	2,773,114	1,077,746	0	54,577,019	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 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/28/2018 4:35 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: MO		4.00 Zip Code: 63110-		County: ST. LOUIS CITY		
2.00 City: ST. LOUIS		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00	
3.00 Hospital and Hospital-Based Component Identification:		BARNES-JEWISH HOSPITAL		260032	41180	1	07/01/1966	N	P	0
4.00 Subprovider - IPF		BARNES-JEWISH HOSPITAL PSYCH UNIT		26S032	41180	4	01/01/1984	N	P	0
5.00 Subprovider - IRF										
6.00 Subprovider - (Other)										
7.00 Swing Beds - SNF										
8.00 Swing Beds - NF										
9.00 Hospital-Based SNF										
10.00 Hospital-Based NF										
11.00 Hospital-Based OLTC										
12.00 Hospital-Based HHA										
13.00 Separately Certified ASC										
14.00 Hospital-Based Hospice										
15.00 Hospital-Based Health Clinic - RHC										
16.00 Hospital-Based Health Clinic - FQHC										
17.00 Hospital-Based (CMHC) I										
18.00 Renal Dialysis										
19.00 Other										
							From:	To:		
							1.00	2.00		
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2017	12/31/2017		
21.00 Type of Control (see instructions)							2			
		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		
22.01 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		
22.02 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		
22.03 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		
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	
		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 IPFS 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.		27,329	5,128	9,506	7,686	14,414	935			
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 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.		0	0	0	0	0	0			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/28/2018 4:35 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)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.03
		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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02

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

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	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
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			62.60	517.82	0.107853		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	25.94	117.07	0.181386		67.00
67.01		PEDIATRICS	2000	0.00	3.11	0.000000		67.01
67.02		GERIATRICS	1408	0.40	0.50	0.444444		67.02
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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 Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				2			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	1		4,239,951		0		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/28/2018 4:35 pm		
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		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
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.								
						1.00	145.00	
						Y		
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.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
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)								
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
155.00	Hospital	N	N	N	N			
156.00	Subprovider - IPF	N	N	N	N			
157.00	Subprovider - IRF	N	N	N	N			
158.00	SUBPROVIDER							
159.00	SNF	N	N	N	N			
160.00	HOME HEALTH AGENCY	N	N	N	N			
161.00	CMHC		N	N	N			
165.00 Multi campus								
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						1.00	165.00	
						N		
		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	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						1.00	167.00	
						Y		
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)						2.00	168.00
						0		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2016	03/30/2016			
				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)						171.00	
						N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/28/2018 4:35 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/27/2018			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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					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	03/31/2018	Y	03/31/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/28/2018 4:35 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/28/2018 4:35 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 01/01/2017
To 12/31/2017

Worksheet S-2
Part V
Date/Time Prepared:
5/28/2018 4:35 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 01/01/2017 To 12/31/2017	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2018 4:35 pm
		Title V 1.00	Title XIX 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. (see S-2, Part I, line 98)	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. (see S-2, Part I, line 98.01)	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. (see S-2, Part I, line 98.02)	N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	Y	3.01
		Inpatient 1.00	Outpatient 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. (see S-2, Part I, lines 98.03 and 98.04)	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. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 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. (see S-2, Part I, line 98.05)	N	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") 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. (see S-2, Part I, line 98.06)	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
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2018 4:35 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	1,080	394,200	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)		1,080	394,200	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	44	16,060	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	15	5,475	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	36	13,140	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU	35.01	20	7,300	0.00	0	12.01
12.02 CARDIO-THORACIC ICU	35.02	30	10,950	0.00	0	12.02
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		1,225	447,125	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	78	28,470		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		1,303				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	8,395			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2018 4:35 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	87,491	23,458	251,327			1.00
2.00 HMO and other (see instructions)	31,576	35,881				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)	87,491	23,458	251,327			7.00
8.00 INTENSIVE CARE UNIT	5,468	1,259	13,294			8.00
9.00 CORONARY CARE UNIT	1,655	403	4,411			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	3,948	1,290	10,944			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU	1,802	591	6,426			12.01
12.02 CARDIO-THORACIC ICU	3,463	430	8,895			12.02
13.00 NURSERY		751	6,468			13.00
14.00 Total (see instructions)	103,827	28,182	301,765	718.08	8,645.99	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	6,607	8,314	24,612	7.89	150.29	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)				725.97	8,796.28	27.00
28.00 Observation Bed Days		497	6,960			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	935	1,521			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2018 4:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	15,986	4,939	50,217	1.00
2.00 HMO and other (see instructions)			4,965	6,304		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	15,986	4,939	50,217	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	470	835	2,751	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2018 4:35 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	544,768,645	853,088	545,621,733	18,090,270.21	30.16
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		98,787	0	98,787	785.00	125.84
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		2,225,657	0	2,225,657	17,750.00	125.39
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	44,745,588	0	44,745,588	1,542,613.14	29.01
7.01	Contracted interns and residents (in an approved programs)		51,269	0	51,269	163.89	312.83
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		35,150,790	968,465	36,119,255	1,180,008.68	30.61
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		24,336,691	0	24,336,691	422,729.96	57.57
12.00	Contract labor: Top level management and other management and administrative services		318,939	0	318,939	15,815.89	20.17
13.00	Contract Labor: Physician-Part A - Administrative		11,886,600	0	11,886,600	87,657.19	135.60
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		109,155,874	0	109,155,874	2,462,154.00	44.33
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		71,357,421	0	71,357,421	625,238.64	114.13
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		143,547,335	0	143,547,335		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		11,145,663	0	11,145,663		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		19,924	0	19,924		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		483,640	0	483,640		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		14,441,248	0	14,441,248		
25.50	Home office wage-related (core)		23,021,355	0	23,021,355		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,707,035	-587,649	2,119,386	73,530.88	28.82
27.00	Administrative & General	5.00	45,989,996	1,517,521	47,507,517	1,659,525.83	28.63

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2018 4:35 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		32,249,604	0	32,249,604	307,664.17	104.82	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	9,104,793	0	9,104,793	326,408.29	27.89	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	11,952,585	-115,573	11,837,012	861,039.58	13.75	32.00
33.00	Housekeeping under contract (see instructions)		1,030,326	0	1,030,326	63,797.88	16.15	33.00
34.00	Dietary	10.00	7,274,950	-1,873,244	5,401,706	319,913.89	16.88	34.00
35.00	Dietary under contract (see instructions)		2,462,395	0	2,462,395	74,946.30	32.86	35.00
36.00	Cafeteria	11.00	2,504,348	1,854,476	4,358,824	305,528.36	14.27	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	25,097,958	808,349	25,906,307	634,315.18	40.84	38.00
39.00	Central Services and Supply	14.00	4,020,942	0	4,020,942	217,758.12	18.47	39.00
40.00	Pharmacy	15.00	21,607,701	-343,785	21,263,916	534,813.34	39.76	40.00
41.00	Medical Records & Medical Records Library	16.00	3,121,625	0	3,121,625	164,478.84	18.98	41.00
42.00	Social Service	17.00	10,550,145	-119,892	10,430,253	310,253.69	33.62	42.00
43.00	Other General Service	18.00	4,328,753	65,089	4,393,842	110,290.20	39.84	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part III Date/Time Prepared: 5/28/2018 4:35 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	533,488,456	853,088	534,341,544	16,976,151.53	31.48	1.00
2.00	Excluded area salaries (see instructions)	35,150,790	968,465	36,119,255	1,180,008.68	30.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	498,337,666	-115,377	498,222,289	15,796,142.85	31.54	3.00
4.00	Subtotal other wages & related costs (see inst.)	145,698,104	0	145,698,104	2,988,357.04	48.76	4.00
5.00	Subtotal wage-related costs (see inst.)	166,588,614	0	166,588,614	0.00	33.44	5.00
6.00	Total (sum of lines 3 thru 5)	810,624,384	-115,377	810,509,007	18,784,499.89	43.15	6.00
7.00	Total overhead cost (see instructions)	184,003,156	1,205,292	185,208,448	5,964,264.55	31.05	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2018 4:35 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		7,930,862	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)		54,016,265	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)		51,497,941	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		2,317,389	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		448,873	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)		4,564,408	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		4,964,914	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		40,169,570	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		406,520	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))		24,170	21.00
22.00	Day Care Cost and Allowances		1,111,371	22.00
23.00	Tuition Reimbursement		2,185,528	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		169,637,811	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 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/28/2018 4:35 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		24,336,691	169,637,811 1.00
2.00	Hospital		24,336,691	169,637,811 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/28/2018 4:35 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.282320	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		144,072,178	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		67,993,265	5.00	
6.00	Medicaid charges		730,530,094	6.00	
7.00	Medicaid cost (line 1 times line 6)		206,243,256	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	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		407,450	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		494,770	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
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	172,243,665	8,154,695	180,398,360	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	48,627,832	8,154,695	56,782,527	21.00
22.00	Payments received from patients for amounts previously written off as charity care	552,091	219,974	772,065	22.00
23.00	Cost of charity care (line 21 minus line 22)	48,075,741	7,934,721	56,010,462	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		68,195,560	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		4,761,901	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		7,326,001	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		60,869,559	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		19,748,794	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		75,759,256	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		75,759,256	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/28/2018 4:35 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		18,270,117	18,270,117	-894,249	17,375,868	1.00
1.03 00103 NEW CRC-B&F(BJH CAMP EXP)		17,614,729	17,614,729	21,572	17,636,301	1.03
1.04 00104 NEW CRC-B&F(GSON)		1,591,644	1,591,644	20,946	1,612,590	1.04
1.05 00105 NEW CRC-B&F(THE HIGHLANDS)		1,511,461	1,511,461	0	1,511,461	1.05
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		23,032,204	23,032,204	43,263,057	66,295,261	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,707,035	9,833,014	12,540,049	-1,389,020	11,151,029	4.00
5.01 00540 NONPATIENT TELEPHONES	1,586,326	-376,720	1,209,606	-11,719	1,197,887	5.01
5.03 00560 PURCHASING RECEIVING AND STORES	1,049,507	6,672,613	7,722,120	-3,406,317	4,315,803	5.03
5.04 00570 ADMITTING	15,290,938	7,413,576	22,704,514	-32,930	22,671,584	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	28,063,225	437,284,938	465,348,163	-76,374,747	388,973,416	5.06
7.00 00700 OPERATION OF PLANT	9,104,793	30,439,081	39,543,874	150,063	39,693,937	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	2,710,560	2,710,560	-282	2,710,278	8.00
9.00 00900 HOUSEKEEPING	11,952,585	8,879,489	20,832,074	-248,434	20,583,640	9.00
10.00 01000 DIETARY	7,274,950	11,314,527	18,589,477	-7,938,779	10,650,698	10.00
11.00 01100 CAFETERIA	2,504,348	5,979,590	8,483,938	7,221,187	15,705,125	11.00
13.00 01300 NURSING ADMINISTRATION	25,097,958	29,639,930	54,737,888	242,207	54,980,095	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,020,942	17,498,763	21,519,705	-58,259	21,461,446	14.00
15.00 01500 PHARMACY	21,607,701	136,178,561	157,786,262	15,415,375	173,201,637	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,121,625	2,157,646	5,279,271	-20,595	5,258,676	16.00
17.00 01700 SOCIAL SERVICE	10,550,145	4,475,220	15,025,365	-319,559	14,705,806	17.00
18.00 01852 EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01 01851 LAB ADMINISTRATION	4,328,753	6,750,098	11,078,851	-32,500	11,046,351	18.01
18.02 01850 RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00 02000 NURSING SCHOOL	8,542,565	5,815,780	14,358,345	-232,117	14,126,228	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	44,745,588	19,055,131	63,800,719	64,284,141	128,084,860	21.00
23.01 02301 PARAMED PRGM-PHARMACY	0	0	0	366,418	366,418	23.01
23.02 02302 PARAMED ED PRGM-PASTORAL ED	195,285	54,151	249,436	101,315	350,751	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	109,849,156	58,610,031	168,459,187	-820,694	167,638,493	30.00
31.00 03100 INTENSIVE CARE UNIT	10,107,432	3,326,351	13,433,783	1,143,920	14,577,703	31.00
32.00 03200 CORONARY CARE UNIT	3,489,316	1,181,836	4,671,152	-4,030	4,667,122	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	8,158,082	5,002,437	13,160,519	-137,127	13,023,392	34.00
35.01 02400 NEURO ICU	4,597,064	2,393,535	6,990,599	-158,793	6,831,806	35.01
35.02 02401 CARDIO-THORACIC ICU	7,791,177	3,296,780	11,087,957	-113,178	10,974,779	35.02
40.00 04000 SUBPROVIDER - I/PF	9,105,333	6,140,426	15,245,759	-58,729	15,187,030	40.00
43.00 04300 NURSERY	932,901	479,053	1,411,954	-14,667	1,397,287	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	38,595,725	149,223,405	187,819,130	-119,274,031	68,545,099	50.00
51.00 05100 RECOVERY ROOM	11,123,890	5,287,305	16,411,195	5,652	16,416,847	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,096,789	3,377,784	9,474,573	-411,656	9,062,917	52.00
53.00 05300 ANESTHESIOLOGY	2,285,324	17,696,518	19,981,842	-1,313,928	18,667,914	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,287,990	31,045,503	45,333,493	-18,399,629	26,933,864	54.00
54.01 03630 ULTRASOUND	1,349,435	2,339,293	3,688,728	-411,225	3,277,503	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	9,233,360	30,807,383	40,040,743	-10,801,429	29,239,314	55.00
56.00 05600 RADIOISOTOPE	1,105,271	2,908,508	4,013,779	-2,150,175	1,863,604	56.00
57.00 05700 CT SCAN	3,286,458	2,830,831	6,117,289	-1,009,032	5,108,257	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,808,026	6,200,163	10,008,189	-1,435,967	8,572,222	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,243,877	31,481,219	35,725,096	-23,972,018	11,753,078	59.00
60.00 06000 LABORATORY	18,053,530	38,045,143	56,098,673	-606,995	55,491,678	60.00
60.01 06001 HLA LAB	1,160,447	3,428,678	4,589,125	-12,914	4,576,211	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,720,690	28,460,552	33,181,242	-243,998	32,937,244	63.00
65.00 06500 RESPIRATORY THERAPY	8,678,820	6,210,642	14,889,462	-736,843	14,152,619	65.00
66.00 06600 PHYSICAL THERAPY	3,893,952	1,315,488	5,209,440	-29,731	5,179,709	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,066,478	522,771	2,589,249	-22,409	2,566,840	67.00
68.00 06800 SPEECH PATHOLOGY	757,531	320,455	1,077,986	-33,266	1,044,720	68.00
69.00 06900 ELECTROCARDIOLOGY	2,725,105	3,387,568	6,112,673	-1,937,437	4,175,236	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	798,075	1,080,520	1,878,595	-248,943	1,629,652	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	64,687,194	64,687,194	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	90,529,593	90,529,593	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,287,123	2,107,868	4,394,991	-513,431	3,881,560	74.00
76.00 03330 ENDOSCOPY	3,461,604	6,251,337	9,712,941	-3,475,769	6,237,172	76.00
76.01 03950 OB/GYN IN VITRO	827,342	1,824,014	2,651,356	-142,582	2,508,774	76.01
76.02 03320 ELECTROSHOCK THERAPY	289,191	141,065	430,256	-8,781	421,475	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	0	564,000	564,000	76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	290,076	290,076	0	290,076	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	1,020,582	4,093,668	5,114,250	0	5,114,250	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	10,749,342	9,804,974	20,554,316	-790,526	19,763,790	90.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	04950	OUTPATIENT PSYCH	119,447	408,188	527,635	-8,503	519,132	90.01
91.00	09100	EMERGENCY	14,660,904	14,648,873	29,309,777	-623,190	28,686,587	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	828,605	10,743,775	11,572,380	548,124	12,120,504	105.00
106.00	10600	HEART ACQUISITION	734,085	1,580,604	2,314,689	-71,673	2,243,016	106.00
107.00	10700	LIVER ACQUISITION	550,761	5,221,225	5,771,986	138,233	5,910,219	107.00
108.00	10800	LUNG ACQUISITION	440,570	5,691,020	6,131,590	278,959	6,410,549	108.00
109.00	10900	PANCREAS ACQUISITION	0	490,643	490,643	28,555	519,198	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	2,811,096	1,165,278	3,976,374	0	3,976,374	112.00
113.00	11300	INTEREST EXPENSE		12,641,260	12,641,260	0	12,641,260	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	532,826,155	1,327,300,149	1,860,126,304	8,057,705	1,868,184,009	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	115,291	115,291	191.00
191.01	19101	RESEARCH CTSA I/P	0	53,687	53,687	-36,976	16,711	191.01
191.02	19102	RESEARCH CTSA O/P	0	14,011	14,011	-23,194	-9,183	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,745,485	-511,664	7,233,821	945,858	8,179,679	194.00
194.01	07951	RETAIL PHARMACY	3,172,280	10,197,744	13,370,024	-9,056,582	4,313,442	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,024,725	3,590,529	4,615,254	-2,102	4,613,152	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	544,768,645	1,340,644,456	1,885,413,101	0	1,885,413,101	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/28/2018 4:35 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	-541,581	16,834,287	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-938,385	16,697,916	1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,612,590	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	-281,902	1,229,559	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-1,224,957	65,070,304	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	57,238,800	68,389,829	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,197,887	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	10,395,593	14,711,396	5.03
5.04	00570	ADMITTING	0	22,671,584	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-71,065,399	317,908,017	5.06
7.00	00700	OPERATION OF PLANT	19,131,940	58,825,877	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,710,278	8.00
9.00	00900	HOUSEKEEPING	-1,482,141	19,101,499	9.00
10.00	01000	DIETARY	-1,272	10,649,426	10.00
11.00	01100	CAFETERIA	-11,117,129	4,587,996	11.00
13.00	01300	NURSING ADMINISTRATION	-3,900,041	51,080,054	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-11,958	21,449,488	14.00
15.00	01500	PHARMACY	-462,445	172,739,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-134,146	5,124,530	16.00
17.00	01700	SOCIAL SERVICE	-715,149	13,990,657	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	11,046,351	18.01
18.02	01850	RESEARCH ADMINISTRATION	67,650	67,650	18.02
20.00	02000	NURSING SCHOOL	-20,819,079	-6,692,851	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-72,205	128,012,655	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	366,418	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	-54,505	296,246	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-21,977,502	145,660,991	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,596	14,574,107	31.00
32.00	03200	CORONARY CARE UNIT	0	4,667,122	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,379	13,022,013	34.00
35.01	02400	NEURO ICU	0	6,831,806	35.01
35.02	02401	CARDIO-THORACIC ICU	-1,050	10,973,729	35.02
40.00	04000	SUBPROVIDER - I/PF	-2,391,383	12,795,647	40.00
43.00	04300	NURSERY	0	1,397,287	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-835,539	67,709,560	50.00
51.00	05100	RECOVERY ROOM	497,238	16,914,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-14,089	9,048,828	52.00
53.00	05300	ANESTHESIOLOGY	-9,895,483	8,772,431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-867,842	26,066,022	54.00
54.01	03630	ULTRASOUND	0	3,277,503	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-6,726,197	22,513,117	55.00
56.00	05600	RADIOISOTOPE	0	1,863,604	56.00
57.00	05700	CT SCAN	0	5,108,257	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,572,222	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,073,028	10,680,050	59.00
60.00	06000	LABORATORY	2,094,364	57,586,042	60.00
60.01	06001	HLA LAB	504,505	5,080,716	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-281,900	32,655,344	63.00
65.00	06500	RESPIRATORY THERAPY	-1,000	14,151,619	65.00
66.00	06600	PHYSICAL THERAPY	-10,564	5,169,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,566,840	67.00
68.00	06800	SPEECH PATHOLOGY	-78,750	965,970	68.00
69.00	06900	ELECTROCARDIOLOGY	-6,160	4,169,076	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-108,628	1,521,024	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	64,687,194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	90,529,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,881,560	74.00
76.00	03330	ENDOSCOPY	0	6,237,172	76.00
76.01	03950	OB/GYN IN VITRO	205	2,508,979	76.01
76.02	03320	ELECTROSHOCK THERAPY	-559	420,916	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	564,000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	290,076	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-80,472	5,033,778	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,911,553	16,852,237	90.00
90.01	04950	OUTPATIENT PSYCH	-311,727	207,405	90.01
91.00	09100	EMERGENCY	-5,770,713	22,915,874	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6.00	7.00	92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	12,120,504	105.00
106.00	10600 HEART ACQUISITION	0	2,243,016	106.00
107.00	10700 LIVER ACQUISITION	-8,445	5,901,774	107.00
108.00	10800 LUNG ACQUISITION	0	6,410,549	108.00
109.00	10900 PANCREAS ACQUISITION	0	519,198	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	-45,430	3,930,944	112.00
113.00	11300 INTEREST EXPENSE	-12,641,260	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-88,936,248	1,779,247,761	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100 RESEARCH	0	115,291	191.00
191.01	19101 RESEARCH CTSA I/P	0	16,711	191.01
191.02	19102 RESEARCH CTSA O/P	0	-9,183	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	8,179,679	194.00
194.01	07951 RETAIL PHARMACY	0	4,313,442	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	4,613,152	194.02
194.03	07953 GUEST MEALS	0	0	194.03
200.00	TOTAL (SUM OF LINES 118 through 199)	-88,936,248	1,796,476,853	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet Non-CMS W Date/Time Prepared: 5/28/2018 4:35 pm
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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
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	ULTRASOUND	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
76.03 CORNEAL TISSUE ACQUISITION	03951		76.03
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
77.00 ALLOGENEIC STEM CELL ACQUISITION	07700		77.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
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
112.00 OTHER ORGAN ACQUISITION-BONE MARROW	08600		112.00
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 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 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

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		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	17,024,291	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
0			0	17,024,291	
B - RECLASS COST OF MEDICAL SUPPLIES CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	64,687,194	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
0			0	64,687,194	
C - RECLASS COST OF IMPLANTABLE DEVICES CHARGED TO PATIENT					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	90,529,593	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
0			0	90,529,593	

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
D - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	42,981,135	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,146,535	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	44,127,670	
E - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,419,023	1.00
0			0	1,419,023	
F - RECLASS WASH U AFFILIATION AGREEMENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	64,290,807	1.00
0			0	64,290,807	
G - RECLASS COST OF INTERPRETERS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	468,393	771,121	1.00
0			468,393	771,121	

RECLASSIFICATIONS

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Period:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
H - RECLASS GAMMA KNIFE COSTS						
1.00	CT SCAN	57.00	0	19,720	1.00	
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	51,400	2.00	
	O		0	71,120		
I - RECLASS PARAMEDICAL EDUCATION						
1.00	PARAMED ED PRGM-PHARMACY	23.01	281,644	84,774	1.00	
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	81,436	20,524	2.00	
	O		363,080	105,298		
J - RECLASS FINANCE ACCRUALS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	858,511	3,466,139	1.00	
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	677	0	2.00	
	O		859,188	3,466,139		
L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	CAFETERIA	11.00	1,854,476	5,521,558	1.00	
	O		1,854,476	5,521,558		
M - RECLASS PRETRANSPLANT RELATED DIETIC						
1.00	KIDNEY ACQUISITION	105.00	1,609	386	1.00	
2.00	HEART ACQUISITION	106.00	3,557	853	2.00	
3.00	LIVER ACQUISITION	107.00	4,930	1,182	3.00	
4.00	LUNG ACQUISITION	108.00	8,672	2,079	4.00	
	O		18,768	4,500		
N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	NURSING ADMINISTRATION	13.00	849,704	207,861	1.00	
2.00	KIDNEY ACQUISITION	105.00	355,484	88,766	2.00	
3.00	LIVER ACQUISITION	107.00	102,174	25,147	3.00	
4.00	LUNG ACQUISITION	108.00	160,660	41,726	4.00	
5.00	PANCREAS ACQUISITION	109.00	22,580	5,639	5.00	
	O		1,490,602	369,139		
O - RECLASS PRETRANSPLANT RELATED SOCIAL						
1.00	KIDNEY ACQUISITION	105.00	53,113	13,411	1.00	
2.00	HEART ACQUISITION	106.00	44,571	11,254	2.00	
3.00	LIVER ACQUISITION	107.00	683	172	3.00	
4.00	LUNG ACQUISITION	108.00	21,257	5,367	4.00	
5.00	PANCREAS ACQUISITION	109.00	268	68	5.00	
	O		119,892	30,272		
P - RECLASS SALARIES PORTION OF RESEARCH						
1.00	RESEARCH ADMINISTRATION	18.02	52,370	0	1.00	
	O		52,370	0		
Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	57,050	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	
	O		0	57,050		
R - RECLASS NONREIMBURSABLE PARKING						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	161,586	2,079,738	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	
	O		161,586	2,079,738		
S - RECLASS CORNEAL TISSUE ACQUISITION C						
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	564,000	1.00	
	O		0	564,000		
T - RECLASS EXTENDED RECOVERY NURSING SE						
1.00	RECOVERY ROOM	51.00	0	137,312	1.00	
	O		0	137,312		
U - RECLASS PHYSICIAN SUITE CLEANING COS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	115,573	33,977	1.00	
	O		115,573	33,977		
V - RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,113,959	1.00	
	O		0	1,113,959		

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
W - RECLASS RECRUITING BONUSES AND RELOC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	433,125	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	272,053	0	2.00	
3.00	PHARMACY	15.00	16,897	0	3.00	
4.00	LAB ADMINISTRATION	18.01	12,719	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	6,000	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	2,000	0	6.00	
7.00	CORONARY CARE UNIT	32.00	2,000	0	7.00	
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	4,000	0	8.00	
9.00	SUBPROVIDER - IPF	40.00	542	0	9.00	
10.00	OPERATING ROOM	50.00	10,356	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	4,000	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	5,000	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	2,587	0	13.00	
14.00	LABORATORY	60.00	4,000	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	6,000	0	15.00	
16.00	PHYSICAL THERAPY	66.00	2,500	0	16.00	
17.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	16,939	0	17.00	
			800,718	0		
X - RECLASS FEDERAL AND FOUNDATION RESEA						
1.00	RESEARCH	191.00	57,575	57,716	1.00	
2.00		0.00	0	0	2.00	
			57,575	57,716		
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS						
1.00	OPERATION OF PLANT	7.00	0	433,095	1.00	
			0	433,095		
Z - RECLASS PRE-TRANSPLANT RELATED PHARM						
1.00	KIDNEY ACQUISITION	105.00	29,510	6,598	1.00	
2.00	HEART ACQUISITION	106.00	14,150	3,164	2.00	
3.00	LIVER ACQUISITION	107.00	3,224	721	3.00	
4.00	LUNG ACQUISITION	108.00	32,154	7,190	4.00	
			79,038	17,673		
500.00	Grand Total: Increases		6,441,259	296,912,245	500.00	

RECLASSIFICATIONS

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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	154,577	0	1.00
2.00	NURSING SCHOOL	20.00	0	116	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	47,852	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,615	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	1,337	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	415	0	6.00
7.00	NEURO ICU	35.01	0	1,434	0	7.00
8.00	CARDIO-THORACIC ICU	35.02	0	763	0	8.00
9.00	SUBPROVIDER - IPF	40.00	0	550	0	9.00
10.00	OPERATING ROOM	50.00	0	8,568	0	10.00
11.00	RECOVERY ROOM	51.00	0	1,310	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	294	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	939,747	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	959,149	0	14.00
15.00	ULTRASOUND	54.01	0	36,668	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,636,573	0	16.00
17.00	RADIOISOTOPE	56.00	0	1,227,272	0	17.00
18.00	CT SCAN	57.00	0	6,972	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	62,329	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	157	0	20.00
21.00	LABORATORY	60.00	0	147	0	21.00
22.00	HLA LAB	60.01	0	1,101	0	22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	28,888	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	2,835	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,690,100	0	25.00
26.00	RENAL DIALYSIS	74.00	0	37,542	0	26.00
27.00	ENDOSCOPY	76.00	0	256	0	27.00
28.00	OB/GYN IN VITRO	76.01	0	2,771	0	28.00
29.00	ELECTROSHOCK THERAPY	76.02	0	114	0	29.00
30.00	CLINIC	90.00	0	5,162	0	30.00
31.00	EMERGENCY	91.00	0	34,522	0	31.00
32.00	RESEARCH CTSA I/P	191.01	0	11,348	0	32.00
33.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	74,683	0	33.00
34.00	RETAIL PHARMACY	194.01	0	9,046,124	0	34.00
	0			17,024,291		
B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	139,602	0	1.00
2.00	DIETARY	10.00	0	182,763	0	2.00
3.00	OPERATING ROOM	50.00	0	41,717,223	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	285,536	0	4.00
5.00	ANESTHESIOLOGY	53.00	0	20	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,911,045	0	6.00
7.00	ULTRASOUND	54.01	0	193,546	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,845	0	8.00
9.00	CT SCAN	57.00	0	65,539	0	9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	35,158	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	8,599,931	0	11.00
12.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	106	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	420,900	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	18,180	0	14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	19,317	0	15.00
16.00	SPEECH PATHOLOGY	68.00	0	28,848	0	16.00
17.00	RENAL DIALYSIS	74.00	0	334,298	0	17.00
18.00	ENDOSCOPY	76.00	0	2,175,352	0	18.00
19.00	CLINIC	90.00	0	516,557	0	19.00
20.00	EMERGENCY	91.00	0	29,428	0	20.00
	0			64,687,194		
C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	328,434	0	1.00
2.00	OPERATING ROOM	50.00	0	70,430,204	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	43,372	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,833,495	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,870,291	0	5.00
6.00	CT SCAN	57.00	0	92,596	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	14,030,676	0	7.00
8.00	RENAL DIALYSIS	74.00	0	621	0	8.00

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	ENDOSCOPY	76.00	0	723,358	0	9.00	
10.00	CLINIC	90.00	0	175,946	0	10.00	
11.00	EMERGENCY	91.00	0	600	0	11.00	
			0	90,529,593			
D - RECLASS EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,375	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	11,719	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	0	5,763	0	3.00	
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	32,930	0	4.00	
5.00	OPERATION OF PLANT	5.06	0	17,004,949	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	7.00	0	178,348	0	6.00	
7.00	HOUSEKEEPING	8.00	0	282	0	7.00	
8.00	DIETARY	9.00	0	97,223	0	8.00	
9.00	CAFETERIA	10.00	0	356,714	0	9.00	
10.00	NURSING ADMINISTRATION	11.00	0	154,847	0	10.00	
11.00	CENTRAL SERVICES & SUPPLY	13.00	0	764,972	0	11.00	
12.00	PHARMACY	14.00	0	58,259	0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	15.00	0	1,145,787	0	13.00	
14.00	SOCIAL SERVICE	16.00	0	20,595	0	14.00	
15.00	LAB ADMINISTRATION	17.00	0	14,818	0	15.00	
16.00	NURSING SCHOOL	18.01	0	32,500	0	16.00	
17.00	I&R SERVICES-SALARY & FRINGES APPRVD	20.00	0	232,001	0	17.00	
18.00	PARAMEDICAL PRGM-PASTORAL	21.00	0	6,666	0	18.00	
19.00	ADULTS & PEDIATRICS	23.02	0	645	0	19.00	
20.00	CORONARY CARE UNIT	30.00	0	635,530	0	20.00	
21.00	SURGICAL INTENSIVE CARE UNIT	32.00	0	2,693	0	21.00	
22.00	NEUROICU	34.00	0	136,712	0	22.00	
23.00	CARDIO-THORACIC ICU	35.01	0	157,359	0	23.00	
24.00	SUBPROVIDER - IPF	35.02	0	112,415	0	24.00	
25.00	NURSERY	40.00	0	58,179	0	25.00	
26.00	OPERATING ROOM	43.00	0	14,667	0	26.00	
27.00	RECOVERY ROOM	50.00	0	4,843,286	0	27.00	
28.00	DELIVERY ROOM & LABOR ROOM	51.00	0	130,350	0	28.00	
29.00	ANESTHESIOLOGY	52.00	0	82,454	0	29.00	
30.00	RADIOLOGY-DIAGNOSTIC	53.00	0	374,161	0	30.00	
31.00	ULTRASOUND	54.00	0	4,695,940	0	31.00	
32.00	RADIOLOGY-THERAPEUTIC	54.01	0	181,011	0	32.00	
33.00	RADIOISOTOPE	55.00	0	4,790,577	0	33.00	
34.00	CT SCAN	56.00	0	922,903	0	34.00	
35.00	MAGNETIC RESONANCE IMAGING (MRI)	57.00	0	863,645	0	35.00	
36.00	CARDIAC CATHETERIZATION	58.00	0	1,389,880	0	36.00	
37.00	LABORATORY	59.00	0	1,341,254	0	37.00	
38.00	HLA LAB	60.00	0	604,304	0	38.00	
39.00	BLOOD STORING, PROCESSING & TRANS.	60.01	0	11,813	0	39.00	
40.00	RESPIRATORY THERAPY	63.00	0	215,004	0	40.00	
41.00	PHYSICAL THERAPY	65.00	0	313,108	0	41.00	
42.00	OCCUPATIONAL THERAPY	66.00	0	11,551	0	42.00	
43.00	SPEECH PATHOLOGY	67.00	0	3,092	0	43.00	
44.00	ELECTROCARDIOLOGY	68.00	0	4,418	0	44.00	
45.00	ELECTROENCEPHALOGRAPHY	69.00	0	247,337	0	45.00	
46.00	RENAL DIALYSIS	70.00	0	248,943	0	46.00	
47.00	ENDOSCOPY	74.00	0	140,970	0	47.00	
48.00	OB/GYN IN VITRO	76.00	0	576,803	0	48.00	
49.00	ELECTROSHOCK THERAPY	76.01	0	139,811	0	49.00	
50.00	CLINIC	76.02	0	8,667	0	50.00	
51.00	OUTPATIENT PSYCH	90.00	0	92,861	0	51.00	
52.00	EMERGENCY	90.01	0	8,503	0	52.00	
53.00	KIDNEY ACQUISITION	91.00	0	558,640	0	53.00	
54.00	HEART ACQUISITION	105.00	0	753	0	54.00	
55.00	LUNG ACQUISITION	106.00	0	231	0	55.00	
56.00	OTHER NONREIMBURSABLE COST CENTERS	108.00	0	146	0	56.00	
57.00	RETAIL PHARMACY	194.00	0	64,746	0	57.00	
58.00	MARKETING/COMMUNITY RELATIONS	194.01	0	10,458	0	58.00	
59.00		194.02	0	2,102	0	59.00	
			0	44,127,670			

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
E - RECLASS FINANCE ACCRUALS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,419,023	0		1.00
	O		0	1,419,023			
F - RECLASS WASH U AFFILIATION AGREEMENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	64,290,807	0		1.00
	O		0	64,290,807			
G - RECLASS COST OF INTERPRETERS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	468,393	771,121	0		1.00
	O		468,393	771,121			
H - RECLASS GAMMA KNIFE COSTS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	71,120	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		0	71,120			
I - RECLASS PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	281,644	84,774	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	81,436	20,524	0		2.00
	O		363,080	105,298			
J - RECLASS FINANCE ACCRUALS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	859,188	65,585	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	3,400,554	0		2.00
	O		859,188	3,466,139			
L - RECLASS DIETARY COSTS TO CAFETERIA							
1.00	DIETARY	10.00	1,854,476	5,521,558	0		1.00
	O		1,854,476	5,521,558			
M - RECLASS PRETRANSPLANT RELATED DIETIC							
1.00	DIETARY	10.00	18,768	4,500	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00
	O		18,768	4,500			
N - RECLASS TRANSPLANT SALARIES AND BENE							
1.00	OPERATING ROOM	50.00	1,369,112	341,638	0		1.00
2.00	HEART ACQUISITION	106.00	121,490	27,501	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00
5.00	O	0.00	0	0	0		5.00
	O		1,490,602	369,139			
O - RECLASS PRETRANSPLANT RELATED SOCIAL							
1.00	SOCIAL SERVICE	17.00	119,892	30,272	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00
5.00	O	0.00	0	0	0		5.00
	O		119,892	30,272			
P - RECLASS SALARIES PORTION OF RESEARCH							
1.00	RESEARCH ADMINISTRATION	18.02	0	52,370	0		1.00
	O		0	52,370			
Q - RECLASS BARNARD BUILDING RENTAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,178	0		1.00
2.00	HOUSEKEEPING	9.00	0	1,661	0		2.00
3.00	LABORATORY	60.00	0	2,544	0		3.00
4.00	RESEARCH CTSA I/P	191.01	0	25,628	0		4.00
5.00	RESEARCH CTSA O/P	191.02	0	23,194	0		5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	1,845	0		6.00
	O		0	57,050			
R - RECLASS NONREIMBURSABLE PARKING							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,261,659	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	280,273	9		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	141,836	9		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	161,586	291,286	0		4.00
5.00	OPERATION OF PLANT	7.00	0	104,684	0		5.00
	O		161,586	2,079,738			
S - RECLASS CORNEAL TISSUE ACQUISITION C							
1.00	OPERATING ROOM	50.00	0	564,000	0		1.00
	O		0	564,000			

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
T - RECLASS EXTENDED RECOVERY NURSING SE						
1.00	ADULTS & PEDIATRICS	30.00	0	137,312	0	1.00
	O		0	137,312		
U - RECLASS PHYSICIAN SUITE CLEANING COS						
1.00	HOUSEKEEPING	9.00	115,573	33,977	0	1.00
	O		115,573	33,977		
V - RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,113,959	0	1.00
	O		0	1,113,959		
W - RECLASS RECRUITING BONUSES AND RELOC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	433,125	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	272,053	0	2.00
3.00	PHARMACY	15.00	0	16,897	0	3.00
4.00	LAB ADMINISTRATION	18.01	0	12,719	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	6,000	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	2,000	0	6.00
7.00	CORONARY CARE UNIT	32.00	0	2,000	0	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	4,000	0	8.00
9.00	SUBPROVIDER - IPF	40.00	0	542	0	9.00
10.00	OPERATING ROOM	50.00	0	10,356	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,000	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,000	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,587	0	13.00
14.00	LABORATORY	60.00	0	4,000	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	6,000	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	2,500	0	16.00
17.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	16,939	0	17.00
	O		0	800,718		
X - RECLASS FEDERAL AND FOUNDATION RESEA						
1.00	NURSING ADMINISTRATION	13.00	41,355	9,031	0	1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	16,220	48,685	0	2.00
	O		57,575	57,716		
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	433,095	0	1.00
	O		0	433,095		
Z - RECLASS PRE-TRANSPLANT RELATED PHARM						
1.00	PHARMACY	15.00	79,038	17,673	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
	O		79,038	17,673		
500.00	Grand Total: Decreases		5,588,171	297,765,333		500.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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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	17,024,291	SOCIAL SERVICE	17.00	0	154,577	1.00
2.00		0.00	0	0	NURSING SCHOOL	20.00	0	116	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	47,852	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	2,615	4.00
5.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	1,337	5.00
6.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	415	6.00
7.00		0.00	0	0	NEURO ICU	35.01	0	1,434	7.00
8.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	763	8.00
9.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	550	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	8,568	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,310	11.00
12.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	294	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	939,747	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	959,149	14.00
15.00		0.00	0	0	ULTRASOUND	54.01	0	36,668	15.00
16.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	2,636,573	16.00
17.00		0.00	0	0	RADIOISOTOPE	56.00	0	1,227,272	17.00
18.00		0.00	0	0	CT SCAN	57.00	0	6,972	18.00
19.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	62,329	19.00
20.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	157	20.00
21.00		0.00	0	0	LABORATORY	60.00	0	147	21.00
22.00		0.00	0	0	HLA LAB	60.01	0	1,101	22.00
23.00		0.00	0	0	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	28,888	23.00
24.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	2,835	24.00
25.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,690,100	25.00
26.00		0.00	0	0	RENAL DIALYSIS	74.00	0	37,542	26.00
27.00		0.00	0	0	ENDOSCOPY	76.00	0	256	27.00
28.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	2,771	28.00
29.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	114	29.00
30.00		0.00	0	0	CLINIC	90.00	0	5,162	30.00
31.00		0.00	0	0	EMERGENCY	91.00	0	34,522	31.00
32.00		0.00	0	0	RESEARCH CTSA I/P	191.01	0	11,348	32.00
33.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	74,683	33.00
34.00		0.00	0	0	RETAIL PHARMACY	194.01	0	9,046,124	34.00
0			0	17,024,291	0		0	17,024,291	
B - RECLASS COST OF MEDICAL SUPPLIES CHARGED TO PATIENTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	64,687,194	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	139,602	1.00
2.00		0.00	0	0	DIETARY	10.00	0	182,763	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	41,717,223	3.00
4.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	285,536	4.00
5.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	20	5.00
6.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9,911,045	6.00
7.00		0.00	0	0	ULTRASOUND	54.01	0	193,546	7.00
8.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	13,845	8.00
9.00		0.00	0	0	CT SCAN	57.00	0	65,539	9.00
10.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	35,158	10.00
11.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	8,599,931	11.00
12.00		0.00	0	0	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	106	12.00
13.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	420,900	13.00
14.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	18,180	14.00
15.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	19,317	15.00
16.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	28,848	16.00
17.00		0.00	0	0	RENAL DIALYSIS	74.00	0	334,298	17.00
18.00		0.00	0	0	ENDOSCOPY	76.00	0	2,175,352	18.00
19.00		0.00	0	0	CLINIC	90.00	0	516,557	19.00
20.00		0.00	0	0	EMERGENCY	91.00	0	29,428	20.00
0			0	64,687,194	0		0	64,687,194	
C - RECLASS COST OF IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	90,529,593	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	328,434	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	70,430,204	2.00

RECLASSIFICATIONS

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Period:
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Worksheet A-6
Non-CMS Worksheet
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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		
3.00		0.00			0 DELIVERY ROOM & LABOR ROOM	52.00		0 43,372	3.00	
4.00		0.00			0 RADIOLOGY-DIAGNOSTIC	54.00		0 2,833,495	4.00	
5.00		0.00			0 RADIOLOGY-THERAPEUTIC	55.00		0 1,870,291	5.00	
6.00		0.00			0 CT SCAN	57.00		0 92,596	6.00	
7.00		0.00			0 CARDIAC CATHETERIZATION	59.00		0 14,030,676	7.00	
8.00		0.00			0 RENAL DIALYSIS	74.00		0 621	8.00	
9.00		0.00			0 ENDOSCOPY	76.00		0 723,358	9.00	
10.00		0.00			0 CLINIC	90.00		0 175,946	10.00	
11.00		0.00			0 EMERGENCY	91.00		0 600	11.00	
0				0 90,529,593	0			0 90,529,593		
D - RECLASS EQUIPMENT DEPRECIATION										
1.00	NEW CAP REL COSTS-MVBLE EQUIP INTENSIVE CARE UNIT	2.00		0 42,981,135	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 11,375	1.00	
2.00		31.00		0 1,146,535	NONPATIENT TELEPHONES	5.01		0 11,719	2.00	
3.00		0.00		0	PURCHASING RECEIVING AND STORES	5.03		0 5,763	3.00	
4.00		0.00		0	ADMINISTRATIVE	5.04		0 32,930	4.00	
5.00		0.00		0	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 17,004,949	5.00	
6.00		0.00		0	OPERATION OF PLANT	7.00		0 178,348	6.00	
7.00		0.00		0	LAUNDRY & LINEN SERVICE	8.00		0 282	7.00	
8.00		0.00		0	HOUSEKEEPING	9.00		0 97,223	8.00	
9.00		0.00		0	DIETARY	10.00		0 356,714	9.00	
10.00		0.00		0	CAFETERIA	11.00		0 154,847	10.00	
11.00		0.00		0	NURSING ADMINISTRATION	13.00		0 764,972	11.00	
12.00		0.00		0	CENTRAL SERVICES & SUPPLY	14.00		0 58,259	12.00	
13.00		0.00		0	PHARMACY	15.00		0 1,145,787	13.00	
14.00		0.00		0	MEDICAL RECORDS & LIBRARY	16.00		0 20,595	14.00	
15.00		0.00		0	SOCIAL SERVICE	17.00		0 14,818	15.00	
16.00		0.00		0	LAB ADMINISTRATION	18.01		0 32,500	16.00	
17.00		0.00		0	NURSING SCHOOL	20.00		0 232,001	17.00	
18.00		0.00		0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00		0 6,666	18.00	
19.00		0.00		0	PARAMEDIC PRGM-PASTORAL ED	23.02		0 645	19.00	
20.00		0.00		0	ADULTS & PEDIATRICS	30.00		0 635,530	20.00	
21.00		0.00		0	CORONARY CARE UNIT	32.00		0 2,693	21.00	
22.00		0.00		0	SURGICAL INTENSIVE CARE UNIT	34.00		0 136,712	22.00	
23.00		0.00		0	NEUROICU	35.01		0 157,359	23.00	
24.00		0.00		0	CARDIO-THORACIC ICU	35.02		0 112,415	24.00	
25.00		0.00		0	SUBPROVIDER - I/PF	40.00		0 58,179	25.00	
26.00		0.00		0	NURSERY	43.00		0 14,667	26.00	
27.00		0.00		0	OPERATING ROOM	50.00		0 4,843,286	27.00	
28.00		0.00		0	RECOVERY ROOM	51.00		0 130,350	28.00	
29.00		0.00		0	DELIVERY ROOM & LABOR ROOM	52.00		0 82,454	29.00	
30.00		0.00		0	ANESTHESIOLOGY	53.00		0 374,161	30.00	
31.00		0.00		0	RADIOLOGY-DIAGNOSTIC	54.00		0 4,695,940	31.00	
32.00		0.00		0	ULTRASOUND	54.01		0 181,011	32.00	
33.00		0.00		0	RADIOLOGY-THERAPEUTIC	55.00		0 4,790,577	33.00	
34.00		0.00		0	RADIOISOTOPE	56.00		0 922,903	34.00	
35.00		0.00		0	CT SCAN	57.00		0 863,645	35.00	
36.00		0.00		0	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0 1,389,880	36.00	
37.00		0.00		0	CARDIAC CATHETERIZATION	59.00		0 1,341,254	37.00	
38.00		0.00		0	LABORATORY	60.00		0 604,304	38.00	
39.00		0.00		0	HLA LAB	60.01		0 11,813	39.00	
40.00		0.00		0	BLOOD STORAGE, PROCESSING & TRANS.	63.00		0 215,004	40.00	
41.00		0.00		0	RESPIRATORY THERAPY	65.00		0 313,108	41.00	
42.00		0.00		0	PHYSICAL THERAPY	66.00		0 11,551	42.00	
43.00		0.00		0	OCCUPATIONAL THERAPY	67.00		0 3,092	43.00	
44.00		0.00		0	SPEECH PATHOLOGY	68.00		0 4,418	44.00	
45.00		0.00		0	ELECTROCARDIOLOGY	69.00		0 247,337	45.00	
46.00		0.00		0	ELECTROENCEPHALOGRAPHY	70.00		0 248,943	46.00	
47.00		0.00		0	RENAL DIALYSIS	74.00		0 140,970	47.00	

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		
48.00	0.00	0	0	0	0	76.00	0	576,803	48.00	
49.00	0.00	0	0	0	0	76.01	0	139,811	49.00	
50.00	0.00	0	0	0	0	76.02	0	8,667	50.00	
51.00	0.00	0	0	0	0	90.00	0	92,861	51.00	
52.00	0.00	0	0	0	0	90.01	0	8,503	52.00	
53.00	0.00	0	0	0	0	91.00	0	558,640	53.00	
54.00	0.00	0	0	0	0	105.00	0	753	54.00	
55.00	0.00	0	0	0	0	106.00	0	231	55.00	
56.00	0.00	0	0	0	0	108.00	0	146	56.00	
57.00	0.00	0	0	0	0	194.00	0	64,746	57.00	
58.00	0.00	0	0	0	0	194.01	0	10,458	58.00	
59.00	0.00	0	0	0	0	194.02	0	2,102	59.00	
0		0	44,127,670	0			0	44,127,670		
E - RECLASS FINANCE ACCRUALS										
1.00	5.06	0	1,419,023	0	55.00		0	1,419,023	1.00	
0		0	1,419,023	0			0	1,419,023		
F - RECLASS WASH U AFFILIATION AGREEMENT										
1.00	21.00	0	64,290,807	0	5.06		0	64,290,807	1.00	
0		0	64,290,807	0			0	64,290,807		
G - RECLASS COST OF INTERPRETERS										
1.00	5.06	468,393	771,121	0	194.00		468,393	771,121	1.00	
0		468,393	771,121	0			468,393	771,121		
H - RECLASS GAMMA KNIFE COSTS										
1.00	57.00	0	19,720	0	55.00		0	71,120	1.00	
2.00	58.00	0	51,400	0	0.00		0	0	2.00	
0		0	71,120	0			0	71,120		
I - RECLASS PARAMEDICAL EDUCATION										
1.00	23.01	281,644	84,774	0	15.00		281,644	84,774	1.00	
2.00	23.02	81,436	20,524	0	5.06		81,436	20,524	2.00	
0		363,080	105,298	0			363,080	105,298		
J - RECLASS FINANCE ACCRUALS										
1.00	5.06	858,511	3,466,139	0	4.00		859,188	65,585	1.00	
2.00	194.00	677	0	0	5.03		0	3,400,554	2.00	
0		859,188	3,466,139	0			859,188	3,466,139		
L - RECLASS DIETARY COSTS TO CAFETERIA										
1.00	11.00	1,854,476	5,521,558	0	10.00		1,854,476	5,521,558	1.00	
0		1,854,476	5,521,558	0			1,854,476	5,521,558		
M - RECLASS PRETRANSPLANT RELATED DIETIC										
1.00	105.00	1,609	386	0	10.00		18,768	4,500	1.00	
2.00	106.00	3,557	853	0	0.00		0	0	2.00	
3.00	107.00	4,930	1,182	0	0.00		0	0	3.00	
4.00	108.00	8,672	2,079	0	0.00		0	0	4.00	
0		18,768	4,500	0			18,768	4,500		
N - RECLASS TRANSPLANT SALARIES AND BENE										
1.00	13.00	849,704	207,861	0	50.00		1,369,112	341,638	1.00	
2.00	105.00	355,484	88,766	0	106.00		121,490	27,501	2.00	
3.00	107.00	102,174	25,147	0	0.00		0	0	3.00	
4.00	108.00	160,660	41,726	0	0.00		0	0	4.00	
5.00	109.00	22,580	5,639	0	0.00		0	0	5.00	
0		1,490,602	369,139	0			1,490,602	369,139		
O - RECLASS PRETRANSPLANT RELATED SOCIAL										
1.00	105.00	53,113	13,411	0	17.00		119,892	30,272	1.00	
2.00	106.00	44,571	11,254	0	0.00		0	0	2.00	
3.00	107.00	683	172	0	0.00		0	0	3.00	
4.00	108.00	21,257	5,367	0	0.00		0	0	4.00	
5.00	109.00	268	68	0	0.00		0	0	5.00	
0		119,892	30,272	0			119,892	30,272		
P - RECLASS SALARIES PORTION OF RESEARCH										
1.00	18.02	52,370	0	0	18.02		0	52,370	1.00	
0		52,370	0	0			0	52,370		

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2018 4:35 pm

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	
Q - RECLASS BARNARD BUILDING RENTAL									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	57,050	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,178	1.00
2.00		0.00	0		HOUSEKEEPING	9.00	0	1,661	2.00
3.00		0.00	0		LABORATORY	60.00	0	2,544	3.00
4.00		0.00	0		RESEARCH CTSA I/P	191.01	0	25,628	4.00
5.00		0.00	0		RESEARCH CTSA O/P	191.02	0	23,194	5.00
6.00		0.00	0		OTHER NONREIMBURSABLE COST CENTERS	194.00	0	1,845	6.00
0			0	57,050	0		0	57,050	
R - RECLASS NONREIMBURSABLE PARKING									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	161,586	2,079,738	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,261,659	1.00
2.00		0.00	0		NEW CRC-B&F(BJH CAMP EXP)	1.03	0	280,273	2.00
3.00		0.00	0		NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	141,836	3.00
4.00		0.00	0		EMPLOYEE BENEFITS DEPARTMENT	4.00	161,586	291,286	4.00
5.00		0.00	0		OPERATION OF PLANT	7.00	0	104,684	5.00
0			161,586	2,079,738	0		161,586	2,079,738	
S - RECLASS CORNEAL TISSUE ACQUISITION C									
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	564,000	OPERATING ROOM	50.00	0	564,000	1.00
0			0	564,000	0		0	564,000	
T - RECLASS EXTENDED RECOVERY NURSING SE									
1.00	RECOVERY ROOM	51.00	0	137,312	ADULTS & PEDIATRICS	30.00	0	137,312	1.00
0			0	137,312	0		0	137,312	
U - RECLASS PHYSICIAN SUITE CLEANING COS									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	115,573	33,977	HOUSEKEEPING	9.00	115,573	33,977	1.00
0			115,573	33,977	0		115,573	33,977	
V - RECLASS PROPERTY INSURANCE									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,113,959	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,113,959	1.00
0			0	1,113,959	0		0	1,113,959	
W - RECLASS RECRUITING BONUSES AND RELOC									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	433,125		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	433,125	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	272,053		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	272,053	2.00
3.00	PHARMACY	15.00	16,897		PHARMACY	15.00	0	16,897	3.00
4.00	LAB ADMINISTRATION	18.01	12,719		LAB ADMINISTRATION	18.01	0	12,719	4.00
5.00	ADULTS & PEDIATRICS	30.00	6,000		ADULTS & PEDIATRICS	30.00	0	6,000	5.00
6.00	INTENSIVE CARE UNIT	31.00	2,000		INTENSIVE CARE UNIT	31.00	0	2,000	6.00
7.00	CORONARY CARE UNIT	32.00	2,000		CORONARY CARE UNIT	32.00	0	2,000	7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	4,000		SURGICAL INTENSIVE CARE UNIT	34.00	0	4,000	8.00
9.00	SUBPROVIDER - IPF	40.00	542		SUBPROVIDER - IPF	40.00	0	542	9.00
10.00	OPERATING ROOM	50.00	10,356		OPERATING ROOM	50.00	0	10,356	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	4,000		DELIVERY ROOM & LABOR ROOM	52.00	0	4,000	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	5,000		RADIOLOGY-DIAGNOSTIC	54.00	0	5,000	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	2,587		RADIOLOGY-THERAPEUTIC	55.00	0	2,587	13.00
14.00	LABORATORY	60.00	4,000		LABORATORY	60.00	0	4,000	14.00
15.00	RESPIRATORY THERAPY	65.00	6,000		RESPIRATORY THERAPY	65.00	0	6,000	15.00
16.00	PHYSICAL THERAPY	66.00	2,500		PHYSICAL THERAPY	66.00	0	2,500	16.00
17.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	16,939		OTHER NONREIMBURSABLE COST CENTERS	194.00	0	16,939	17.00
0			800,718		0		0	800,718	
X - RECLASS FEDERAL AND FOUNDATION RESEA									
1.00	RESEARCH	191.00	57,575	57,716	NURSING ADMINISTRATION	13.00	41,355	9,031	1.00
2.00		0.00	0		OTHER NONREIMBURSABLE COST CENTERS	194.00	16,220	48,685	2.00
0			57,575	57,716	0		57,575	57,716	
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS									
1.00	OPERATION OF PLANT	7.00	0	433,095	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	433,095	1.00
0			0	433,095	0		0	433,095	
Z - RECLASS PRE-TRANSPLANT RELATED PHARM									
1.00	KIDNEY ACQUISITION	105.00	29,510	6,598	PHARMACY	15.00	79,038	17,673	1.00
2.00	HEART ACQUISITION	106.00	14,150	3,164		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	3,224	721		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	32,154	7,190		0.00	0	0	4.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2018 4:35 pm

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	
0		79,038	17,673	0			79,038	17,673	0
500.00	Grand Total:	6,441,259	296,912,245	Grand Total:	5,588,171	297,765,333	500.00		
	Increases			Decreases					

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2018 4:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,911,247	0	0	0	0	1.00
2.00	Land Improvements	20,000,460	937,193	-3,090,718	-2,153,525	0	2.00
3.00	Buildings and Fixtures	620,010,134	75,548,940	-37,508,396	38,040,544	0	3.00
4.00	Building Improvements	16,377,675	101,000	-753,570	-652,570	0	4.00
5.00	Fixed Equipment	508,264,935	154,621	-20,498,572	-20,343,951	0	5.00
6.00	Movable Equipment	663,134,343	52,960,585	-17,433,802	35,526,783	0	6.00
7.00	HIT designated Assets	26,502,337	7,918,781	0	7,918,781	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,874,201,131	137,621,120	-79,285,058	58,336,062	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,874,201,131	137,621,120	-79,285,058	58,336,062	0	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	17,846,935	4,634,760				2.00
3.00	Buildings and Fixtures	658,050,678	125,548,312				3.00
4.00	Building Improvements	15,725,105	7,746,199				4.00
5.00	Fixed Equipment	487,920,984	257,447,107				5.00
6.00	Movable Equipment	698,661,126	504,158,461				6.00
7.00	HIT designated Assets	34,421,118	5,661,715				7.00
8.00	Subtotal (sum of lines 1-7)	1,932,537,193	905,196,554				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,932,537,193	905,196,554				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2018 4:35 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	18,270,117	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	17,614,729	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,591,644	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,511,461	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	23,032,204	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	62,020,155	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	18,270,117				1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	17,614,729				1.03
1.04	NEW CRC-B&F(GSON)	0	1,591,644				1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,511,461				1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	23,032,204				2.00
3.00	Total (sum of lines 1-2)	0	62,020,155				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2018 4:35 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	630,829,117	0	630,829,117	0.329824	367,410	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	518,255,702	0	518,255,702	0.270966	301,845	1.03
1.04	NEW CRC-B&F(GSON)	35,963,235	0	35,963,235	0.018803	20,946	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	727,576,892	0	727,576,892	0.380407	423,758	2.00
3.00	Total (sum of lines 1-2)	1,912,624,946	0	1,912,624,946	1.000000	1,113,959	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	367,410	16,466,877	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	301,845	16,396,071	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	20,946	1,591,644	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,229,559	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	423,758	64,646,546	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,113,959	100,330,697	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 col.s. 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	367,410	0	0	16,834,287	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	301,845	0	0	16,697,916	1.03
1.04	NEW CRC-B&F(GSON)	0	20,946	0	0	1,612,590	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,229,559	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	423,758	0	0	65,070,304	2.00
3.00	Total (sum of lines 1-2)	0	1,113,959	0	0	101,444,656	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03 Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)			ONEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04 Investment income - NEW CRC-B&F(GSON) (chapter 2)			ONEW CRC-B&F(GSON)	1.04	0	1.04
1.05 Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)			ONEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-12,641,260	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	-42,419,151			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	-4,449,464			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-10,517,105	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 and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03 Depreciation - NEW CRC-B&F(BJH CAMP EXP)			ONEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04 Depreciation - NEW CRC-B&F(GSON)			ONEW CRC-B&F(GSON)	1.04	0	26.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/28/2018 4:35 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00			3.00
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)			0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	26.05
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	0	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	-130,228		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.02	OTHER REVENUE	B	-1,723,998		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03	OTHER REVENUE	B	-700		DIETARY	10.00	0	33.03
33.04	OTHER REVENUE	B	-600,024		CAFETERIA	11.00	0	33.04
33.05	OTHER REVENUE	B	-210,314		NURSING ADMINISTRATION	13.00	0	33.05
33.06	OTHER REVENUE	B	-11,958		CENTRAL SERVICES & SUPPLY	14.00	0	33.06
33.07	OTHER REVENUE	B	-444,109		PHARMACY	15.00	0	33.07
33.08	OTHER REVENUE	B	-134,146		MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	OTHER REVENUE	B	-715,059		SOCIAL SERVICE	17.00	0	33.09
33.10	OTHER REVENUE	B	-21,870,665		NURSING SCHOOL	20.00	0	33.10
33.11	OTHER REVENUE	B	-72,205		I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.11
33.12	OTHER REVENUE	B	-54,505		PARAMEDICAL PRGM-PASTORAL ED	23.02	0	33.12
33.13	OTHER REVENUE	B	-1,040,525		ADULTS & PEDIATRICS	30.00	0	33.13
33.14	OTHER REVENUE	B	-112,102		OPERATING ROOM	50.00	0	33.14
33.15	OTHER REVENUE	B	-14,089		DELIVERY ROOM & LABOR ROOM	52.00	0	33.15
33.16	OTHER REVENUE	B	-527		ANESTHESIOLOGY	53.00	0	33.16
33.17	OTHER REVENUE	B	-81,919		RADIOLOGY-DIAGNOSTIC	54.00	0	33.17
33.18	OTHER REVENUE	B	-16,004		RADIOLOGY-THERAPEUTIC	55.00	0	33.18
33.19	OTHER REVENUE	B	-40,000		CARDIAC CATHETERIZATION	59.00	0	33.19
33.20	OTHER REVENUE	B	-1,000		RESPIRATORY THERAPY	65.00	0	33.20
33.21	OTHER REVENUE	B	-10,564		PHYSICAL THERAPY	66.00	0	33.21
33.22	OTHER REVENUE	B	-6,065		ELECTROCARDIOLOGY	69.00	0	33.22
33.23	OTHER REVENUE	B	205		OB/GYN IN VITRO	76.01	0	33.23
33.24	OTHER REVENUE	B	-559		ELECTROSHOCK THERAPY	76.02	0	33.24
33.25	OTHER REVENUE	B	-80,472		ALLOGENEIC STEM CELL ACQUISITION	77.00	0	33.25
33.26	OTHER REVENUE	B	-195,835		CLINIC	90.00	0	33.26
33.27	OTHER REVENUE	B	-208,462		EMERGENCY	91.00	0	33.27
35.00	RESEARCH ADMINISTRATIVE COSTS	A	67,650		RESEARCH ADMINISTRATION	18.02	0	35.00
36.00	ALLOWABLE FRA COSTS	A	103,261,670		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	ASBESTOS ABATEMENT	A	138,291		OPERATION OF PLANT	7.00	0	37.00
38.00	CONTRIBUTIONS	A	35,694		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
38.01	CONTRIBUTIONS	A	-87,642,075		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.01
38.02	CONTRIBUTIONS	A	-7,500		NURSING ADMINISTRATION	13.00	0	38.02
38.03	CONTRIBUTIONS	A	-90		SOCIAL SERVICE	17.00	0	38.03
38.05	REMOVE ASBESTOS ACCRUAL	A	-5,375,380		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.05
38.06	BAD DEBTS	A	-53,050		NURSING SCHOOL	20.00	0	38.06
41.00	BAD DEBTS	A	-165		SUBPROVIDER - I/PF	40.00	0	41.00
41.01	PATIENT PHONES	A	-244,902		ADULTS & PEDIATRICS	30.00	0	41.01
41.02	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-81,016		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.02
41.03	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-316,505		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.03
41.04	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-60,110		OPERATION OF PLANT	7.00	0	41.04
41.05	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-608		HOUSEKEEPING	9.00	0	41.05
41.06	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-15,058		PHARMACY	15.00	0	41.06

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
41.07 GAIN/LOSS ON DISPOSAL OF ASSETS	A	-2,366	ADULTS & PEDIATRICS	30.00	0 41.07
41.08 GAIN/LOSS ON DISPOSAL OF ASSETS	A	-1,802	INTENSIVE CARE UNIT	31.00	0 41.08
41.09 GAIN/LOSS ON DISPOSAL OF ASSETS	A	-27,864	OPERATING ROOM	50.00	0 41.09
41.10 GAIN/LOSS ON DISPOSAL OF ASSETS	A	-2,097,231	CLINIC	90.00	0 41.10
41.11 GAIN/LOSS ON DISPOSAL OF ASSETS	A	-311,727	OUTPATIENT PSYCH	90.01	0 41.11
41.12 GAIN/LOSS ON DISPOSAL OF ASSETS	A	-39,941	EMERGENCY	91.00	0 41.12
41.13 GAIN/LOSS ON DISPOSAL OF ASSETS	A	-8,445	LIVER ACQUISITION	107.00	0 41.13
43.00 MALPRACTICE EXP	A	-12,861,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 43.00
44.00 WASH UNIV ASSESSMENTS	A	-296,282	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.00
44.01 LOBBYING PORTION OF DUES	A	-105,975	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.01
44.02 LOBBYING PORTION OF DUES	A	-3,278	PHARMACY	15.00	0 44.02
44.03 LOBBYING PORTION OF DUES	A	-121	NURSING SCHOOL	20.00	0 44.03
44.04 LOBBYING PORTION OF DUES	A	-120	ELECTROENCEPHALOGRAPHY	70.00	0 44.04
44.05 LOBBYING PORTION OF DUES	A	-1,450	EMERGENCY	91.00	0 44.05
44.06 NON ALLOWABLE INTERN/RESIDENT COSTS	A	-1,088	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.06
44.07 NON ALLOWABLE INTERN/RESIDENT COSTS	A	-97,423	NURSING ADMINISTRATION	13.00	0 44.07
44.08 NON ALLOWABLE INTERN/RESIDENT COSTS	A	-2,946,746	ADULTS & PEDIATRICS	30.00	0 44.08
44.09 NON ALLOWABLE INTERN/RESIDENT COSTS	A	-29	SURGICAL INTENSIVE CARE UNIT	34.00	0 44.09
44.10 NON ALLOWABLE INTERN/RESIDENT COSTS	A	-12,393	CARDIAC CATHETERIZATION	59.00	0 44.10
44.11 NON ALLOWABLE INTERN/RESIDENT COSTS	A	-14,956	ELECTROENCEPHALOGRAPHY	70.00	0 44.11
44.12 NON ALLOWABLE INTERN/RESIDENT COSTS	A	-75	EMERGENCY	91.00	0 44.12
44.13 ENTERTAINMENT/PROMOTION EXPENSE	A	-717	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.13
44.14 ENTERTAINMENT/PROMOTION EXPENSE	A	-76,549	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.14
44.15 ENTERTAINMENT/PROMOTION EXPENSE	A	-16	OPERATION OF PLANT	7.00	0 44.15
44.16 ENTERTAINMENT/PROMOTION EXPENSE	A	-572	DIETARY	10.00	0 44.16
44.17 ENTERTAINMENT/PROMOTION EXPENSE	A	-27	ADULTS & PEDIATRICS	30.00	0 44.17
44.18 ENTERTAINMENT/PROMOTION EXPENSE	A	-3,643	RADIOLOGY-DIAGNOSTIC	54.00	0 44.18
44.19 ENTERTAINMENT/PROMOTION EXPENSE	A	-95	ELECTROCARDIOLOGY	69.00	0 44.19
44.20 ENTERTAINMENT/PROMOTION EXPENSE	A	-48	CLINIC	90.00	0 44.20
44.21 SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-610,807	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 44.21
44.22 SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-938,385	NEW CRC-B&F(BJH CAMP EXP)	1.03	9 44.22
44.23 SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-281,902	NEW CRC-B&F(THE HIGHLANDS)	1.05	9 44.23
44.24 SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-2,741,770	OPERATION OF PLANT	7.00	0 44.24
44.25 SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,481,533	HOUSEKEEPING	9.00	0 44.25
44.26 ADVERTISING EXPENSE	A	-228	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.26
44.27 ADVERTISING EXPENSE	A	-475	OPERATION OF PLANT	7.00	0 44.27
44.28 ADVERTISING EXPENSE	A	-4,216	NURSING ADMINISTRATION	13.00	0 44.28
44.29 ADVERTISING EXPENSE	A	-337,146	NURSING SCHOOL	20.00	0 44.29
44.30 ADVERTISING EXPENSE	A	-750	SUBPROVIDER - I PF	40.00	0 44.30
44.31 ADVERTISING EXPENSE	A	-201,078	RADIOLOGY-DIAGNOSTIC	54.00	0 44.31

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
44.32 ADVERTISING EXPENSE	A	-211,306	RADIOLOGY-THERAPEUTIC	55.00	0	44.32
44.33 PHYSICIAN RECRUITMENT	A	-35,420	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.33
44.34 PHYSICIAN RECRUITMENT	A	-400,787	NURSING ADMINISTRATION	13.00	0	44.34
44.35 SPECIAL EVENTS-NONALLOWABLE	A	-7,265	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.35
44.36 SPECIAL EVENTS-NONALLOWABLE	A	-155,387	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.36
44.37 SPECIAL EVENTS-NONALLOWABLE	A	-12,560	NURSING ADMINISTRATION	13.00	0	44.37
44.38 SPECIAL EVENTS-NONALLOWABLE	A	-68,929	NURSING SCHOOL	20.00	0	44.38
44.39 SPECIAL EVENTS-NONALLOWABLE	A	-9,425	ADULTS & PEDIATRICS	30.00	0	44.39
44.40 SPECIAL EVENTS-NONALLOWABLE	A	-1,794	INTENSIVE CARE UNIT	31.00	0	44.40
44.41 SPECIAL EVENTS-NONALLOWABLE	A	-1,350	SURGICAL INTENSIVE CARE UNIT	34.00	0	44.41
44.42 SPECIAL EVENTS-NONALLOWABLE	A	-1,050	CARDIO-THORACIC ICU	35.02	0	44.42
44.43 SPECIAL EVENTS-NONALLOWABLE	A	-600	OPERATING ROOM	50.00	0	44.43
44.44 SPECIAL EVENTS-NONALLOWABLE	A	-10,215	RADIOLOGY-DIAGNOSTIC	54.00	0	44.44
44.45 SPECIAL EVENTS-NONALLOWABLE	A	-313	CLINIC	90.00	0	44.45
44.46 SPECIAL EVENTS-NONALLOWABLE	A	-2,700	EMERGENCY	91.00	0	44.46
44.47 SPECIAL EVENTS-NONALLOWABLE	A	-45,430	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	0	44.47
44.48 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	44.48
44.49 STL CARDS	A	-19,934	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.49
44.50 STL CARDS	A	-11,561	NURSING ADMINISTRATION	13.00	0	44.50
44.51 STL CARDS	A	-1,139	OPERATING ROOM	50.00	0	44.51
44.52 STL CARDS	A	-10,343	RADIOLOGY-DIAGNOSTIC	54.00	0	44.52
44.53 STL CARDS	A	-5,000	RADIOLOGY-THERAPEUTIC	55.00	0	44.53
44.54 STL CARDS	A	-50	EMERGENCY	91.00	0	44.54
44.55 ALLOWABLE PENSION EXP/FUNDING	A	28,627,654	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.55
48.01 REMOVE ACCELERATED DEPRECIATION	A	-1,358,820	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.)		-88,936,248				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 01/01/2017 To 12/31/2017

Worksheet A-8-1

Date/Time Prepared: 5/28/2018 4:35 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	-7,467,844	-6,488,086	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-342,851	-847,356	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-717,492	-438,045	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-595,258	-277,198	4.00
4.01	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO REHAB I	-39,976	-37,523	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	847,272	1,033,356	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	4,797,471	4,439,636	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	69,226	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	133,863	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	1,923,500	8,217,383	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	30,380,970	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	BJC PURCHASING	10,395,593	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	147,434,181	211,709,343	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	21,796,020	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	8,435,598	5,043,416	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	104,925	760,568	4.12
4.13	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,293,832	783,000	4.13
4.14	0.00			0	0	4.14
5.00	0			219,449,030	223,898,494	5.00

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

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

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

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

6.00	B		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 01/01/2017
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:
5/28/2018 4:35 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	-979,758	0		1.00
2.00	504,505	0		2.00
3.00	-279,447	0		3.00
4.00	-318,060	0		4.00
4.01	-2,453	0		4.01
4.02	-186,084	0		4.02
4.03	357,835	0		4.03
4.04	69,226	9		4.04
4.05	133,863	9		4.05
4.06	-6,293,883	0		4.06
4.07	30,380,970	0		4.07
4.08	10,395,593	0		4.08
4.09	-64,275,162	0		4.09
4.10	21,796,020	0		4.10
4.11	3,392,182	0		4.11
4.12	-655,643	0		4.12
4.13	1,510,832	0		4.13
4.14	0	0		4.14
5.00	-4,449,464			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 01/01/2017
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:
5/28/2018 4:35 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	1,799,921	1,799,921	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	3,155,680	3,155,680	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	17,733,511	17,733,511	0	0	0	3.00
4.00	40.00 SUBPROVIDER - IPF	2,390,468	2,390,468	0	0	0	4.00
5.00	50.00 OPERATING ROOM	507,750	507,750	0	0	0	5.00
6.00	51.00 RECOVERY ROOM	-497,238	-497,238	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	9,894,956	9,894,956	0	0	0	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	560,644	560,644	0	0	0	8.00
9.00	55.00 RADIOLOGY-THERAPEUTIC	200,004	200,004	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	364,992	364,992	0	0	0	10.00
11.00	68.00 SPEECH PATHOLOGY	78,750	78,750	0	0	0	11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	93,552	93,552	0	0	0	12.00
13.00	90.00 CLINIC	618,126	618,126	0	0	0	13.00
14.00	91.00 EMERGENCY	5,518,035	5,518,035	0	0	0	14.00
200.00		42,419,151	42,419,151	0	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	40.00 SUBPROVIDER - IPF	0	0	0	0	0	4.00
5.00	50.00 OPERATING ROOM	0	0	0	0	0	5.00
6.00	51.00 RECOVERY ROOM	0	0	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	68.00 SPEECH PATHOLOGY	0	0	0	0	0	11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.00 CLINIC	0	0	0	0	0	13.00
14.00	91.00 EMERGENCY	0	0	0	0	0	14.00
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	1,799,921		1.00
2.00	13.00 NURSING ADMINISTRATION	0	0	0	3,155,680		2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	17,733,511		3.00
4.00	40.00 SUBPROVIDER - IPF	0	0	0	2,390,468		4.00
5.00	50.00 OPERATING ROOM	0	0	0	507,750		5.00
6.00	51.00 RECOVERY ROOM	0	0	0	-497,238		6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	9,894,956		7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	560,644		8.00
9.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	200,004		9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	364,992		10.00
11.00	68.00 SPEECH PATHOLOGY	0	0	0	78,750		11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	93,552		12.00
13.00	90.00 CLINIC	0	0	0	618,126		13.00
14.00	91.00 EMERGENCY	0	0	0	5,518,035		14.00
200.00		0	0	0	42,419,151		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/28/2018 4:35 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	16,834,287	16,834,287				1.00
1.03 00103 NEW CRC-B&F (BJH CAMP EXP)	16,697,916	0	16,697,916			1.03
1.04 00104 NEW CRC-B&F (GSON)	1,612,590	0	0	1,612,590		1.04
1.05 00105 NEW CRC-B&F (THE HIGHLANDS)	1,229,559	0	0	0	1,229,559	1.05
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	65,070,304					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	68,389,829	258,373	56,694	0	0	4.00
5.01 00540 NONPATIENT TELEPHONES	1,197,887	93,561	30,396	0	0	5.01
5.03 00560 PURCHASING RECEIVING AND STORES	14,711,396	292,902	7,006	0	0	5.03
5.04 00570 ADMINITTING	22,671,584	208,309	66,949		12,591	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	317,908,017	4,113,776	4,426,988	0	288,400	5.06
7.00 00700 OPERATION OF PLANT	58,825,877	1,917,643	2,046,788	0	2,256	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,710,278	24,792	368	0	0	8.00
9.00 00900 HOUSEKEEPING	19,101,499	162,158	41,671	0	795	9.00
10.00 01000 DIETARY	10,649,426	245,058	2,134	0	0	10.00
11.00 01100 CAFETERIA	4,587,996	303,935	91,604	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	51,080,054	142,801	29,914	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	21,449,488	249,831	28,045	0	0	14.00
15.00 01500 PHARMACY	172,739,192	40,327	322,373	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,124,530	29,801	99,233	0	0	16.00
17.00 01700 SOCIAL SERVICE	13,990,657	11,350	65,457	0	0	17.00
18.00 01852 EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01 01851 LAB ADMINISTRATION	11,046,351	0	311,042	0	0	18.01
18.02 01850 RESEARCH ADMINISTRATION	67,650	0	0	0	0	18.02
20.00 02000 NURSING SCHOOL	-6,692,851	0	0	1,612,590	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	128,012,655	96,940	31,982	0	0	21.00
23.01 02301 PARAMED ED PRGM-PHARMACY	366,418	0	0	0	0	23.01
23.02 02302 PARAMED ED PRGM-PASTORAL ED	296,246	0	2,408	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	145,660,991	4,347,990	11,360	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	14,574,107	301,797	2,049	0	0	31.00
32.00 03200 CORONARY CARE UNIT	4,667,122	90,128	0	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	13,022,013	313,953	0	0	0	34.00
35.01 02400 NEURO ICU	6,831,806	108,126	0	0	0	35.01
35.02 02401 CARDIO-THORACIC ICU	10,973,729	47,818	180,998	0	0	35.02
40.00 04000 SUBPROVIDER - IPF	12,795,647	269,659	387,641	0	0	40.00
43.00 04300 NURSERY	1,397,287	19,457	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	67,709,560	487,778	978,905	0	0	50.00
51.00 05100 RECOVERY ROOM	16,914,085	270,728	189,817	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	9,048,828	161,234	670	0	0	52.00
53.00 05300 ANESTHESIOLOGY	8,772,431	0	11,501	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	26,066,022	236,851	372,429	0	0	54.00
54.01 03630 ULTRASOUND	3,277,503	88,715	52,360	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	22,513,117	146,741	539,706	0	32,703	55.00
56.00 05600 RADIOISOTOPE	1,863,604	91,641	0	0	0	56.00
57.00 05700 CT SCAN	5,108,257	0	28,876	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	8,572,222	121,360	75,957	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,680,050	4,565	241,251	0	0	59.00
60.00 06000 LABORATORY	57,586,042	36,368	561,085	0	12,591	60.00
60.01 06001 HLA LAB	5,080,716	0	25,561	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	32,655,344	0	165,275	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	14,151,619	73,715	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	5,169,145	19,085	124,946	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,566,840	5,353	2,106	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	965,970	2,681	1,048	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,169,076	56,441	25,892	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,521,024	19,104	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	64,687,194	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	90,529,593	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	3,881,560	71,278	0	0	0	74.00
76.00 03330 ENDOSCOPY	6,237,172	45,879	128,052	0	0	76.00
76.01 03950 OB/GYN IN VITRO	2,508,979	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	420,916	20,906	0	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	564,000	0	0	0	0	76.03
76.98 07698 HYPERBARI C OXYGEN THERAPY	290,076	0	7,649	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	5,033,778	0	9,764	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	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	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	16,852,237	0	629,167	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	207,405	0	51,321	0	0	90.01
91.00 09100 EMERGENCY	22,915,874	17,401	412,202	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	12,120,504	399	24,740	0	0	105.00
106.00 10600 HEART ACQUISITION	2,243,016	399	11,567	0	0	106.00
107.00 10700 LIVER ACQUISITION	5,901,774	399	11,936	0	0	107.00
108.00 10800 LUNG ACQUISITION	6,410,549	399	11,180	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	519,198	399	312	0	0	109.00
112.00 08600 OTHER ORGAN ACQUISITION-BONE MARROW	3,930,944	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,779,247,761	15,670,304	12,938,375	1,612,590	349,336	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	115,291	0	0	0	0	191.00
191.01 19101 RESEARCH CTSA I/P	16,711	0	0	0	0	191.01
191.02 19102 RESEARCH CTSA O/P	-9,183	0	0	0	0	191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	8,179,679	1,163,983	3,616,815	0	880,223	194.00
194.01 07951 RETAIL PHARMACY	4,313,442	0	38,753	0	0	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	4,613,152	0	103,973	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 through 201)	1,796,476,853	16,834,287	16,697,916	1,612,590	1,229,559	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/28/2018 4: 35 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
	NEW MVBLE EQUIP						
	2.00	4.00					
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	65,070,304					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	266,888	68,971,784				4.00
5.01 00540	NONPATIENT TELEPHONES	17,241	201,308	1,540,393			5.01
5.03 00560	PURCHASING RECEIVING AND STORES	8,479	133,185	2,241	15,155,209		5.03
5.04 00570	ADMITTING	48,448	1,940,451	62,808	15,844	25,026,984	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	24,399,921	3,753,856	170,282	29,313	0	5.06
7.00 00700	OPERATION OF PLANT	262,393	1,155,416	31,781	69,918	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	415	0	0	87,836	0	8.00
9.00 00900	HOUSEKEEPING	143,040	1,502,140	10,645	58,232	0	9.00
10.00 01000	DIETARY	455,859	685,487	13,866	90,054	0	10.00
11.00 01100	CAFETERIA	296,773	553,143	11,645	261,830	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,125,458	3,287,562	46,063	18,705	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	85,712	510,266	10,975	532,018	0	14.00
15.00 01500	PHARMACY	1,685,731	2,698,433	42,366	4,361,113	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	30,300	396,140	19,200	2,872	0	16.00
17.00 01700	SOCIAL SERVICE	21,801	1,323,620	25,952	7,236	0	17.00
18.00 01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01 01851	LAB ADMINISTRATION	47,815	550,941	7,774	1,082	0	18.01
18.02 01850	RESEARCH ADMINISTRATION	0	6,646	0	0	0	18.02
20.00 02000	NURSING SCHOOL	461,978	1,084,069	24,351	11,661	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,806	5,678,305	11,656	8,172	0	21.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	35,741	0	0	0	23.01
23.02 02302	PARAMED ED PRGM-PASTORAL ED	949	35,116	1,367	51	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	935,018	13,941,091	353,664	269,974	2,080,705	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,282,907	17,000	50,520	289,091	31.00
32.00 03200	CORONARY CARE UNIT	3,962	443,055	4,513	9,226	92,529	32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	201,137	1,035,785	16,215	55,514	231,755	34.00
35.01 02400	NEURO ICU	231,513	583,377	8,349	21,852	133,633	35.01
35.02 02401	CARDIO-THORACIC ICU	165,390	988,716	15,414	41,335	183,681	35.02
40.00 04000	SUBPROVIDER - I/PF	85,595	1,155,554	20,343	12,583	163,095	40.00
43.00 04300	NURSERY	21,579	118,387	1,182	6,949	32,670	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	7,125,658	4,725,446	102,779	589,622	2,064,449	50.00
51.00 05100	RECOVERY ROOM	191,777	1,411,644	21,690	57,276	470,397	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	121,311	774,202	8,272	32,186	75,819	52.00
53.00 05300	ANESTHESIOLOGY	550,483	290,012	29,136	213,425	866,967	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,908,872	1,813,809	49,179	224,176	1,536,741	54.00
54.01 03630	ULTRASOUND	266,311	171,246	4,402	3,880	230,503	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	7,245,048	1,172,060	43,129	108,980	1,512,136	55.00
56.00 05600	RADIOISOTOPE	1,357,815	140,261	7,434	44,340	67,175	56.00
57.00 05700	CT SCAN	1,270,632	417,058	11,531	30,142	1,332,236	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,044,851	483,246	9,580	44,477	749,149	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,973,309	538,556	17,425	165,297	470,763	59.00
60.00 06000	LABORATORY	889,078	2,291,537	54,053	560,875	3,108,972	60.00
60.01 06001	HLA LAB	17,380	147,263	3,346	105,862	156,544	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	316,325	599,065	11,459	896,531	1,050,709	63.00
65.00 06500	RESPIRATORY THERAPY	460,658	1,102,121	6,239	84,331	272,453	65.00
66.00 06600	PHYSICAL THERAPY	16,994	494,468	3,745	1,627	76,751	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,549	262,240	21	724	34,487	67.00
68.00 06800	SPEECH PATHOLOGY	6,500	96,132	21	151	20,414	68.00
69.00 06900	ELECTROCARDIOLOGY	363,891	345,821	8,702	63,489	698,212	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	366,256	101,277	2,145	1,518	66,100	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,203,699	969,108	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,084,072	1,447,232	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,279,337	73.00
74.00 07400	RENAL DIALYSIS	207,401	290,240	3,763	33,800	82,550	74.00
76.00 03330	ENDOSCOPY	848,617	439,284	11,767	54,641	194,201	76.00
76.01 03950	OB/GYN IN VITRO	205,696	104,991	348	15,223	35,638	76.01
76.02 03320	ELECTROSHOCK THERAPY	12,751	36,699	1,484	1,445	11,690	76.02
76.03 03951	CORNEAL TISSUE ACQUISITION	0	0	0	19,214	61	76.03
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	896	103	14,019	76.98
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	129,514	1,670	726	19,884	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	136,621	1,364,113	79,395	40,278	354,337	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP					
			2.00	4.00	5.01	5.03	5.04	
90.01	04950	OUTPATIENT PSYCH	12,510	15,158	6,103	253	2,230	90.01
91.00	09100	EMERGENCY	821,895	1,860,498	44,901	103,319	1,379,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,108	160,952	2,925	411	74,498	105.00
106.00	10600	HEART ACQUISITION	340	85,643	1,931	203	10,347	106.00
107.00	10700	LIVER ACQUISITION	0	83,980	2,165	107	40,093	107.00
108.00	10800	LUNG ACQUISITION	215	84,176	1,712	290	40,293	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,899	0	2	3,236	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	356,734	7,887	911	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,758,053	67,473,042	1,490,887	14,811,496	25,026,107	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	7,306	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	1,578	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	477	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	293,772	958,827	26,899	27,105	0	194.00
194.01	07951	RETAIL PHARMACY	15,386	402,569	17,381	312,298	877	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	3,093	130,040	5,226	2,255	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 through 201)	65,070,304	68,971,784	1,540,393	15,155,209	25,026,984	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/28/2018 4:35 pm		
Cost Center	Description	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 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	355,090,553	355,090,553		5.06
7.00	00700	OPERATION OF PLANT	0	64,312,072	15,805,078	80,117,150	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,823,689	693,939	270,437	3,788,065
9.00	00900	HOUSEKEEPING	0	21,020,180	5,165,835	758,404	0
10.00	01000	DIETARY	0	12,141,884	2,983,941	1,180,180	0
11.00	01100	CAFETERIA	0	6,106,926	1,500,814	1,451,154	0
13.00	01300	NURSING ADMINISTRATION	0	55,730,557	13,696,119	635,180	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,866,335	5,619,539	1,024,950	810
15.00	01500	PHARMACY	0	181,889,535	44,699,819	1,322,561	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,702,076	1,401,319	462,940	0
17.00	01700	SOCIAL SERVICE	0	15,446,073	3,795,965	274,597	0
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0
18.01	01851	LAB ADMINISTRATION	0	11,965,005	2,940,472	1,105,098	0
18.02	01850	RESEARCH ADMINISTRATION	0	74,296	18,259	0	0
20.00	02000	NURSING SCHOOL	0	-3,498,202	0	3,127,253	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	133,849,516	32,894,322	490,282	6,715
23.01	02301	PARAMED ED PRGM-PHARMACY	0	402,159	98,833	0	0
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	336,137	82,608	8,555	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	167,600,793	41,188,900	16,144,193	2,348,061
31.00	03100	INTENSIVE CARE UNIT	0	16,517,471	4,059,268	1,125,059	234,014
32.00	03200	CORONARY CARE UNIT	0	5,310,535	1,305,096	333,811	45,757
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	14,876,372	3,655,958	1,162,802	0
35.01	02400	NEURO ICU	0	7,918,656	1,946,057	400,472	62,872
35.02	02401	CARDIO-THORACIC ICU	0	12,597,081	3,095,808	820,168	74,476
40.00	04000	SUBPROVIDER - I/PF	0	14,890,117	3,659,336	2,375,994	60,102
43.00	04300	NURSERY	0	1,597,511	392,598	72,063	11,132
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	83,784,197	20,590,469	5,284,542	250,278
51.00	05100	RECOVERY ROOM	0	19,527,414	4,798,979	1,677,105	137,954
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,222,522	2,512,246	599,551	103,512
53.00	05300	ANESTHESIOLOGY	0	10,733,955	2,637,934	40,862	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,208,079	9,144,109	2,804,446	65,530
54.01	03630	ULTRASOUND	0	4,094,920	1,006,351	599,719	3,304
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,313,620	8,187,022	2,461,007	63,706
56.00	05600	RADIOISOTOPE	0	3,572,270	877,907	339,413	11,474
57.00	05700	CT SCAN	0	8,198,732	2,014,888	287,782	3,058
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,100,842	2,973,855	940,206	79,763
59.00	05900	CARDIAC CATHETERIZATION	0	14,091,216	3,463,001	874,047	16,102
60.00	06000	LABORATORY	0	65,100,601	15,998,863	2,160,846	524
60.01	06001	HLA LAB	0	5,536,672	1,360,670	90,817	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	35,694,708	8,772,189	587,205	2,181
65.00	06500	RESPIRATORY THERAPY	0	16,151,136	3,969,239	273,020	0
66.00	06600	PHYSICAL THERAPY	0	5,906,761	1,451,622	514,605	0
67.00	06700	OCCUPATIONAL THERAPY	0	2,876,320	706,873	27,309	0
68.00	06800	SPEECH PATHOLOGY	0	1,092,917	268,591	13,654	0
69.00	06900	ELECTROCARDIOLOGY	0	5,731,524	1,408,556	301,034	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,077,424	510,539	70,754	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,860,001	16,677,002	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	95,060,897	23,361,786	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,279,337	560,161	0	0
74.00	07400	RENAL DIALYSIS	0	4,570,592	1,123,250	263,996	0
76.00	03330	ENDOSCOPY	0	7,959,613	1,956,123	624,880	64,560
76.01	03950	OB/GYN IN VITRO	0	2,870,875	705,535	188,880	0
76.02	03320	ELECTROSHOCK THERAPY	0	505,891	124,326	77,431	0
76.03	03951	CORNEAL TISSUE ACQUISITION	0	583,275	143,343	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	312,743	76,858	27,175	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,195,336	1,276,785	34,689	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	19,456,148	4,781,465	2,416,521	21,272
90.01	04950	OUTPATIENT PSYCH	0	294,980	72,493	182,338	0
91.00	09100	EMERGENCY	0	27,555,307	6,771,882	1,579,612	113,425

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	12,385,537	3,043,820	89,374	0	105.00
106.00	10600 HEART ACQUISITION	0	2,353,446	578,373	42,573	0	106.00
107.00	10700 LIVER ACQUISITION	0	6,040,454	1,484,478	43,882	0	107.00
108.00	10800 LUNG ACQUISITION	0	6,548,814	1,609,410	41,198	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	526,046	129,279	2,583	0	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	4,296,476	1,055,885	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	1,771,238,925	348,886,040	60,109,209	3,780,582	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	122,597	30,129	0	0	191.00
191.01	19101 RESEARCH CTSA I/P	0	18,289	4,495	131,444	4,685	191.01
191.02	19102 RESEARCH CTSA O/P	0	-8,706	0	118,964	0	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	15,147,303	3,722,541	19,250,443	2,798	194.00
194.01	07951 RETAIL PHARMACY	0	5,100,706	1,253,529	137,684	0	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	4,857,739	1,193,819	369,406	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 through 201)	0	1,796,476,853	355,090,553	80,117,150	3,788,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	26,944,419					9.00
10.00	01000 DIETARY	404,370	16,710,375				10.00
11.00	01100 CAFETERIA	497,215	0	9,556,109			11.00
13.00	01300 NURSING ADMINISTRATION	217,634	0	411,015	70,690,505		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	351,183	0	144,667	0	30,007,484	14.00
15.00	01500 PHARMACY	453,155	0	351,526	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	158,619	0	106,810	0	0	16.00
17.00	01700 SOCIAL SERVICE	92,603	0	202,804	0	0	17.00
18.00	01852 EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851 LAB ADMINISTRATION	378,644	0	70,305	0	0	18.01
18.02	01850 RESEARCH ADMINISTRATION	0	0	1,352	0	0	18.02
20.00	02000 NURSING SCHOOL	1,071,504	0	125,738	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	167,988	0	1,000,498	0	0	21.00
23.01	02301 PARAMED ED PRGM-PHARMACY	0	0	6,760	0	0	23.01
23.02	02302 PARAMED ED PRGM-PASTORAL ED	2,931	0	6,760	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	5,531,552	14,136,242	2,317,376	33,368,093	0	30.00
31.00	03100 INTENSIVE CARE UNIT	385,484	444,168	216,324	3,179,193	0	31.00
32.00	03200 CORONARY CARE UNIT	114,375	147,315	68,953	1,015,494	0	32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	398,416	387,707	160,891	2,372,811	0	34.00
35.01	02400 NEURO ICU	137,215	136,023	89,234	1,311,431	0	35.01
35.02	02401 CARDIO-THORACIC ICU	281,018	141,299	148,723	2,182,069	0	35.02
40.00	04000 SUBPROVIDER - I/PF	814,097	739,831	202,804	1,436,811	0	40.00
43.00	04300 NURSERY	24,691	0	17,576	266,913	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,810,665	0	661,140	9,495,607	0	50.00
51.00	05100 RECOVERY ROOM	574,634	2,357	212,268	2,946,279	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	205,427	0	127,090	1,877,786	0	52.00
53.00	05300 ANESTHESIOLOGY	14,001	0	75,713	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	960,899	0	305,558	0	0	54.00
54.01	03630 ULTRASOUND	205,484	0	27,040	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	708,964	0	173,059	0	0	55.00
56.00	05600 RADIOISOTOPE	116,295	0	20,280	0	0	56.00
57.00	05700 CT SCAN	98,604	0	59,489	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	322,147	0	74,361	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	299,478	0	79,769	1,167,224	0	59.00
60.00	06000 LABORATORY	722,493	0	467,800	0	0	60.00
60.01	06001 HLA LAB	31,117	0	22,984	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	201,196	0	98,698	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	93,546	0	170,355	0	0	65.00
66.00	06600 PHYSICAL THERAPY	176,321	0	79,769	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,357	0	39,209	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	4,678	0	14,872	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	103,144	0	59,489	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	24,243	0	17,576	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,497,695	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	17,509,789	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	90,454	0	39,209	0	0	74.00
76.00	03330 ENDOSCOPY	214,105	0	68,953	1,001,898	0	76.00
76.01	03950 OB/GYN IN VITRO	64,717	0	14,872	210,114	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	26,530	0	6,760	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	9,311	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	11,886	0	16,224	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	827,983	0	208,212	3,049,517	0	90.00
90.01	04950 OUTPATIENT PSYCH	62,475	0	2,704	0	0	90.01
91.00	09100 EMERGENCY	541,229	0	329,894	4,856,603	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	30,623	0	25,688	380,912	0	105.00
106.00	10600 HEART ACQUISITION	14,587	0	12,168	185,119	0	106.00
107.00	10700 LIVER ACQUISITION	15,035	0	12,168	185,577	0	107.00
108.00	10800 LUNG ACQUISITION	14,116	0	13,520	196,108	0	108.00
109.00	10900 PANCREAS ACQUISITION	885	0	0	4,946	0	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	52,729	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20,089,323	16,134,942	9,239,736	70,690,505	30,007,484	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	1,352	0	0	191.00
191.01	19101 RESEARCH CTSA I/P	45,037	24,987	0	0	0	191.01
191.02	19102 RESEARCH CTSA O/P	40,761	24,987	0	0	0	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	6,595,552	30,150	235,252	0	0	194.00
194.01	07951 RETAIL PHARMACY	47,175	0	58,137	0	0	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	126,571	0	21,632	0	0	194.02
194.03	07953 GUEST MEALS	0	495,309	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 through 201)	26,944,419	16,710,375	9,556,109	70,690,505	30,007,484	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

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Cost Center Description	OTHER GENERAL SERVICE				
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	EXTENDED CARE SERVICES	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 ADMINITTING					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	228,716,596				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	7,831,764			16.00
17.00 01700 SOCIAL SERVICE	241,598	0	20,053,640		17.00
18.00 01852 EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01 01851 LAB ADMINISTRATION	0	0	0	0	16,459,524 18.01
18.02 01850 RESEARCH ADMINISTRATION	0	0	0	0	0 18.02
20.00 02000 NURSING SCHOOL	181	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	74,794	650,993	16,701,807	0	0 30.00
31.00 03100 INTENSIVE CARE UNIT	4,087	90,448	883,446	0	0 31.00
32.00 03200 CORONARY CARE UNIT	2,090	28,950	293,131	0	0 32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	649	72,509	727,278	0	0 34.00
35.01 02400 NEURO ICU	2,241	41,810	427,037	0	0 35.01
35.02 02401 CARDIO-THORACIC ICU	1,193	57,468	591,113	0	0 35.02
40.00 04000 SUBPROVIDER - I PF	860	51,028	0	0	0 40.00
43.00 04300 NURSERY	0	10,222	429,828	0	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	13,393	645,907	0	0	0 50.00
51.00 05100 RECOVERY ROOM	2,047	147,174	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	460	23,722	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	1,468,788	271,249	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,499,114	480,802	0	0	0 54.00
54.01 03630 ULTRASOUND	57,311	72,118	0	0	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	4,120,861	473,104	0	0	0 55.00
56.00 05600 RADIOISOTOPE	1,918,178	21,017	0	0	0 56.00
57.00 05700 CT SCAN	10,897	416,818	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	97,418	234,387	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	245	147,288	0	0	0 59.00
60.00 06000 LABORATORY	228	974,247	0	0	12,649,721 60.00
60.01 06001 HLA LAB	1,721	48,978	0	0	728,852 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	45,152	328,737	0	0	3,080,951 63.00
65.00 06500 RESPIRATORY THERAPY	4,431	85,243	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0	24,013	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	10,790	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	6,387	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	2,641,560	218,451	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	20,681	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	303,206	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	452,797	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	202,086,365	713,139	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	58,677	25,828	0	0	0 74.00
76.00 03330 ENDOSCOPY	400	60,760	0	0	0 76.00
76.01 03950 OB/GYN IN VITRO	4,331	11,150	0	0	0 76.01
76.02 03320 ELECTROSHOCK THERAPY	178	3,658	0	0	0 76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	19	0	0	0 76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	4,386	0	0	0 76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	6,221	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	8,070	110,862	0	0	0 90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2017

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Cost Center Description			OTHER GENERAL SERVICE					
			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	EXTENDED CARE SERVICES		
						LAB ADMINISTRATION		
15.00	16.00	17.00	18.00	18.01				
90.01	04950	OUTPATIENT PSYCH	0	698	0	0	0	90.01
91.00	09100	EMERGENCY	53,957	431,517	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	23,308	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	3,237	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	12,544	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	12,606	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,012	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	214,421,475	7,831,489	20,053,640	0	16,459,524	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	17,736	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	116,727	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	14,160,658	275	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 through 201)	228,716,596	7,831,764	20,053,640	0	16,459,524	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

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Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	Subtotal	
	RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
	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	93,907					18.02
20.00 02000 NURSING SCHOOL	0	826,474				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		168,409,321			21.00
23.01 02301 PARAMED PRGM-PHARMACY	0			507,752		23.01
23.02 02302 PARAMED PRGM-PASTORAL ED	0				436,991	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	633,038	36,174,321	0	336,870,163	30.00
31.00 03100 INTENSIVE CARE UNIT	0	27,722	4,951,234	0	32,117,918	31.00
32.00 03200 CORONARY CARE UNIT	0	4,353	2,677,708	0	11,347,568	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	3,696	3,502,914	0	27,322,003	34.00
35.01 02400 NEURO ICU	0	5,093	1,044,138	0	13,522,279	35.01
35.02 02401 CARDIO-THORACIC ICU	0	21,192	2,509,299	0	22,520,907	35.02
40.00 04000 SUBPROVIDER - IPF	0	71,953	2,745,072	0	27,048,005	40.00
43.00 04300 NURSERY	0	10,349	0	0	2,832,883	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	14,703	29,320,063	0	151,870,964	50.00
51.00 05100 RECOVERY ROOM	0	0	437,864	0	30,464,075	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	24,970	1,751,457	0	17,448,743	52.00
53.00 05300 ANESTHESIOLOGY	0	0	7,393,169	0	22,635,671	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	13,068,563	0	65,537,100	54.00
54.01 03630 ULTRASOUND	0	0	2,088,276	0	8,154,523	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	2,576,663	0	52,078,006	55.00
56.00 05600 RADIOISOTOPE	0	0	2,694,549	0	9,571,383	56.00
57.00 05700 CT SCAN	0	0	943,092	0	12,033,360	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	421,023	0	17,244,002	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	1,970,389	0	22,108,759	59.00
60.00 06000 LABORATORY	0	0	10,693,992	0	108,769,315	60.00
60.01 06001 HLA LAB	0	0	0	0	7,821,811	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1,835,662	0	50,646,679	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	1,549,366	0	22,296,336	65.00
66.00 06600 PHYSICAL THERAPY	0	0	1,886,184	0	10,039,275	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	3,669,858	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	1,401,099	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	1,246,229	0	11,709,987	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	4,311,279	0	7,032,496	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	97,337,904	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	136,385,269	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	507,752	206,146,754	73.00
74.00 07400 RENAL DIALYSIS	0	0	690,478	0	6,862,484	74.00
76.00 03330 ENDOSCOPY	0	164	2,425,094	0	14,376,550	76.00
76.01 03950 OB/GYN IN VITRO	0	0	218,932	0	4,289,406	76.01
76.02 03320 ELECTROSHOCK THERAPY	0	0	235,773	0	980,547	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	726,637	76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	430,473	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	6,541,141	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	14,213,747	0	45,093,797	90.00
90.01 04950 OUTPATIENT PSYCH	0	0	2,711,390	0	3,327,078	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	Subtotal	
			RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
			18.02	20.00	21.00	23.01	23A.01	
91.00	09100	EMERGENCY	0	9,241	9,414,081	0	51,656,748	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	15,979,262	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3,189,503	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	7,794,138	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	8,435,772	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	664,751	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	5,405,090	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	826,474	167,702,001	507,752	1,722,175,463	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	93,907	0	0	0	247,985	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	336,819	0	583,492	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	370,501	0	546,507	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	45,100,766	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	20,758,164	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	6,569,167	194.02
194.03	07953	GUEST MEALS	0	0	0	0	495,309	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 through 201)	93,907	826,474	168,409,321	507,752	1,796,476,853	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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					1.00
1.03	00103					1.03
1.04	00104					1.04
1.05	00105					1.05
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
18.00	01852					18.00
18.01	01851					18.01
18.02	01850					18.02
20.00	02000					20.00
21.00	02100					21.00
23.01	02301					23.01
23.02	02302	436,991				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	82,411	336,952,574	-36,174,321	300,778,253	30.00
31.00	03100	7,805	32,125,723	-4,951,234	27,174,489	31.00
32.00	03200	2,757	11,350,325	-2,677,708	8,672,617	32.00
34.00	03400	6,639	27,328,642	-3,502,914	23,825,728	34.00
35.01	02400	3,286	13,525,565	-1,044,138	12,481,427	35.01
35.02	02401	5,473	22,526,380	-2,509,299	20,017,081	35.02
40.00	04000	6,573	27,054,578	-2,745,072	24,309,506	40.00
43.00	04300	688	2,833,571	0	2,833,571	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	36,905	151,907,869	-29,320,063	122,587,806	50.00
51.00	05100	7,403	30,471,478	-437,864	30,033,614	51.00
52.00	05200	4,240	17,452,983	-1,751,457	15,701,526	52.00
53.00	05300	5,500	22,641,171	-7,393,169	15,248,002	53.00
54.00	05400	15,926	65,553,026	-13,068,563	52,484,463	54.00
54.01	03630	1,982	8,156,505	-2,088,276	6,068,229	54.01
55.00	05500	12,655	52,090,661	-2,576,663	49,513,998	55.00
56.00	05600	2,326	9,573,709	-2,694,549	6,879,160	56.00
57.00	05700	2,924	12,036,284	-943,092	11,093,192	57.00
58.00	05800	4,190	17,248,192	-421,023	16,827,169	58.00
59.00	05900	5,372	22,114,131	-1,970,389	20,143,742	59.00
60.00	06000	26,431	108,795,746	-10,693,992	98,101,754	60.00
60.01	06001	1,901	7,823,712	0	7,823,712	60.01
63.00	06300	12,307	50,658,986	-1,835,662	48,823,324	63.00
65.00	06500	5,418	22,301,754	-1,549,366	20,752,388	65.00
66.00	06600	2,440	10,041,715	-1,886,184	8,155,531	66.00
67.00	06700	892	3,670,750	0	3,670,750	67.00
68.00	06800	340	1,401,439	0	1,401,439	68.00
69.00	06900	2,846	11,712,833	-1,246,229	10,466,604	69.00
70.00	07000	1,709	7,034,205	-4,311,279	2,722,926	70.00
71.00	07100	23,653	97,361,557	0	97,361,557	71.00
72.00	07200	33,142	136,418,411	0	136,418,411	72.00
73.00	07300	50,094	206,196,848	0	206,196,848	73.00
74.00	07400	1,668	6,864,152	-690,478	6,173,674	74.00
76.00	03330	3,494	14,380,044	-2,425,094	11,954,950	76.00
76.01	03950	1,042	4,290,448	-218,932	4,071,516	76.01
76.02	03320	238	980,785	-235,773	745,012	76.02
76.03	03951	177	726,814	0	726,814	76.03
76.98	07698	105	430,578	0	430,578	76.98
77.00	07700	1,589	6,542,730	0	6,542,730	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	10,958	45,104,755	-14,213,747	30,891,008	90.00

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Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
90.01	04950	OUTPATIENT PSYCH	808	3,327,886	-2,711,390	616,496	90.01
91.00	09100	EMERGENCY	12,553	51,669,301	-9,414,081	42,255,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,883	15,983,145	0	15,983,145	105.00
106.00	10600	HEART ACQUISITION	775	3,190,278	0	3,190,278	106.00
107.00	10700	LIVER ACQUISITION	1,894	7,796,032	0	7,796,032	107.00
108.00	10800	LUNG ACQUISITION	2,050	8,437,822	0	8,437,822	108.00
109.00	10900	PANCREAS ACQUISITION	162	664,913	0	664,913	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	1,313	5,406,403	0	5,406,403	112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	418,937	1,722,157,409	-167,702,001	1,554,455,408	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	60	248,045	0	248,045	191.00
191.01	19101	RESEARCH CTSA I/P	142	583,634	-336,819	246,815	191.01
191.02	19102	RESEARCH CTSA O/P	133	546,640	-370,501	176,139	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	10,959	45,111,725	0	45,111,725	194.00
194.01	07951	RETAIL PHARMACY	5,044	20,763,208	0	20,763,208	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,596	6,570,763	0	6,570,763	194.02
194.03	07953	GUEST MEALS	120	495,429	0	495,429	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 through 201)	436,991	1,796,476,853	-168,409,321	1,628,067,532	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2018 4:35 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 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/28/2018 4:35 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	32,241	258,373	56,694	0	4.00
5.01	00540	NONPATIENT TELEPHONES	7,925	93,561	30,396	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	2,370	292,902	7,006	0	5.03
5.04	00570	ADMITTING	107,423	208,309	66,949	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,526,777	4,113,776	4,426,988	0	5.06
7.00	00700	OPERATION OF PLANT	162,034	1,917,643	2,046,788	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,425	24,792	368	0	8.00
9.00	00900	HOUSEKEEPING	19,419	162,158	41,671	0	9.00
10.00	01000	DIETARY	17,576	245,058	2,134	0	10.00
11.00	01100	CAFETERIA	19,268	303,935	91,604	0	11.00
13.00	01300	NURSING ADMINISTRATION	93,241	142,801	29,914	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,226,816	249,831	28,045	0	14.00
15.00	01500	PHARMACY	2,270,870	40,327	322,373	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	152,701	29,801	99,233	0	16.00
17.00	01700	SOCIAL SERVICE	32,624	11,350	65,457	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	10,151	0	311,042	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	840,249	0	0	1,612,590	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	34,249	96,940	31,982	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	1,215	0	2,408	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	475,083	4,347,990	11,360	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,708	301,797	2,049	0	31.00
32.00	03200	CORONARY CARE UNIT	3,841	90,128	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,502	313,953	0	0	34.00
35.01	02400	NEURO ICU	6,908	108,126	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	22,469	47,818	180,998	0	35.02
40.00	04000	SUBPROVIDER - I/PF	21,435	269,659	387,641	0	40.00
43.00	04300	NURSERY	1,214	19,457	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	279,007	487,778	978,905	0	50.00
51.00	05100	RECOVERY ROOM	42,524	270,728	189,817	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,950	161,234	670	0	52.00
53.00	05300	ANESTHESIOLOGY	25,062	0	11,501	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,784	236,851	372,429	0	54.00
54.01	03630	ULTRASOUND	10,836	88,715	52,360	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	39,672	146,741	539,706	0	55.00
56.00	05600	RADIOISOTOPE	8,419	91,641	0	0	56.00
57.00	05700	CT SCAN	21,979	0	28,876	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,101	121,360	75,957	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,054	4,565	241,251	0	59.00
60.00	06000	LABORATORY	98,396	36,368	561,085	0	60.00
60.01	06001	HLA LAB	11,431	0	25,561	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,302	0	165,275	0	63.00
65.00	06500	RESPIRATORY THERAPY	214,866	73,715	0	0	65.00
66.00	06600	PHYSICAL THERAPY	18,344	19,085	124,946	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13	5,353	2,106	0	67.00
68.00	06800	SPEECH PATHOLOGY	13	2,681	1,048	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,750	56,441	25,892	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,382	19,104	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,424	71,278	0	0	74.00
76.00	03330	ENDOSCOPY	47,730	45,879	128,052	0	76.00
76.01	03950	OB/GYN IN VITRO	7,564	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	956	20,906	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	577	0	7,649	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,076	0	9,764	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/28/2018 4:35 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)	
		1.00	1.03	1.04	1.05	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	84,612	0	629,167	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	5,630	0	51,321	0	0	90.01
91.00 09100 EMERGENCY	55,768	17,401	412,202	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	7,963	399	24,740	0	0	105.00
106.00 10600 HEART ACQUISITION	15,397	399	11,567	0	0	106.00
107.00 10700 LIVER ACQUISITION	4,471	399	11,936	0	0	107.00
108.00 10800 LUNG ACQUISITION	9,399	399	11,180	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	80	399	312	0	0	109.00
112.00 08600 OTHER ORGAN ACQUISITION-BONE MARROW	6,855	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	25,279,121	15,670,304	12,938,375	1,612,590	349,336	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 RESEARCH CTSA I/P	-25,628	0	0	0	0	191.01
191.02 19102 RESEARCH CTSA O/P	-23,194	0	0	0	0	191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	302,045	1,163,983	3,616,815	0	880,223	194.00
194.01 07951 RETAIL PHARMACY	24,703	0	38,753	0	0	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	3,367	0	103,973	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 through 201)	25,560,414	16,834,287	16,697,916	1,612,590	1,229,559	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
	NEW MVBLE EQUIP						
	2.00	2A					
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	266,888	614,196	614,196			4.00
5.01 00540	NONPATIENT TELEPHONES	17,241	149,123	1,793	150,916		5.01
5.03 00560	PURCHASING RECEIVING AND STORES	8,479	310,757	1,186	220	312,163	5.03
5.04 00570	ADMINISTRATIVE	48,448	443,720	17,279	6,153	326	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	24,399,921	42,755,862	33,426	16,683	604	5.06
7.00 00700	OPERATION OF PLANT	262,393	4,391,114	10,288	3,114	1,441	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	415	29,000	0	0	1,810	8.00
9.00 00900	HOUSEKEEPING	143,040	367,083	13,376	1,043	1,200	9.00
10.00 01000	DIETARY	455,859	720,627	6,104	1,358	1,856	10.00
11.00 01100	CAFETERIA	296,773	711,580	4,925	1,141	5,395	11.00
13.00 01300	NURSING ADMINISTRATION	1,125,458	1,391,414	29,274	4,513	385	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	85,712	10,590,404	4,544	1,075	10,963	14.00
15.00 01500	PHARMACY	1,685,731	4,319,301	24,028	4,151	89,739	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	30,300	312,035	3,527	1,881	59	16.00
17.00 01700	SOCIAL SERVICE	21,801	131,232	11,786	2,543	149	17.00
18.00 01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01 01851	LAB ADMINISTRATION	47,815	369,008	4,906	762	22	18.01
18.02 01850	RESEARCH ADMINISTRATION	0	0	59	0	0	18.02
20.00 02000	NURSING SCHOOL	461,978	2,914,817	9,653	2,386	240	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,806	172,977	50,563	1,142	168	21.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	318	0	0	23.01
23.02 02302	PARAMED ED PRGM-PASTORAL ED	949	4,572	313	134	1	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	935,018	5,769,451	124,172	34,647	5,563	30.00
31.00 03100	INTENSIVE CARE UNIT	0	327,554	11,424	1,666	1,041	31.00
32.00 03200	CORONARY CARE UNIT	3,962	97,931	3,945	442	190	32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	201,137	530,592	9,223	1,589	1,144	34.00
35.01 02400	NEURO ICU	231,513	346,547	5,195	818	450	35.01
35.02 02401	CARDIO-THORACIC ICU	165,390	416,675	8,804	1,510	852	35.02
40.00 04000	SUBPROVIDER - IPF	85,595	764,330	10,290	1,993	259	40.00
43.00 04300	NURSERY	21,579	42,250	1,054	116	143	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	7,125,658	8,871,348	42,078	10,069	12,150	50.00
51.00 05100	RECOVERY ROOM	191,777	694,846	12,570	2,125	1,180	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	121,311	294,165	6,894	810	663	52.00
53.00 05300	ANESTHESIOLOGY	550,483	587,046	2,582	2,855	4,398	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,908,872	7,570,936	16,151	4,818	4,619	54.00
54.01 03630	ULTRASOUND	266,311	418,222	1,525	431	80	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	7,245,048	8,003,870	10,437	4,225	2,246	55.00
56.00 05600	RADIOISOTOPE	1,357,815	1,457,875	1,249	728	914	56.00
57.00 05700	CT SCAN	1,270,632	1,321,487	3,714	1,130	621	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,044,851	2,255,269	4,303	939	917	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,973,309	2,232,179	4,796	1,707	3,406	59.00
60.00 06000	LABORATORY	889,078	1,597,518	20,405	5,296	11,558	60.00
60.01 06001	HLA LAB	17,380	54,372	1,311	328	2,181	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	316,325	501,902	5,334	1,123	18,474	63.00
65.00 06500	RESPIRATORY THERAPY	460,658	749,239	9,814	611	1,738	65.00
66.00 06600	PHYSICAL THERAPY	16,994	179,369	4,403	367	34	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,549	12,021	2,335	2	15	67.00
68.00 06800	SPEECH PATHOLOGY	6,500	10,242	856	2	3	68.00
69.00 06900	ELECTROCARDIOLOGY	363,891	461,974	3,079	853	1,308	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	366,256	386,742	902	210	31	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	45,410	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	63,552	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	207,401	281,103	2,584	369	696	74.00
76.00 03330	ENDOSCOPY	848,617	1,070,278	3,912	1,153	1,126	76.00
76.01 03950	OB/GYN IN VITRO	205,696	213,260	935	34	314	76.01
76.02 03320	ELECTROSHOCK THERAPY	12,751	34,613	327	145	30	76.02
76.03 03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	396	76.03
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	8,226	0	88	2	76.98
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	10,840	1,153	164	15	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	136,621	850,400	12,147	7,778	830	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP	2.00					
90.01	04950	OUTPATIENT PSYCH	12,510	69,461	135	598	5	90.01	
91.00	09100	EMERGENCY	821,895	1,307,266	16,567	4,399	2,129	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	1,108	34,210	1,433	287	8	105.00	
106.00	10600	HEART ACQUISITION	340	27,703	763	189	4	106.00	
107.00	10700	LIVER ACQUISITION	0	16,806	748	212	2	107.00	
108.00	10800	LUNG ACQUISITION	215	21,193	750	168	6	108.00	
109.00	10900	PANCREAS ACQUISITION	0	791	26	0	0	109.00	
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	6,855	3,177	773	19	112.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,758,053	120,607,779	600,850	146,066	305,080	118.00	
NONREIMBURSABLE COST CENTERS									
191.00	19100	RESEARCH	0	0	65	0	0	191.00	
191.01	19101	RESEARCH CTSA I/P	0	-25,628	0	0	33	191.01	
191.02	19102	RESEARCH CTSA O/P	0	-23,194	0	0	10	191.02	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	293,772	6,256,838	8,538	2,635	559	194.00	
194.01	07951	RETAIL PHARMACY	15,386	78,842	3,585	1,703	6,435	194.01	
194.02	07952	MARKETING/COMMUNITY RELATIONS	3,093	110,433	1,158	512	46	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 through 201)	65,070,304	127,005,070	614,196	150,916	312,163	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/28/2018 4:35 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	467,478					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	42,806,575			5.06
7.00	00700	OPERATION OF PLANT	0	0	1,905,309	6,311,266		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	83,655	21,304	135,769	8.00
9.00	00900	HOUSEKEEPING	0	0	622,744	59,744	0	9.00
10.00	01000	DIETARY	0	0	359,715	92,969	0	10.00
11.00	01100	CAFETERIA	0	0	180,924	114,315	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,651,073	50,037	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	677,438	80,741	29	14.00
15.00	01500	PHARMACY	0	0	5,388,830	104,185	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	168,930	36,468	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	457,605	21,632	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	354,475	87,055	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	2,201	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	246,351	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,965,426	38,622	241	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	11,914	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	9,958	674	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,913	0	4,965,341	1,271,766	84,160	30.00
31.00	03100	INTENSIVE CARE UNIT	5,407	0	489,347	88,627	8,387	31.00
32.00	03200	CORONARY CARE UNIT	1,730	0	157,330	26,296	1,640	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,334	0	440,727	91,600	0	34.00
35.01	02400	NEURO ICU	2,499	0	234,598	31,547	2,253	35.01
35.02	02401	CARDIO-THORACIC ICU	3,435	0	373,201	64,609	2,669	35.02
40.00	04000	SUBPROVIDER - IPF	3,050	0	441,135	187,170	2,154	40.00
43.00	04300	NURSERY	611	0	47,328	5,677	399	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,609	0	2,482,191	416,292	8,970	50.00
51.00	05100	RECOVERY ROOM	8,797	0	578,519	132,115	4,944	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,418	0	302,852	47,230	3,710	52.00
53.00	05300	ANESTHESIOLOGY	16,214	0	318,004	3,219	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,740	0	1,102,327	220,922	2,349	54.00
54.01	03630	ULTRASOUND	4,311	0	121,316	47,243	118	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	28,280	0	986,949	193,867	2,283	55.00
56.00	05600	RADIOISOTOPE	1,256	0	105,832	26,737	411	56.00
57.00	05700	CT SCAN	24,915	0	242,896	22,670	110	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,010	0	358,500	74,065	2,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,804	0	417,466	68,853	577	59.00
60.00	06000	LABORATORY	57,571	0	1,928,670	170,222	19	60.00
60.01	06001	HLA LAB	2,928	0	164,029	7,154	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,650	0	1,057,491	46,257	78	63.00
65.00	06500	RESPIRATORY THERAPY	5,095	0	478,494	21,507	0	65.00
66.00	06600	PHYSICAL THERAPY	1,435	0	174,994	40,538	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	645	0	85,214	2,151	0	67.00
68.00	06800	SPEECH PATHOLOGY	382	0	32,379	1,076	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,058	0	169,802	23,714	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,236	0	61,546	5,574	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,124	0	2,010,420	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,066	0	2,816,274	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,628	0	67,528	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,544	0	135,408	20,796	0	74.00
76.00	03330	ENDOSCOPY	3,632	0	235,811	49,225	2,314	76.00
76.01	03950	OB/GYN IN VITRO	666	0	85,053	14,879	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	219	0	14,988	6,100	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	1	0	17,280	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	262	0	9,265	2,141	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	372	0	153,917	2,733	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,627	0	576,408	190,363	762	90.00
90.01	04950	OUTPATIENT PSYCH	42	0	8,739	14,364	0	90.01
91.00	09100	EMERGENCY	25,794	0	816,354	124,435	4,065	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

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Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	5.06	7.00	8.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,393	0	366,934	7,040	0	105.00
106.00	10600 HEART ACQUISITION	194	0	69,723	3,354	0	106.00
107.00	10700 LIVER ACQUISITION	750	0	178,954	3,457	0	107.00
108.00	10800 LUNG ACQUISITION	754	0	194,015	3,245	0	108.00
109.00	10900 PANCREAS ACQUISITION	61	0	15,585	203	0	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	127,287	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	467,462	0	42,058,618	4,735,130	135,501	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	3,632	0	0	191.00
191.01	19101 RESEARCH CTSA I/P	0	0	542	10,355	168	191.01
191.02	19102 RESEARCH CTSA O/P	0	0	0	9,371	0	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	448,754	1,516,464	100	194.00
194.01	07951 RETAIL PHARMACY	16	0	151,114	10,846	0	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	0	143,915	29,100	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 through 201)	467,478	0	42,806,575	6,311,266	135,769	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/28/2018 4:35 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	1,065,190					9.00
10.00	01000	DIETARY	15,986	1,198,615				10.00
11.00	01100	CAFETERIA	19,656	0	1,037,936			11.00
13.00	01300	NURSING ADMINISTRATION	8,604	0	44,642	3,179,942		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,883	0	15,713	0	11,394,790	14.00
15.00	01500	PHARMACY	17,915	0	38,181	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,271	0	11,601	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,661	0	22,028	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	14,969	0	7,636	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	147	0	0	18.02
20.00	02000	NURSING SCHOOL	42,360	0	13,657	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,641	0	108,669	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	734	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	116	0	734	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	218,678	1,013,975	251,701	1,501,030	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,239	31,860	23,496	143,013	0	31.00
32.00	03200	CORONARY CARE UNIT	4,522	10,567	7,489	45,681	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,751	27,810	17,475	106,739	0	34.00
35.01	02400	NEURO ICU	5,425	9,757	9,692	58,993	0	35.01
35.02	02401	CARDIO-THORACIC ICU	11,109	10,135	16,154	98,158	0	35.02
40.00	04000	SUBPROVIDER - IPF	32,184	53,067	22,028	64,634	0	40.00
43.00	04300	NURSERY	976	0	1,909	12,007	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,581	0	71,810	427,151	0	50.00
51.00	05100	RECOVERY ROOM	22,717	169	23,055	132,535	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,121	0	13,804	84,470	0	52.00
53.00	05300	ANESTHESIOLOGY	553	0	8,224	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,987	0	33,188	0	0	54.00
54.01	03630	ULTRASOUND	8,123	0	2,937	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	28,027	0	18,797	0	0	55.00
56.00	05600	RADIOISOTOPE	4,597	0	2,203	0	0	56.00
57.00	05700	CT SCAN	3,898	0	6,461	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,735	0	8,077	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,839	0	8,664	52,506	0	59.00
60.00	06000	LABORATORY	28,562	0	50,810	0	0	60.00
60.01	06001	HLA LAB	1,230	0	2,496	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,954	0	10,720	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,698	0	18,503	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,970	0	8,664	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	370	0	4,259	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	185	0	1,615	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,078	0	6,461	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	958	0	1,909	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,745,776	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,649,014	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,576	0	4,259	0	0	74.00
76.00	03330	ENDOSCOPY	8,464	0	7,489	45,069	0	76.00
76.01	03950	OB/GYN IN VITRO	2,558	0	1,615	9,452	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,049	0	734	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	368	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	470	0	1,762	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32,733	0	22,615	137,180	0	90.00
90.01	04950	OUTPATIENT PSYCH	2,470	0	294	0	0	90.01
91.00	09100	EMERGENCY	21,396	0	35,831	218,470	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,211	0	2,790	17,135	0	105.00
106.00	10600 HEART ACQUISITION	577	0	1,322	8,327	0	106.00
107.00	10700 LIVER ACQUISITION	594	0	1,322	8,348	0	107.00
108.00	10800 LUNG ACQUISITION	558	0	1,469	8,822	0	108.00
109.00	10900 PANCREAS ACQUISITION	35	0	0	222	0	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	5,727	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	794,188	1,157,340	1,003,572	3,179,942	11,394,790	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	147	0	0	191.00
191.01	19101 RESEARCH CTSA I/P	1,780	1,792	0	0	0	191.01
191.02	19102 RESEARCH CTSA O/P	1,611	1,792	0	0	0	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	260,742	2,163	25,552	0	0	194.00
194.01	07951 RETAIL PHARMACY	1,865	0	6,315	0	0	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	5,004	0	2,350	0	0	194.02
194.03	07953 GUEST MEALS	0	35,528	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 through 201)	1,065,190	1,198,615	1,037,936	3,179,942	11,394,790	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

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Cost Center Description	OTHER GENERAL SERVICE				
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	EXTENDED CARE SERVICES	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	9,986,330				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	540,772			16.00
17.00 01700 SOCIAL SERVICE	10,549	0	661,185		17.00
18.00 01852 EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01 01851 LAB ADMINISTRATION	0	0	0	0	838,833 18.01
18.02 01850 RESEARCH ADMINISTRATION	0	0	0	0	0 18.02
20.00 02000 NURSING SCHOOL	8	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	3,266	44,864	550,672	0	0 30.00
31.00 03100 INTENSIVE CARE UNIT	178	6,233	29,128	0	0 31.00
32.00 03200 CORONARY CARE UNIT	91	1,995	9,665	0	0 32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	28	4,997	23,979	0	0 34.00
35.01 02400 NEURO ICU	98	2,881	14,080	0	0 35.01
35.02 02401 CARDIO-THORACIC ICU	52	3,961	19,489	0	0 35.02
40.00 04000 SUBPROVIDER - I/PF	38	3,517	0	0	0 40.00
43.00 04300 NURSERY	0	704	14,172	0	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	585	44,514	0	0	0 50.00
51.00 05100 RECOVERY ROOM	89	10,143	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	20	1,635	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	64,131	18,694	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	65,455	33,135	0	0	0 54.00
54.01 03630 ULTRASOUND	2,502	4,970	0	0	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	179,928	32,605	0	0	0 55.00
56.00 05600 RADIOISOTOPE	83,753	1,448	0	0	0 56.00
57.00 05700 CT SCAN	476	28,726	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,254	16,153	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	11	10,151	0	0	0 59.00
60.00 06000 LABORATORY	10	68,176	0	0	644,672 60.00
60.01 06001 HLA LAB	75	3,375	0	0	37,145 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,971	22,656	0	0	157,016 63.00
65.00 06500 RESPIRATORY THERAPY	193	5,875	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0	1,655	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	744	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	440	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	115,337	15,055	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,425	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,896	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	31,205	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,823,585	49,147	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	2,562	1,780	0	0	0 74.00
76.00 03330 ENDOSCOPY	17	4,187	0	0	0 76.00
76.01 03950 OB/GYN IN VITRO	189	768	0	0	0 76.01
76.02 03320 ELECTROSHOCK THERAPY	8	252	0	0	0 76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	1	0	0	0 76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	302	0	0	0 76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	429	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	352	7,640	0	0	0 90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				EXTENDED CARE SERVICES	LAB ADMINISTRATION	
				15.00	16.00	
90.01 04950 OUTPATIENT PSYCH	0	48	0	0	0	90.01
91.00 09100 EMERGENCY	2,356	29,739	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	1,606	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	223	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	864	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	869	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	70	0	0	0	109.00
112.00 08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	9,362,167	540,753	661,185	0	838,833	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 RESEARCH CTSA I/P	774	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	5,097	0	0	0	0	194.00
194.01 07951 RETAIL PHARMACY	618,292	19	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 through 201)	9,986,330	540,772	661,185	0	838,833	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	PARAMED PRGM-PASTORAL ED	
	RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
	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	2,407					18.02
20.00 02000 NURSING SCHOOL	0	354,962				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		4,344,449			21.00
23.01 02301 PARAMED PRGM-PHARMACY	0			12,966		23.01
23.02 02302 PARAMED PRGM-PASTORAL ED	0				16,502	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 - I PF	0					40.00
43.00 04300 NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0					50.00
51.00 05100 RECOVERY ROOM	0					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0					52.00
53.00 05300 ANESTHESIOLOGY	0					53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0					54.00
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
76.98 07698 HYPERBARIC OXYGEN THERAPY	0					76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0					77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0					90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	PARAMED PRGM-PASTORAL ED	
			RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
			18.02	20.00	21.00	23.01	23.02	
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
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0					112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	2,407					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		354,962	4,344,449	12,966	16,502	200.00
201.00		Negative Cost Centers	0	2,874,510	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,407	3,229,472	4,344,449	12,966	16,502	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.03	00103				1.03
1.04	00104				1.04
1.05	00105				1.05
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01852				18.00
18.01	01851				18.01
18.02	01850				18.02
20.00	02000				20.00
21.00	02100				21.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	15,878,199	0	15,878,199	30.00
31.00	03100	1,182,600	0	1,182,600	31.00
32.00	03200	369,514	0	369,514	32.00
34.00	03400	1,275,988	0	1,275,988	34.00
35.01	02400	724,833	0	724,833	35.01
35.02	02401	1,030,813	0	1,030,813	35.02
40.00	04000	1,585,849	0	1,585,849	40.00
43.00	04300	127,346	0	127,346	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	12,497,348	0	12,497,348	50.00
51.00	05100	1,623,804	0	1,623,804	51.00
52.00	05200	765,792	0	765,792	52.00
53.00	05300	1,025,920	0	1,025,920	53.00
54.00	05400	9,120,627	0	9,120,627	54.00
54.01	03630	611,778	0	611,778	54.01
55.00	05500	9,491,514	0	9,491,514	55.00
56.00	05600	1,687,003	0	1,687,003	56.00
57.00	05700	1,657,104	0	1,657,104	57.00
58.00	05800	2,752,081	0	2,752,081	58.00
59.00	05900	2,820,959	0	2,820,959	59.00
60.00	06000	4,583,489	0	4,583,489	60.00
60.01	06001	276,624	0	276,624	60.01
63.00	06300	1,850,626	0	1,850,626	63.00
65.00	06500	1,294,767	0	1,294,767	65.00
66.00	06600	418,429	0	418,429	66.00
67.00	06700	107,756	0	107,756	67.00
68.00	06800	47,180	0	47,180	68.00
69.00	06900	814,719	0	814,719	69.00
70.00	07000	460,533	0	460,533	70.00
71.00	07100	6,840,626	0	6,840,626	71.00
72.00	07200	9,587,111	0	9,587,111	72.00
73.00	07300	8,982,888	0	8,982,888	73.00
74.00	07400	454,677	0	454,677	74.00
76.00	03330	1,432,677	0	1,432,677	76.00
76.01	03950	329,723	0	329,723	76.01
76.02	03320	58,465	0	58,465	76.02
76.03	03951	17,678	0	17,678	76.03
76.98	07698	20,654	0	20,654	76.98
77.00	07700	171,855	0	171,855	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	1,845,835	0	1,845,835	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.01	04950	OUTPATIENT PSYCH	96,156	0	96,156	90.01
91.00	09100	EMERGENCY	2,608,801	0	2,608,801	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	434,047	0	434,047	105.00
106.00	10600	HEART ACQUISITION	112,379	0	112,379	106.00
107.00	10700	LIVER ACQUISITION	212,057	0	212,057	107.00
108.00	10800	LUNG ACQUISITION	231,849	0	231,849	108.00
109.00	10900	PANCREAS ACQUISITION	16,993	0	16,993	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	143,838	0	143,838	112.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,681,504	0	109,681,504	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	6,251	0	6,251	191.00
191.01	19101	RESEARCH CTSA I/P	-10,184	0	-10,184	191.01
191.02	19102	RESEARCH CTSA O/P	-10,410	0	-10,410	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	8,527,442	0	8,527,442	194.00
194.01	07951	RETAIL PHARMACY	879,032	0	879,032	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	292,518	0	292,518	194.02
194.03	07953	GUEST MEALS	35,528	0	35,528	194.03
200.00		Cross Foot Adjustments	4,728,879	0	4,728,879	200.00
201.00		Negative Cost Centers	2,874,510	0	2,874,510	201.00
202.00		TOTAL (sum lines 118 through 201)	127,005,070	0	127,005,070	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/28/2018 4:35 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	1,858,481					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	1,768,343				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	57,223		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					44,228,112	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,524	6,004	0	0	181,403	4.00
5.01	00540	NONPATIENT TELEPHONES	10,329	3,219	0	0	11,719	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	32,336	742	0	0	5,763	5.03
5.04	00570	ADMINISTRATIVE	22,997	7,090	0	586	32,930	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	454,155	468,827	0	13,422	16,584,560	5.06
7.00	00700	OPERATION OF PLANT	211,705	216,759	0	105	178,348	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,737	39	0	0	282	8.00
9.00	00900	HOUSEKEEPING	17,902	4,413	0	37	97,224	9.00
10.00	01000	DIETARY	27,054	226	0	0	309,846	10.00
11.00	01100	CAFETERIA	33,554	9,701	0	0	201,716	11.00
13.00	01300	NURSING ADMINISTRATION	15,765	3,168	0	0	764,971	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,581	2,970	0	0	58,258	14.00
15.00	01500	PHARMACY	4,452	34,140	0	0	1,145,787	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,290	10,509	0	0	20,595	16.00
17.00	01700	SOCIAL SERVICE	1,253	6,932	0	0	14,818	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	32,940	0	0	32,500	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	93,215	0	314,005	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,702	3,387	0	0	6,665	21.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED PRGM-PASTORAL ED	0	255	0	0	645	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	480,012	1,203	0	0	635,529	30.00
31.00	03100	INTENSIVE CARE UNIT	33,318	217	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	2,693	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,660	0	0	0	136,712	34.00
35.01	02400	NEURO ICU	11,937	0	0	0	157,359	35.01
35.02	02401	CARDIO-THORACIC ICU	5,279	19,168	0	0	112,415	35.02
40.00	04000	SUBPROVIDER - IPF	29,770	41,052	0	0	58,179	40.00
43.00	04300	NURSERY	2,148	0	0	0	14,667	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,850	103,668	0	0	4,843,291	50.00
51.00	05100	RECOVERY ROOM	29,888	20,102	0	0	130,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,800	71	0	0	82,455	52.00
53.00	05300	ANESTHESIOLOGY	0	1,218	0	0	374,162	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,148	39,441	0	0	4,695,942	54.00
54.01	03630	ULTRASOUND	9,794	5,545	0	0	181,011	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	16,200	57,156	0	1,522	4,924,440	55.00
56.00	05600	RADIOISOTOPE	10,117	0	0	0	922,903	56.00
57.00	05700	CT SCAN	0	3,058	0	0	863,645	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,398	8,044	0	0	1,389,880	58.00
59.00	05900	CARDIAC CATHETERIZATION	504	25,549	0	0	1,341,253	59.00
60.00	06000	LABORATORY	4,015	59,420	0	586	604,304	60.00
60.01	06001	HLA LAB	0	2,707	0	0	11,813	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,503	0	0	215,005	63.00
65.00	06500	RESPIRATORY THERAPY	8,138	0	0	0	313,108	65.00
66.00	06600	PHYSICAL THERAPY	2,107	13,232	0	0	11,551	66.00
67.00	06700	OCCUPATIONAL THERAPY	591	223	0	0	3,092	67.00
68.00	06800	SPEECH PATHOLOGY	296	111	0	0	4,418	68.00
69.00	06900	ELECTROCARDIOLOGY	6,231	2,742	0	0	247,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,109	0	0	0	248,943	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	0	0	0	140,970	74.00
76.00	03330	ENDOSCOPY	5,065	13,561	0	0	576,803	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	139,811	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	8,667	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	810	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,034	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/28/2018 4:35 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		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	66,630	0	0	92,861	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	8,503	90.01
91.00	09100	EMERGENCY	1,921	43,653	0	0	558,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	44	2,620	0	0	753	105.00
106.00	10600	HEART ACQUISITION	44	1,225	0	0	231	106.00
107.00	10700	LIVER ACQUISITION	44	1,264	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	44	1,184	0	0	146	108.00
109.00	10900	PANCREAS ACQUISITION	44	33	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,729,979	1,370,200	93,215	16,258	44,015,876	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	128,502	383,028	0	40,965	199,676	194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	10,458	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	11,011	0	0	2,102	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)	16,834,287	16,697,916	1,612,590	1,229,559	65,070,304	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.058089	9.442691	17.299684	21.487147	1.471243	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
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT TELEPHONES)	PURCHASING RECEIVING AND STORES (\$\$ AMT PURCHASES)	ADMINING (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	543,502,347				4.00
5.01	00540	NONPATIENT TELEPHONES	1,586,326	3,389,432			5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,049,507	4,930	444,864,767		5.03
5.04	00570	ADMINING	15,290,938	138,201	465,070	5,506,343,662	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	29,580,746	374,683	860,453	0	5.06
7.00	00700	OPERATION OF PLANT	9,104,793	69,929	2,052,373	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,578,321	0	8.00
9.00	00900	HOUSEKEEPING	11,837,012	23,423	1,709,340	0	9.00
10.00	01000	DIETARY	5,401,706	30,510	2,643,427	0	10.00
11.00	01100	CAFETERIA	4,358,824	25,624	7,685,747	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,906,307	101,355	549,078	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,020,942	24,149	15,616,810	0	14.00
15.00	01500	PHARMACY	21,263,916	93,220	128,015,817	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,121,625	42,247	84,290	0	16.00
17.00	01700	SOCIAL SERVICE	10,430,253	57,104	212,406	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	4,341,472	17,105	31,754	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	52,370	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,542,565	53,582	342,308	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	44,745,588	25,647	239,871	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	281,644	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	276,721	3,009	1,499	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,855,156	778,203	7,924,790	457,800,774	30.00
31.00	03100	INTENSIVE CARE UNIT	10,109,432	37,406	1,482,972	63,606,328	31.00
32.00	03200	CORONARY CARE UNIT	3,491,316	9,930	270,822	20,358,492	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,162,082	35,678	1,629,539	50,991,148	34.00
35.01	02400	NEURO ICU	4,597,064	18,371	641,452	29,402,190	35.01
35.02	02401	CARDIO-THORACIC ICU	7,791,177	33,917	1,213,333	40,413,808	35.02
40.00	04000	SUBPROVIDER - IPF	9,105,875	44,763	369,368	35,884,576	40.00
43.00	04300	NURSERY	932,901	2,600	203,984	7,188,171	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,236,969	226,151	17,307,729	454,224,264	50.00
51.00	05100	RECOVERY ROOM	11,123,890	47,725	1,681,265	103,497,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,100,789	18,201	944,772	16,681,902	52.00
53.00	05300	ANESTHESIOLOGY	2,285,324	64,111	6,264,854	190,751,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,292,990	108,213	6,580,453	338,116,859	54.00
54.01	03630	ULTRASOUND	1,349,435	9,685	113,892	50,715,689	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,235,947	94,900	3,198,984	332,703,168	55.00
56.00	05600	RADIOISOTOPE	1,105,271	16,357	1,301,540	14,780,069	56.00
57.00	05700	CT SCAN	3,286,458	25,372	884,790	293,121,258	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,808,026	21,080	1,305,587	164,829,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,243,877	38,342	4,852,116	103,578,263	59.00
60.00	06000	LABORATORY	18,057,530	118,936	16,463,881	683,898,341	60.00
60.01	06001	HLA LAB	1,160,447	7,362	3,107,463	34,443,115	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,720,690	25,213	26,316,695	231,179,036	63.00
65.00	06500	RESPIRATORY THERAPY	8,684,820	13,728	2,475,431	59,945,755	65.00
66.00	06600	PHYSICAL THERAPY	3,896,452	8,240	47,753	16,886,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,066,478	46	21,238	7,587,918	67.00
68.00	06800	SPEECH PATHOLOGY	757,531	46	4,421	4,491,482	68.00
69.00	06900	ELECTROCARDIOLOGY	2,725,105	19,148	1,863,662	153,622,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	798,075	4,720	44,571	14,543,469	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	64,687,194	213,225,111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	90,529,593	318,422,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	501,504,328	73.00
74.00	07400	RENAL DIALYSIS	2,287,123	8,279	992,163	18,162,881	74.00
76.00	03330	ENDOSCOPY	3,461,604	25,891	1,603,939	42,728,571	76.00
76.01	03950	OB/GYN IN VITRO	827,342	766	446,853	7,841,134	76.01
76.02	03320	ELECTROSHOCK THERAPY	289,191	3,265	42,404	2,572,091	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	564,000	13,484	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,971	3,020	3,084,579	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,020,582	3,674	21,308	4,374,850	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,749,342	174,699	1,182,318	77,961,915	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/28/2018 4:35 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	
90.01	04950	OUTPATIENT PSYCH	119,447	13,428	7,419	490,551		0 90.01
91.00	09100	EMERGENCY	14,660,904	98,798	3,032,809	303,458,025		0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,268,321	6,435	12,063	16,391,219		0 105.00
106.00	10600	HEART ACQUISITION	674,873	4,250	5,967	2,276,543		0 106.00
107.00	10700	LIVER ACQUISITION	661,772	4,763	3,146	8,821,403		0 107.00
108.00	10800	LUNG ACQUISITION	663,313	3,766	8,527	8,865,316		0 108.00
109.00	10900	PANCREAS ACQUISITION	22,848	0	47	711,921		0 109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	2,811,096	17,354	26,732	0		0 112.00
113.00	11300	INTEREST EXPENSE						0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	531,692,120	3,280,501	434,775,423	5,506,150,593		0 118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	57,575	0	0	0		0 191.00
191.01	19101	RESEARCH CTSA I/P	0	0	46,331	0		0 191.01
191.02	19102	RESEARCH CTSA O/P	0	0	14,011	0		0 191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,555,647	59,187	795,649	0		0 194.00
194.01	07951	RETAIL PHARMACY	3,172,280	38,245	9,167,159	193,069		0 194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,024,725	11,499	66,194	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)	68,971,784	1,540,393	15,155,209	25,026,984		0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.126902	0.454469	0.034067	0.004545	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	614,196	150,916	312,163	467,478		0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001130	0.044525	0.000702	0.000085	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/28/2018 4:35 pm

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	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-355,090,553	1,444,893,208			5.06
7.00	00700	OPERATION OF PLANT	0	64,312,072	2,388,077		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,823,689	8,061	7,006,588	8.00
9.00	00900	HOUSEKEEPING	0	21,020,180	22,606	0	2,344,018
10.00	01000	DIETARY	0	12,141,884	35,178	0	35,178
11.00	01100	CAFETERIA	0	6,106,926	43,255	0	43,255
13.00	01300	NURSING ADMINISTRATION	0	55,730,557	18,933	0	18,933
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,866,335	30,551	1,499	30,551
15.00	01500	PHARMACY	0	181,889,535	39,422	0	39,422
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,702,076	13,799	0	13,799
17.00	01700	SOCIAL SERVICE	0	15,446,073	8,185	0	8,056
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0
18.01	01851	LAB ADMINISTRATION	0	11,965,005	32,940	0	32,940
18.02	01850	RESEARCH ADMINISTRATION	0	74,296	0	0	0
20.00	02000	NURSING SCHOOL	3,498,202	0	93,215	0	93,215
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	133,849,516	14,614	12,421	14,614
23.01	02301	PARAMED PRGM-PHARMACY	0	402,159	0	0	0
23.02	02302	PARAMED PRGM-PASTORAL ED	0	336,137	255	0	255
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	167,600,793	481,215	4,343,089	481,215
31.00	03100	INTENSIVE CARE UNIT	0	16,517,471	33,535	432,843	33,535
32.00	03200	CORONARY CARE UNIT	0	5,310,535	9,950	84,634	9,950
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	14,876,372	34,660	0	34,660
35.01	02400	NEURO ICU	0	7,918,656	11,937	116,291	11,937
35.02	02401	CARDIO-THORACIC ICU	0	12,597,081	24,447	137,755	24,447
40.00	04000	SUBPROVIDER - IPF	0	14,890,117	70,822	111,168	70,822
43.00	04300	NURSERY	0	1,597,511	2,148	20,590	2,148
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	83,784,197	157,518	462,926	157,518
51.00	05100	RECOVERY ROOM	0	19,527,414	49,990	255,166	49,990
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,222,522	17,871	191,460	17,871
53.00	05300	ANESTHESIOLOGY	0	10,733,955	1,218	0	1,218
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,208,079	83,593	121,207	83,593
54.01	03630	ULTRASOUND	0	4,094,920	17,876	6,111	17,876
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,313,620	73,356	117,833	61,676
56.00	05600	RADIOISOTOPE	0	3,572,270	10,117	21,223	10,117
57.00	05700	CT SCAN	0	8,198,732	8,578	5,656	8,578
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,100,842	28,025	147,534	28,025
59.00	05900	CARDIAC CATHETERIZATION	0	14,091,216	26,053	29,783	26,053
60.00	06000	LABORATORY	0	65,100,601	64,409	969	62,853
60.01	06001	HLA LAB	0	5,536,672	2,707	0	2,707
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	35,694,708	17,503	4,034	17,503
65.00	06500	RESPIRATORY THERAPY	0	16,151,136	8,138	0	8,138
66.00	06600	PHYSICAL THERAPY	0	5,906,761	15,339	0	15,339
67.00	06700	OCCUPATIONAL THERAPY	0	2,876,320	814	0	814
68.00	06800	SPEECH PATHOLOGY	0	1,092,917	407	0	407
69.00	06900	ELECTROCARDIOLOGY	0	5,731,524	8,973	0	8,973
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,077,424	2,109	0	2,109
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,860,001	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	95,060,897	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,279,337	0	0	0
74.00	07400	RENAL DIALYSIS	0	4,570,592	7,869	0	7,869
76.00	03330	ENDOSCOPY	0	7,959,613	18,626	119,413	18,626
76.01	03950	OB/GYN IN VITRO	0	2,870,875	5,630	0	5,630
76.02	03320	ELECTROSHOCK THERAPY	0	505,891	2,308	0	2,308
76.03	03951	CORNEAL TISSUE ACQUISITION	0	583,275	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	312,743	810	0	810
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,195,336	1,034	0	1,034
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	19,456,148	72,030	39,346	72,030
90.01	04950	OUTPATIENT PSYCH	0	294,980	5,435	0	5,435

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
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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		
91.00	09100	EMERGENCY	0	27,555,307	47,084	209,796	47,084	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	12,385,537	2,664	0	2,664	105.00
106.00	10600	HEART ACQUISITION	0	2,353,446	1,269	0	1,269	106.00
107.00	10700	LIVER ACQUISITION	0	6,040,454	1,308	0	1,308	107.00
108.00	10800	LUNG ACQUISITION	0	6,548,814	1,228	0	1,228	108.00
109.00	10900	PANCREAS ACQUISITION	0	526,046	77	0	77	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	4,296,476	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-351,592,351	1,419,646,574	1,791,694	6,992,747	1,747,662	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	122,597	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	18,289	3,918	8,665	3,918	191.01
191.02	19102	RESEARCH CTSA O/P	8,706	0	3,546	0	3,546	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	15,147,303	573,804	5,176	573,777	194.00
194.01	07951	RETAIL PHARMACY	0	5,100,706	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	4,857,739	11,011	0	11,011	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)		355,090,553	80,117,150	3,788,065	26,944,419	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.245756	33.548814	0.540643	11.494971	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		42,806,575	6,311,266	135,769	1,065,190	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.029626	2.642823	0.019377	0.454429	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
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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						1.00
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	744,346					10.00
11.00	01100	0	7,068				11.00
13.00	01300	0	304	7,403,998			13.00
14.00	01400	0	107	0	155,316,787		14.00
15.00	01500	0	260	0	0	146,335,472	15.00
16.00	01600	0	79	0	0	0	16.00
17.00	01700	0	150	0	0	154,577	17.00
18.00	01852	0	0	0	0	0	18.00
18.01	01851	0	52	0	0	0	18.01
18.02	01850	0	1	0	0	0	18.02
20.00	02000	0	93	0	0	116	20.00
21.00	02100	0	740	0	0	0	21.00
23.01	02301	0	5	0	0	0	23.01
23.02	02302	0	5	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	629,684	1,714	3,494,915	0	47,854	30.00
31.00	03100	19,785	160	332,983	0	2,615	31.00
32.00	03200	6,562	51	106,361	0	1,337	32.00
34.00	03400	17,270	119	248,524	0	415	34.00
35.01	02400	6,059	66	137,357	0	1,434	35.01
35.02	02401	6,294	110	228,546	0	763	35.02
40.00	04000	32,955	150	150,489	0	550	40.00
43.00	04300	0	13	27,956	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	489	994,553	0	8,569	50.00
51.00	05100	105	157	308,588	0	1,310	51.00
52.00	05200	0	94	196,676	0	294	52.00
53.00	05300	0	56	0	0	939,747	53.00
54.00	05400	0	226	0	0	959,150	54.00
54.01	03630	0	20	0	0	36,668	54.01
55.00	05500	0	128	0	0	2,636,573	55.00
56.00	05600	0	15	0	0	1,227,272	56.00
57.00	05700	0	44	0	0	6,972	57.00
58.00	05800	0	55	0	0	62,329	58.00
59.00	05900	0	59	122,253	0	157	59.00
60.00	06000	0	346	0	0	146	60.00
60.01	06001	0	17	0	0	1,101	60.01
63.00	06300	0	73	0	0	28,889	63.00
65.00	06500	0	126	0	0	2,835	65.00
66.00	06600	0	59	0	0	0	66.00
67.00	06700	0	29	0	0	0	67.00
68.00	06800	0	11	0	0	0	68.00
69.00	06900	0	44	0	0	1,690,100	69.00
70.00	07000	0	13	0	0	0	70.00
71.00	07100	0	0	0	64,687,194	0	71.00
72.00	07200	0	0	0	90,629,593	0	72.00
73.00	07300	0	0	0	0	129,297,152	73.00
74.00	07400	0	29	0	0	37,542	74.00
76.00	03330	0	51	104,937	0	256	76.00
76.01	03950	0	11	22,007	0	2,771	76.01
76.02	03320	0	5	0	0	114	76.02
76.03	03951	0	0	0	0	0	76.03
76.98	07698	0	0	0	0	0	76.98
77.00	07700	0	12	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	154	319,401	0	5,163	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
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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	
90.01	04950	0	2	0	0	0	90.01
91.00	09100	0	244	508,672	0	34,522	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	19	39,896	0	0	105.00
106.00	10600	0	9	19,389	0	0	106.00
107.00	10700	0	9	19,437	0	0	107.00
108.00	10800	0	10	20,540	0	0	108.00
109.00	10900	0	0	518	0	0	109.00
112.00	08600	0	39	0	0	0	112.00
113.00	11300						113.00
118.00		718,714	6,834	7,403,998	155,316,787	137,189,293	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	0	1	0	0	0	191.00
191.01	19101	1,113	0	0	0	11,348	191.01
191.02	19102	1,113	0	0	0	0	191.02
194.00	07950	1,343	174	0	0	74,683	194.00
194.01	07951	0	43	0	0	9,060,148	194.01
194.02	07952	0	16	0	0	0	194.02
194.03	07953	22,063	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		16,710,375	9,556,109	70,690,505	30,007,484	228,716,596	202.00
203.00		22.449741	1.352.024477	9.547613	0.193202	1.562961	203.00
204.00		1,198,615	1,037,936	3,179,942	11,394,790	9,986,330	204.00
205.00		1.610293	146.850028	0.429490	0.073365	0.068243	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
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Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE			
			EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	
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	5,506,343,662					16.00
17.00 01700 SOCIAL SERVICE	0	301,765				17.00
18.00 01852 EXTENDED CARE SERVICES	0	0	0			18.00
18.01 01851 LAB ADMINISTRATION	0	0	0	821,563		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	457,800,774	251,327	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	63,606,328	13,294	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	20,358,492	4,411	0	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	50,991,148	10,944	0	0	0	34.00
35.01 02400 NEURO ICU	29,402,190	6,426	0	0	0	35.01
35.02 02401 CARDIO-THORACIC ICU	40,413,808	8,895	0	0	0	35.02
40.00 04000 SUBPROVIDER - IPF	35,884,576	0	0	0	0	40.00
43.00 04300 NURSERY	7,188,171	6,468	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	454,224,264	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	103,497,721	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	16,681,902	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	190,751,797	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	338,116,859	0	0	0	0	54.00
54.01 03630 ULTRASOUND	50,715,689	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	332,703,168	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	14,780,069	0	0	0	0	56.00
57.00 05700 CT SCAN	293,121,258	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	164,829,329	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	103,578,263	0	0	0	0	59.00
60.00 06000 LABORATORY	683,898,341	0	0	631,400	0	60.00
60.01 06001 HLA LAB	34,443,115	0	0	36,380	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	231,179,036	0	0	153,783	0	63.00
65.00 06500 RESPIRATORY THERAPY	59,945,755	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	16,886,857	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	7,587,918	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	4,491,482	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	153,622,065	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	14,543,469	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	213,225,111	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	318,422,827	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	501,504,328	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	18,162,881	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	42,728,571	0	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	7,841,134	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	2,572,091	0	0	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	13,484	0	0	0	0	76.03
76.98 07698 HYPERBARI C OXYGEN THERAPY	3,084,579	0	0	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	4,374,850	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE			
			EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	77,961,915	0	0	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	490,551	0	0	0	0	90.01
91.00 09100 EMERGENCY	303,458,025	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	16,391,219	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	2,276,543	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	8,821,403	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	8,865,316	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	711,921	0	0	0	0	109.00
112.00 08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	5,506,150,593	301,765	0	821,563	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	193,069	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)	7,831,764	20,053,640	0	16,459,524	93,907	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001422	66.454493	0.000000	20.034403	939.070000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	540,772	661,185	0	838,833	2,407	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000098	2.191059	0.000000	1.021021	24.070000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
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Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED PRGM-PASTORAL ED (ACCUM COST)	
		SERVICES-SALARY & FRINGES (% OF TIME)				
	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	40,248					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		10,000				21.00
23.01 02301 PARAMED PRGM-PHARMACY				100		23.01
23.02 02302 PARAMED PRGM-PASTORAL ED					-436,991	1,796,039,862
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	30,828	2,148		0	0	336,870,163
31.00 03100 INTENSIVE CARE UNIT	1,350	294		0	0	32,117,918
32.00 03200 CORONARY CARE UNIT	212	159		0	0	11,347,568
34.00 03400 SURGICAL INTENSIVE CARE UNIT	180	208		0	0	27,322,003
35.01 02400 NEURO ICU	248	62		0	0	13,522,279
35.02 02401 CARDIO-THORACIC ICU	1,032	149		0	0	22,520,907
40.00 04000 SUBPROVIDER - IPF	3,504	163		0	0	27,048,005
43.00 04300 NURSERY	504	0		0	0	2,832,883
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	716	1,741		0	0	151,870,964
51.00 05100 RECOVERY ROOM	0	26		0	0	30,464,075
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,216	104		0	0	17,448,743
53.00 05300 ANESTHESIOLOGY	0	439		0	0	22,635,671
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	776		0	0	65,537,100
54.01 03630 ULTRASOUND	0	124		0	0	8,154,523
55.00 05500 RADIOLOGY-THERAPEUTIC	0	153		0	0	52,078,006
56.00 05600 RADIOISOTOPE	0	160		0	0	9,571,383
57.00 05700 CT SCAN	0	56		0	0	12,033,360
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	25		0	0	17,244,002
59.00 05900 CARDIAC CATHETERIZATION	0	117		0	0	22,108,759
60.00 06000 LABORATORY	0	635		0	0	108,769,315
60.01 06001 HLA LAB	0	0		0	0	7,821,811
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	109		0	0	50,646,679
65.00 06500 RESPIRATORY THERAPY	0	92		0	0	22,296,336
66.00 06600 PHYSICAL THERAPY	0	112		0	0	10,039,275
67.00 06700 OCCUPATIONAL THERAPY	0	0		0	0	3,669,858
68.00 06800 SPEECH PATHOLOGY	0	0		0	0	1,401,099
69.00 06900 ELECTROCARDIOLOGY	0	74		0	0	11,709,987
70.00 07000 ELECTROENCEPHALOGRAPHY	0	256		0	0	7,032,496
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	97,337,904
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0	0	136,385,269
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		100	0	206,146,754
74.00 07400 RENAL DIALYSIS	0	41		0	0	6,862,484
76.00 03330 ENDOSCOPY	8	144		0	0	14,376,550
76.01 03950 OB/GYN IN VITRO	0	13		0	0	4,289,406
76.02 03320 ELECTROSHOCK THERAPY	0	14		0	0	980,547
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0		0	0	726,637
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		0	0	430,473
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		0	0	6,541,141

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED PRGM-PASTORAL ED (ACCUM COST)	
		SERVICES-SALARY & FRINGES (% OF TIME)				
	20.00	21.00	23.01	23A.02	23.02	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	844	0	0	45,093,797	90.00
90.01 04950 OUTPATIENT PSYCH	0	161	0	0	3,327,078	90.01
91.00 09100 EMERGENCY	450	559	0	0	51,656,748	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	15,979,262	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	3,189,503	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	7,794,138	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	8,435,772	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	664,751	109.00
112.00 08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	5,405,090	112.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	40,248	9,958	100	-436,991	1,721,738,472	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	247,985	191.00
191.01 19101 RESEARCH CTSA I/P	0	20	0	0	583,492	191.01
191.02 19102 RESEARCH CTSA O/P	0	22	0	0	546,507	191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	45,100,766	194.00
194.01 07951 RETAIL PHARMACY	0	0	0	0	20,758,164	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	6,569,167	194.02
194.03 07953 GUEST MEALS	0	0	0	0	495,309	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)	826,474	168,409,321	507,752		436,991	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	20.534536	16,840.932100	5,077.520000		0.000243	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,229,472	4,344,449	12,966		16,502	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	8.819370	434.444900	129.660000		0.000009	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)	0		0		0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000		0.000000		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/28/2018 4:35 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		300,778,253	0	300,778,253	30.00	
31.00	03100 INTENSIVE CARE UNIT		27,174,489	0	27,174,489	31.00	
32.00	03200 CORONARY CARE UNIT		8,672,617	0	8,672,617	32.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		23,825,728	0	23,825,728	34.00	
35.01	02400 NEURO ICU		12,481,427	0	12,481,427	35.01	
35.02	02401 CARDIO-THORACIC ICU		20,017,081	0	20,017,081	35.02	
40.00	04000 SUBPROVIDER - IPF		24,309,506	0	24,309,506	40.00	
43.00	04300 NURSERY		2,833,571	0	2,833,571	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		122,587,806	0	122,587,806	50.00	
51.00	05100 RECOVERY ROOM		30,033,614	0	30,033,614	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		15,701,526	0	15,701,526	52.00	
53.00	05300 ANESTHESIOLOGY		15,248,002	0	15,248,002	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		52,484,463	0	52,484,463	54.00	
54.01	03630 ULTRASOUND		6,068,229	0	6,068,229	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC		49,513,998	0	49,513,998	55.00	
56.00	05600 RADIOISOTOPE		6,879,160	0	6,879,160	56.00	
57.00	05700 CT SCAN		11,093,192	0	11,093,192	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		16,827,169	0	16,827,169	58.00	
59.00	05900 CARDIAC CATHETERIZATION		20,143,742	0	20,143,742	59.00	
60.00	06000 LABORATORY		98,101,754	0	98,101,754	60.00	
60.01	06001 HLA LAB		7,823,712	0	7,823,712	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		48,823,324	0	48,823,324	63.00	
65.00	06500 RESPIRATORY THERAPY	0	20,752,388	0	20,752,388	65.00	
66.00	06600 PHYSICAL THERAPY	0	8,155,531	0	8,155,531	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	3,670,750	0	3,670,750	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,401,439	0	1,401,439	68.00	
69.00	06900 ELECTROCARDIOLOGY		10,466,604	0	10,466,604	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		2,722,926	0	2,722,926	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		97,361,557	0	97,361,557	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		136,418,411	0	136,418,411	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		206,196,848	0	206,196,848	73.00	
74.00	07400 RENAL DIALYSIS		6,173,674	0	6,173,674	74.00	
76.00	03330 ENDOSCOPY		11,954,950	0	11,954,950	76.00	
76.01	03950 OB/GYN IN VITRO		4,071,516	0	4,071,516	76.01	
76.02	03320 ELECTROSHOCK THERAPY		745,012	0	745,012	76.02	
76.03	03951 CORNEAL TISSUE ACQUISITION		726,814	0	726,814	76.03	
76.98	07698 HYPERBARIIC OXYGEN THERAPY		430,578	0	430,578	76.98	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION		6,542,730	0	6,542,730	77.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		30,891,008	0	30,891,008	90.00	
90.01	04950 OUTPATIENT PSYCH		616,496	0	616,496	90.01	
91.00	09100 EMERGENCY		42,255,220	0	42,255,220	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,104,990	0	8,104,990	92.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		15,983,145		15,983,145	105.00	
106.00	10600 HEART ACQUISITION		3,190,278		3,190,278	106.00	
107.00	10700 LIVER ACQUISITION		7,796,032		7,796,032	107.00	
108.00	10800 LUNG ACQUISITION		8,437,822		8,437,822	108.00	
109.00	10900 PANCREAS ACQUISITION		664,913		664,913	109.00	
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW		5,406,403		5,406,403	112.00	
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		1,562,560,398	0	1,562,560,398	200.00	
201.00	Less Observation Beds		8,104,990	0	8,104,990	201.00	
202.00	Total (see instructions)		1,554,455,408	0	1,554,455,408	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/28/2018 4:35 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	450,971,943		450,971,943				30.00
31.00	03100	INTENSIVE CARE UNIT	63,606,327		63,606,327				31.00
32.00	03200	CORONARY CARE UNIT	20,358,492		20,358,492				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	50,991,148		50,991,148				34.00
35.01	02400	NEURO ICU	29,402,190		29,402,190				35.01
35.02	02401	CARDIO-THORACIC ICU	40,413,808		40,413,808				35.02
40.00	04000	SUBPROVIDER - IPF	35,884,576		35,884,576				40.00
43.00	04300	NURSERY	7,188,171		7,188,171				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	289,468,513	163,216,875	452,685,388	0.270801	0.000000		50.00
51.00	05100	RECOVERY ROOM	34,787,799	68,709,922	103,497,721	0.290186	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,804,108	3,877,794	16,681,902	0.941231	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	109,423,349	81,328,448	190,751,797	0.079936	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,909,023	226,207,836	338,116,859	0.155226	0.000000		54.00
54.01	03630	ULTRASOUND	12,108,479	38,607,210	50,715,689	0.119652	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,032,899	320,670,269	332,703,168	0.148823	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,969,234	11,810,835	14,780,069	0.465435	0.000000		56.00
57.00	05700	CT SCAN	99,043,046	194,078,212	293,121,258	0.037845	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,237,681	129,591,648	164,829,329	0.102088	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	43,375,237	60,203,026	103,578,263	0.194478	0.000000		59.00
60.00	06000	LABORATORY	337,033,635	346,864,706	683,898,341	0.143445	0.000000		60.00
60.01	06001	HLA LAB	7,121,633	27,321,482	34,443,115	0.227149	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	163,208,333	67,970,703	231,179,036	0.211193	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	54,061,017	5,884,738	59,945,755	0.346186	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	16,081,881	804,976	16,886,857	0.482951	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,148,650	439,268	7,587,918	0.483762	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,229,744	261,738	4,491,482	0.312022	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	80,069,312	73,552,753	153,622,065	0.068132	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,314,658	2,228,811	14,543,469	0.187227	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,920,018	78,305,093	213,225,111	0.456614	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	229,238,114	89,184,713	318,422,827	0.428419	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	306,871,899	194,632,429	501,504,328	0.411157	0.000000		73.00
74.00	07400	RENAL DIALYSIS	17,619,131	543,750	18,162,881	0.339906	0.000000		74.00
76.00	03330	ENDOSCOPY	11,354,257	31,374,314	42,728,571	0.279788	0.000000		76.00
76.01	03950	OB/GYN IN VITRO	823	7,840,311	7,841,134	0.519251	0.000000		76.01
76.02	03320	ELECTROSHOCK THERAPY	795,584	1,776,507	2,572,091	0.289652	0.000000		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	108,670	1,443,690	1,552,360	0.468199	0.000000		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,222	3,081,357	3,084,579	0.139591	0.000000		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,540,980	1,833,870	4,374,850	1.495532	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,267,334	75,694,581	77,961,915	0.396232	0.000000		90.00
90.01	04950	OUTPATIENT PSYCH	282	490,269	490,551	1.256742	0.000000		90.01
91.00	09100	EMERGENCY	104,646,019	198,812,006	303,458,025	0.139246	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	417,354	6,265,397	6,682,751	1.212822	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	16,391,219	0	16,391,219				105.00
106.00	10600	HEART ACQUISITION	2,276,543	0	2,276,543				106.00
107.00	10700	LIVER ACQUISITION	8,821,403	0	8,821,403				107.00
108.00	10800	LUNG ACQUISITION	8,865,316	0	8,865,316				108.00
109.00	10900	PANCREAS ACQUISITION	711,921	0	711,921				109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	2,991,094,975	2,514,909,537	5,506,004,512				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,991,094,975	2,514,909,537	5,506,004,512				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/28/2018 4:35 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270801		50.00
51.00	05100	RECOVERY ROOM	0.290186		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.941231		52.00
53.00	05300	ANESTHESIOLOGY	0.079936		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155226		54.00
54.01	03630	ULTRASOUND	0.119652		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148823		55.00
56.00	05600	RADIOISOTOPE	0.465435		56.00
57.00	05700	CT SCAN	0.037845		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102088		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.194478		59.00
60.00	06000	LABORATORY	0.143445		60.00
60.01	06001	HLA LAB	0.227149		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211193		63.00
65.00	06500	RESPIRATORY THERAPY	0.346186		65.00
66.00	06600	PHYSICAL THERAPY	0.482951		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.483762		67.00
68.00	06800	SPEECH PATHOLOGY	0.312022		68.00
69.00	06900	ELECTROCARDIOLOGY	0.068132		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.187227		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.428419		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.411157		73.00
74.00	07400	RENAL DIALYSIS	0.339906		74.00
76.00	03330	ENDOSCOPY	0.279788		76.00
76.01	03950	OB/GYN IN VITRO	0.519251		76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289652		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.468199		76.03
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.139591		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.495532		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.396232		90.00
90.01	04950	OUTPATIENT PSYCH	1.256742		90.01
91.00	09100	EMERGENCY	0.139246		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.212822		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
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW			112.00
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 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/28/2018 4:35 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	300,778,253		300,778,253	0	300,778,253	30.00
31.00	03100 INTENSIVE CARE UNIT	27,174,489		27,174,489	0	27,174,489	31.00
32.00	03200 CORONARY CARE UNIT	8,672,617		8,672,617	0	8,672,617	32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	23,825,728		23,825,728	0	23,825,728	34.00
35.01	02400 NEURO ICU	12,481,427		12,481,427	0	12,481,427	35.01
35.02	02401 CARDIO-THORACIC ICU	20,017,081		20,017,081	0	20,017,081	35.02
40.00	04000 SUBPROVIDER - IPF	24,309,506		24,309,506	0	24,309,506	40.00
43.00	04300 NURSERY	2,833,571		2,833,571	0	2,833,571	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	122,587,806		122,587,806	0	122,587,806	50.00
51.00	05100 RECOVERY ROOM	30,033,614		30,033,614	0	30,033,614	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	15,701,526		15,701,526	0	15,701,526	52.00
53.00	05300 ANESTHESIOLOGY	15,248,002		15,248,002	0	15,248,002	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	52,484,463		52,484,463	0	52,484,463	54.00
54.01	03630 ULTRASOUND	6,068,229		6,068,229	0	6,068,229	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	49,513,998		49,513,998	0	49,513,998	55.00
56.00	05600 RADIOISOTOPE	6,879,160		6,879,160	0	6,879,160	56.00
57.00	05700 CT SCAN	11,093,192		11,093,192	0	11,093,192	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	16,827,169		16,827,169	0	16,827,169	58.00
59.00	05900 CARDIAC CATHETERIZATION	20,143,742		20,143,742	0	20,143,742	59.00
60.00	06000 LABORATORY	98,101,754		98,101,754	0	98,101,754	60.00
60.01	06001 HLA LAB	7,823,712		7,823,712	0	7,823,712	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	48,823,324		48,823,324	0	48,823,324	63.00
65.00	06500 RESPIRATORY THERAPY	20,752,388	0	20,752,388	0	20,752,388	65.00
66.00	06600 PHYSICAL THERAPY	8,155,531	0	8,155,531	0	8,155,531	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,670,750	0	3,670,750	0	3,670,750	67.00
68.00	06800 SPEECH PATHOLOGY	1,401,439	0	1,401,439	0	1,401,439	68.00
69.00	06900 ELECTROCARDIOLOGY	10,466,604		10,466,604	0	10,466,604	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,722,926		2,722,926	0	2,722,926	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	97,361,557		97,361,557	0	97,361,557	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	136,418,411		136,418,411	0	136,418,411	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	206,196,848		206,196,848	0	206,196,848	73.00
74.00	07400 RENAL DIALYSIS	6,173,674		6,173,674	0	6,173,674	74.00
76.00	03330 ENDOSCOPY	11,954,950		11,954,950	0	11,954,950	76.00
76.01	03950 OB/GYN IN VITRO	4,071,516		4,071,516	0	4,071,516	76.01
76.02	03320 ELECTROSHOCK THERAPY	745,012		745,012	0	745,012	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	726,814		726,814	0	726,814	76.03
76.98	07698 HYPERBARIIC OXYGEN THERAPY	430,578		430,578	0	430,578	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	6,542,730		6,542,730	0	6,542,730	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	30,891,008		30,891,008	0	30,891,008	90.00
90.01	04950 OUTPATIENT PSYCH	616,496		616,496	0	616,496	90.01
91.00	09100 EMERGENCY	42,255,220		42,255,220	0	42,255,220	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,104,990		8,104,990	0	8,104,990	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	15,983,145		15,983,145		15,983,145	105.00
106.00	10600 HEART ACQUISITION	3,190,278		3,190,278		3,190,278	106.00
107.00	10700 LIVER ACQUISITION	7,796,032		7,796,032		7,796,032	107.00
108.00	10800 LUNG ACQUISITION	8,437,822		8,437,822		8,437,822	108.00
109.00	10900 PANCREAS ACQUISITION	664,913		664,913		664,913	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	5,406,403		5,406,403		5,406,403	112.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	1,562,560,398	0	1,562,560,398	0	1,562,560,398	200.00
201.00	Less Observation Beds	8,104,990		8,104,990		8,104,990	201.00
202.00	Total (see instructions)	1,554,455,408	0	1,554,455,408	0	1,554,455,408	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/28/2018 4:35 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	450,971,943		450,971,943		30.00
31.00	03100	INTENSIVE CARE UNIT	63,606,327		63,606,327		31.00
32.00	03200	CORONARY CARE UNIT	20,358,492		20,358,492		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	50,991,148		50,991,148		34.00
35.01	02400	NEURO ICU	29,402,190		29,402,190		35.01
35.02	02401	CARDIO-THORACIC ICU	40,413,808		40,413,808		35.02
40.00	04000	SUBPROVIDER - IPF	35,884,576		35,884,576		40.00
43.00	04300	NURSERY	7,188,171		7,188,171		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	289,468,513	163,216,875	452,685,388	0.270801	50.00
51.00	05100	RECOVERY ROOM	34,787,799	68,709,922	103,497,721	0.290186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,804,108	3,877,794	16,681,902	0.941231	52.00
53.00	05300	ANESTHESIOLOGY	109,423,349	81,328,448	190,751,797	0.079936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,909,023	226,207,836	338,116,859	0.155226	54.00
54.01	03630	ULTRASOUND	12,108,479	38,607,210	50,715,689	0.119652	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,032,899	320,670,269	332,703,168	0.148823	55.00
56.00	05600	RADIOISOTOPE	2,969,234	11,810,835	14,780,069	0.465435	56.00
57.00	05700	CT SCAN	99,043,046	194,078,212	293,121,258	0.037845	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,237,681	129,591,648	164,829,329	0.102088	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,375,237	60,203,026	103,578,263	0.194478	59.00
60.00	06000	LABORATORY	337,033,635	346,864,706	683,898,341	0.143445	60.00
60.01	06001	HLA LAB	7,121,633	27,321,482	34,443,115	0.227149	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	163,208,333	67,970,703	231,179,036	0.211193	63.00
65.00	06500	RESPIRATORY THERAPY	54,061,017	5,884,738	59,945,755	0.346186	65.00
66.00	06600	PHYSICAL THERAPY	16,081,881	804,976	16,886,857	0.482951	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,148,650	439,268	7,587,918	0.483762	67.00
68.00	06800	SPEECH PATHOLOGY	4,229,744	261,738	4,491,482	0.312022	68.00
69.00	06900	ELECTROCARDIOLOGY	80,069,312	73,552,753	153,622,065	0.068132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,314,658	2,228,811	14,543,469	0.187227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,920,018	78,305,093	213,225,111	0.456614	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	229,238,114	89,184,713	318,422,827	0.428419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	306,871,899	194,632,429	501,504,328	0.411157	73.00
74.00	07400	RENAL DIALYSIS	17,619,131	543,750	18,162,881	0.339906	74.00
76.00	03330	ENDOSCOPY	11,354,257	31,374,314	42,728,571	0.279788	76.00
76.01	03950	OB/GYN IN VITRO	823	7,840,311	7,841,134	0.519251	76.01
76.02	03320	ELECTROSHOCK THERAPY	795,584	1,776,507	2,572,091	0.289652	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	108,670	1,443,690	1,552,360	0.468199	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,222	3,081,357	3,084,579	0.139591	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,540,980	1,833,870	4,374,850	1.495532	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,267,334	75,694,581	77,961,915	0.396232	90.00
90.01	04950	OUTPATIENT PSYCH	282	490,269	490,551	1.256742	90.01
91.00	09100	EMERGENCY	104,646,019	198,812,006	303,458,025	0.139246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	417,354	6,265,397	6,682,751	1.212822	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	16,391,219	0	16,391,219		105.00
106.00	10600	HEART ACQUISITION	2,276,543	0	2,276,543		106.00
107.00	10700	LIVER ACQUISITION	8,821,403	0	8,821,403		107.00
108.00	10800	LUNG ACQUISITION	8,865,316	0	8,865,316		108.00
109.00	10900	PANCREAS ACQUISITION	711,921	0	711,921		109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	2,991,094,975	2,514,909,537	5,506,004,512		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,991,094,975	2,514,909,537	5,506,004,512		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/28/2018 4:35 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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
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
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
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
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW			112.00
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 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	15,878,199	0	15,878,199	258,287	61.48	30.00
31.00	INTENSIVE CARE UNIT	1,182,600		1,182,600	13,294	88.96	31.00
32.00	CORONARY CARE UNIT	369,514		369,514	4,411	83.77	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,275,988		1,275,988	10,944	116.59	34.00
35.01	NEURO ICU	724,833		724,833	6,426	112.80	35.01
35.02	CARDIO-THORACIC ICU	1,030,813		1,030,813	8,895	115.89	35.02
40.00	SUBPROVIDER - IPF	1,585,849	0	1,585,849	24,612	64.43	40.00
43.00	NURSERY	127,346		127,346	6,468	19.69	43.00
200.00	Total (lines 30 through 199)	22,175,142		22,175,142	333,337		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	87,491	5,378,947				
31.00	INTENSIVE CARE UNIT	5,468	486,433				
32.00	CORONARY CARE UNIT	1,655	138,639				
34.00	SURGICAL INTENSIVE CARE UNIT	3,948	460,297				
35.01	NEURO ICU	1,802	203,266				
35.02	CARDIO-THORACIC ICU	3,463	401,327				
40.00	SUBPROVIDER - IPF	6,607	425,689				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	110,434	7,494,598				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,497,348	452,685,388	0.027607	97,382,829	2,688,448	50.00
51.00	05100 RECOVERY ROOM	1,623,804	103,497,721	0.015689	11,631,392	182,485	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	765,792	16,681,902	0.045906	240,649	11,047	52.00
53.00	05300 ANESTHESIOLOGY	1,025,920	190,751,797	0.005378	31,284,434	168,248	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,120,627	338,116,859	0.026975	39,065,435	1,053,790	54.00
54.01	03630 ULTRASOUND	611,778	50,715,689	0.012063	4,010,825	48,383	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	9,491,514	332,703,168	0.028528	4,893,206	139,593	55.00
56.00	05600 RADIOISOTOPE	1,687,003	14,780,069	0.114140	1,283,464	146,495	56.00
57.00	05700 CT SCAN	1,657,104	293,121,258	0.005653	36,177,641	204,512	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,752,081	164,829,329	0.016697	11,230,310	187,512	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,820,959	103,578,263	0.027235	19,171,743	522,142	59.00
60.00	06000 LABORATORY	4,583,489	683,898,341	0.006702	112,463,534	753,731	60.00
60.01	06001 HLA LAB	276,624	34,443,115	0.008031	3,449,309	27,701	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,850,626	231,179,036	0.008005	57,595,446	461,052	63.00
65.00	06500 RESPIRATORY THERAPY	1,294,767	59,945,755	0.021599	21,337,589	460,871	65.00
66.00	06600 PHYSICAL THERAPY	418,429	16,886,857	0.024778	6,417,320	159,008	66.00
67.00	06700 OCCUPATIONAL THERAPY	107,756	7,587,918	0.014201	2,727,361	38,731	67.00
68.00	06800 SPEECH PATHOLOGY	47,180	4,491,482	0.010504	1,684,546	17,694	68.00
69.00	06900 ELECTROCARDIOLOGY	814,719	153,622,065	0.005303	33,771,146	179,088	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	460,533	14,543,469	0.031666	4,171,258	132,087	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,840,626	213,225,111	0.032082	46,204,703	1,482,339	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,587,111	318,422,827	0.030108	94,655,468	2,849,887	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,982,888	501,504,328	0.017912	108,613,139	1,945,479	73.00
74.00	07400 RENAL DIALYSIS	454,677	18,162,881	0.025033	9,385,330	234,943	74.00
76.00	03330 ENDOSCOPY	1,432,677	42,728,571	0.033530	4,091,041	137,173	76.00
76.01	03950 OB/GYN IN VITRO	329,723	7,841,134	0.042050	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	58,465	2,572,091	0.022731	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	17,678	1,552,360	0.011388	1,685	19	76.03
76.98	07698 HYPERBARI C OXYGEN THERAPY	20,654	3,084,579	0.006696	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	171,855	4,374,850	0.039282	561,515	22,057	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,845,835	77,961,915	0.023676	882,381	20,891	90.00
90.01	04950 OUTPATIENT PSYCH	96,156	490,551	0.196016	0	0	90.01
91.00	09100 EMERGENCY	2,608,801	303,458,025	0.008597	37,781,971	324,812	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	427,862	6,682,751	0.064025	198,360	12,700	92.00
200.00	Total (lines 50 through 199)	86,783,061	4,770,121,455		802,365,030	14,612,918	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	633,038	0	82,411	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,722	0	7,805	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,353	0	2,757	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3,696	0	6,639	0	34.00
35.01	02400	NEURO ICU	0	5,093	0	3,286	0	35.01
35.02	02401	CARDIO-THORACIC ICU	0	21,192	0	5,473	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	71,953	0	6,573	0	40.00
43.00	04300	NURSERY	0	10,349	0	688	0	43.00
200.00		Total (lines 30 through 199)	0	777,396	0	115,632	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	715,449	258,287	2.77	87,491	30.00
31.00	03100	INTENSIVE CARE UNIT		35,527	13,294	2.67	5,468	31.00
32.00	03200	CORONARY CARE UNIT		7,110	4,411	1.61	1,655	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		10,335	10,944	0.94	3,948	34.00
35.01	02400	NEURO ICU		8,379	6,426	1.30	1,802	35.01
35.02	02401	CARDIO-THORACIC ICU		26,665	8,895	3.00	3,463	35.02
40.00	04000	SUBPROVIDER - IPF	0	78,526	24,612	3.19	6,607	40.00
43.00	04300	NURSERY		11,037	6,468	1.71	0	43.00
200.00		Total (lines 30 through 199)		893,028	333,337		110,434	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost
	9.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	242,350	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,600	0	31.00
32.00	03200	CORONARY CARE UNIT	2,665	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,711	0	34.00
35.01	02400	NEURO ICU	2,343	0	35.01
35.02	02401	CARDIO-THORACIC ICU	10,389	0	35.02
40.00	04000	SUBPROVIDER - IPF	21,076	0	40.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30 through 199)	297,134	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	14,703	0	36,905	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	7,403	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	24,970	0	4,240	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	5,500	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,926	54.00	
54.01 03630 ULTRASOUND	0	0	0	0	1,982	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	12,655	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	2,326	56.00	
57.00 05700 CT SCAN	0	0	0	0	2,924	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,190	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	5,372	59.00	
60.00 06000 LABORATORY	0	0	0	0	26,431	60.00	
60.01 06001 HLA LAB	0	0	0	0	1,901	60.01	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	12,307	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	5,418	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	2,440	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	892	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	340	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	2,846	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,709	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	23,653	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,142	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	557,846	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	1,668	74.00	
76.00 03330 ENDOSCOPY	0	0	164	0	3,494	76.00	
76.01 03950 OB/GYN IN VITRO	0	0	0	0	1,042	76.01	
76.02 03320 ELECTROSHOCK THERAPY	0	0	0	0	238	76.02	
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	177	76.03	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	105	76.98	
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,589	77.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	10,958	90.00	
90.01 04950 OUTPATIENT PSYCH	0	0	0	0	808	90.01	
91.00 09100 EMERGENCY	0	0	9,241	0	12,553	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	17,061	0	2,221	92.00	
200.00 Total (lines 50 through 199)	0	0	66,139	0	803,201	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		All Other Medical Education Cost	Title XVIII		Hospital	PPS		
			Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	51,608	51,608	452,685,388	0.000114	50.00
51.00	05100	RECOVERY ROOM	0	7,403	7,403	103,497,721	0.000072	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,210	29,210	16,681,902	0.001751	52.00
53.00	05300	ANESTHESIOLOGY	0	5,500	5,500	190,751,797	0.000029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,926	15,926	338,116,859	0.000047	54.00
54.01	03630	ULTRASOUND	0	1,982	1,982	50,715,689	0.000039	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,655	12,655	332,703,168	0.000038	55.00
56.00	05600	RADIOISOTOPE	0	2,326	2,326	14,780,069	0.000157	56.00
57.00	05700	CT SCAN	0	2,924	2,924	293,121,258	0.000010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,190	4,190	164,829,329	0.000025	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,372	5,372	103,578,263	0.000052	59.00
60.00	06000	LABORATORY	0	26,431	26,431	683,898,341	0.000039	60.00
60.01	06001	HLA LAB	0	1,901	1,901	34,443,115	0.000055	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,307	12,307	231,179,036	0.000053	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,418	5,418	59,945,755	0.000090	65.00
66.00	06600	PHYSICAL THERAPY	0	2,440	2,440	16,886,857	0.000144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	892	892	7,587,918	0.000118	67.00
68.00	06800	SPEECH PATHOLOGY	0	340	340	4,491,482	0.000076	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,846	2,846	153,622,065	0.000019	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,709	1,709	14,543,469	0.000118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,653	23,653	213,225,111	0.000111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	33,142	33,142	318,422,827	0.000104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	557,846	557,846	501,504,328	0.001112	73.00
74.00	07400	RENAL DIALYSIS	0	1,668	1,668	18,162,881	0.000092	74.00
76.00	03330	ENDOSCOPY	0	3,658	3,658	42,728,571	0.000086	76.00
76.01	03950	OB/GYN IN VITRO	0	1,042	1,042	7,841,134	0.000133	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	238	238	2,572,091	0.000093	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	177	177	1,552,360	0.000114	76.03
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	105	105	3,084,579	0.000034	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,589	1,589	4,374,850	0.000363	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,958	10,958	77,961,915	0.000141	90.00
90.01	04950	OUTPATIENT PSYCH	0	808	808	490,551	0.001647	90.01
91.00	09100	EMERGENCY	0	21,794	21,794	303,458,025	0.000072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,282	19,282	6,682,751	0.002885	92.00
200.00		Total (lines 50 through 199)	0	869,340	869,340	4,770,121,455		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Title XVIII					
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000114	97,382,829	11,102	34,232,249	3,902	50.00
51.00	05100 RECOVERY ROOM	0.000072	11,631,392	837	15,785,542	1,137	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.001751	240,649	421	60,481	106	52.00
53.00	05300 ANESTHESIOLOGY	0.000029	31,284,434	907	17,297,568	502	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000047	39,065,435	1,836	58,666,575	2,757	54.00
54.01	03630 ULTRASOUND	0.000039	4,010,825	156	5,503,771	215	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000038	4,893,206	186	103,301,558	3,925	55.00
56.00	05600 RADIOISOTOPE	0.000157	1,283,464	202	3,931,265	617	56.00
57.00	05700 CT SCAN	0.000010	36,177,641	362	54,795,791	548	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000025	11,230,310	281	30,059,060	751	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000052	19,171,743	997	22,015,086	1,145	59.00
60.00	06000 LABORATORY	0.000039	112,463,534	4,386	39,433,616	1,538	60.00
60.01	06001 HLA LAB	0.000055	3,449,309	190	3,507,898	193	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000053	57,595,446	3,053	19,232,960	1,019	63.00
65.00	06500 RESPIRATORY THERAPY	0.000090	21,337,589	1,920	2,419,240	218	65.00
66.00	06600 PHYSICAL THERAPY	0.000144	6,417,320	924	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000118	2,727,361	322	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000076	1,684,546	128	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000019	33,771,146	642	23,345,668	444	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000118	4,171,258	492	544,329	64	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000111	46,204,703	5,129	20,865,947	2,316	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000104	94,655,468	9,844	26,611,642	2,768	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001112	108,613,139	120,778	62,900,246	69,945	73.00
74.00	07400 RENAL DIALYSIS	0.000092	9,385,330	863	423,367	39	74.00
76.00	03330 ENDOSCOPY	0.000086	4,091,041	352	8,406,860	723	76.00
76.01	03950 OB/GYN IN VITRO	0.000133	0	0	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.000093	0	0	423,367	39	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.000114	1,685	0	0	0	76.03
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000034	0	0	1,270,101	43	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000363	561,515	204	362,886	132	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000141	882,381	124	21,410,276	3,019	90.00
90.01	04950 OUTPATIENT PSYCH	0.001647	0	0	181,443	299	90.01
91.00	09100 EMERGENCY	0.000072	37,781,971	2,720	27,095,490	1,951	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.002885	198,360	572	725,772	2,094	92.00
200.00	Total (lines 50 through 199)		802,365,030	169,930	604,810,054	102,449	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
Title XVIII Hospital PPS				
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
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
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 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 4:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.270801	34,232,249	0	0	9,270,127
51.00 05100 RECOVERY ROOM	0.290186	15,785,542	0	0	4,580,743
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.941231	60,481	0	0	56,927
53.00 05300 ANESTHESIOLOGY	0.079936	17,297,568	0	0	1,382,698
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.155226	58,666,575	0	0	9,106,578
54.01 03630 ULTRASOUND	0.119652	5,503,771	0	0	658,537
55.00 05500 RADIOLOGY-THERAPEUTIC	0.148823	103,301,558	0	0	15,373,648
56.00 05600 RADIO SOTOP	0.465435	3,931,265	0	0	1,829,748
57.00 05700 CT SCAN	0.037845	54,795,791	0	0	2,073,747
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102088	30,059,060	0	0	3,068,669
59.00 05900 CARDIAC CATHETERIZATION	0.194478	22,015,086	0	0	4,281,450
60.00 06000 LABORATORY	0.143445	39,433,616	30,991	0	5,656,555
60.01 06001 HLA LAB	0.227149	3,507,898	0	0	796,816
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.211193	19,232,960	0	0	4,061,867
65.00 06500 RESPIRATORY THERAPY	0.346186	2,419,240	92	0	837,507
66.00 06600 PHYSICAL THERAPY	0.482951	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.483762	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.312022	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.068132	23,345,668	0	0	1,590,587
70.00 07000 ELECTROENCEPHALOGRAPHY	0.187227	544,329	0	0	101,913
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614	20,865,947	0	0	9,527,684
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.428419	26,611,642	0	0	11,400,933
73.00 07300 DRUGS CHARGED TO PATIENTS	0.411157	62,900,246	0	119,008	25,861,876
74.00 07400 RENAL DIALYSIS	0.339906	423,367	0	0	143,905
76.00 03330 ENDOSCOPY	0.279788	8,406,860	0	0	2,352,139
76.01 03950 OB/GYN IN VITRO	0.519251	0	0	0	0
76.02 03320 ELECTROSHOCK THERAPY	0.289652	423,367	0	0	122,629
76.03 03951 CORNEAL TISSUE ACQUISITION	0.468199	0	3,371	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.139591	1,270,101	0	0	177,295
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	1.495532	362,886	0	0	542,708
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.396232	21,410,276	0	0	8,483,436
90.01 04950 OUTPATIENT PSYCH	1.256742	181,443	0	0	228,027
91.00 09100 EMERGENCY	0.139246	27,095,490	0	0	3,772,939
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.212822	725,772	0	0	880,232
200.00 Subtotal (see instructions)		604,810,054	34,454	119,008	128,221,920
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		604,810,054	34,454	119,008	128,221,920

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 4:35 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	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	4,446	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	32	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	48,931		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	1,578	0		76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
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)	6,056	48,931		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 - Line 201)	6,056	48,931		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/28/2018 4:35 pm		
				Component CCN: 26-S032		PPS		
				Title XVIII		Subprovider - IPF		
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	12,497,348	452,685,388	0.027607	5,188	143	50.00
51.00	05100	RECOVERY ROOM	1,623,804	103,497,721	0.015689	208,479	3,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	765,792	16,681,902	0.045906	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,025,920	190,751,797	0.005378	228,761	1,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,120,627	338,116,859	0.026975	57,544	1,552	54.00
54.01	03630	ULTRASOUND	611,778	50,715,689	0.012063	11,320	137	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,491,514	332,703,168	0.028528	0	0	55.00
56.00	05600	RADIOISOTOPE	1,687,003	14,780,069	0.114140	0	0	56.00
57.00	05700	CT SCAN	1,657,104	293,121,258	0.005653	166,500	941	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,752,081	164,829,329	0.016697	64,147	1,071	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,820,959	103,578,263	0.027235	0	0	59.00
60.00	06000	LABORATORY	4,583,489	683,898,341	0.006702	1,011,264	6,777	60.00
60.01	06001	HLA LAB	276,624	34,443,115	0.008031	1,887	15	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,850,626	231,179,036	0.008005	9,433	76	63.00
65.00	06500	RESPIRATORY THERAPY	1,294,767	59,945,755	0.021599	19,339	418	65.00
66.00	06600	PHYSICAL THERAPY	418,429	16,886,857	0.024778	16,509	409	66.00
67.00	06700	OCCUPATIONAL THERAPY	107,756	7,587,918	0.014201	15,093	214	67.00
68.00	06800	SPEECH PATHOLOGY	47,180	4,491,482	0.010504	1,887	20	68.00
69.00	06900	ELECTROCARDIOLOGY	814,719	153,622,065	0.005303	58,487	310	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	460,533	14,543,469	0.031666	6,603	209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,840,626	213,225,111	0.032082	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,587,111	318,422,827	0.030108	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,982,888	501,504,328	0.017912	1,399,921	25,075	73.00
74.00	07400	RENAL DIALYSIS	454,677	18,162,881	0.025033	65,091	1,629	74.00
76.00	03330	ENDOSCOPY	1,432,677	42,728,571	0.033530	3,773	127	76.00
76.01	03950	OB/GYN IN VITRO	329,723	7,841,134	0.042050	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	58,465	2,572,091	0.022731	292,908	6,658	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	17,678	1,552,360	0.011388	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	20,654	3,084,579	0.006696	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	171,855	4,374,850	0.039282	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,845,835	77,961,915	0.023676	943	22	90.00
90.01	04950	OUTPATIENT PSYCH	96,156	490,551	0.196016	0	0	90.01
91.00	09100	EMERGENCY	2,608,801	303,458,025	0.008597	1,071,638	9,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,682,751	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	86,355,199	4,770,121,455		4,716,715	59,517	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	14,703	0	36,905	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	7,403	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	24,970	0	4,240	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	5,500	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,926	54.00
54.01	03630 ULTRASOUND	0	0	0	0	1,982	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	12,655	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	2,326	56.00
57.00	05700 CT SCAN	0	0	0	0	2,924	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,190	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	5,372	59.00
60.00	06000 LABORATORY	0	0	0	0	26,431	60.00
60.01	06001 HLA LAB	0	0	0	0	1,901	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	12,307	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	5,418	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	2,440	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	892	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	340	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	2,846	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,709	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	23,653	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,142	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	557,846	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	1,668	74.00
76.00	03330 ENDOSCOPY	0	0	164	0	3,494	76.00
76.01	03950 OB/GYN IN VITRO	0	0	0	0	1,042	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	0	0	238	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	177	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	105	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,589	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	10,958	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	0	0	808	90.01
91.00	09100 EMERGENCY	0	0	9,241	0	12,553	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	49,078	0	800,980	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	51,608	51,608	452,685,388	0.000114	50.00
51.00 05100 RECOVERY ROOM	0	7,403	7,403	103,497,721	0.000072	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	29,210	29,210	16,681,902	0.001751	52.00
53.00 05300 ANESTHESIOLOGY	0	5,500	5,500	190,751,797	0.000029	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	15,926	15,926	338,116,859	0.000047	54.00
54.01 03630 ULTRASOUND	0	1,982	1,982	50,715,689	0.000039	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	12,655	12,655	332,703,168	0.000038	55.00
56.00 05600 RADIOISOTOPE	0	2,326	2,326	14,780,069	0.000157	56.00
57.00 05700 CT SCAN	0	2,924	2,924	293,121,258	0.000010	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,190	4,190	164,829,329	0.000025	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	5,372	5,372	103,578,263	0.000052	59.00
60.00 06000 LABORATORY	0	26,431	26,431	683,898,341	0.000039	60.00
60.01 06001 HLA LAB	0	1,901	1,901	34,443,115	0.000055	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	12,307	12,307	231,179,036	0.000053	63.00
65.00 06500 RESPIRATORY THERAPY	0	5,418	5,418	59,945,755	0.000090	65.00
66.00 06600 PHYSICAL THERAPY	0	2,440	2,440	16,886,857	0.000144	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	892	892	7,587,918	0.000118	67.00
68.00 06800 SPEECH PATHOLOGY	0	340	340	4,491,482	0.000076	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,846	2,846	153,622,065	0.000019	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,709	1,709	14,543,469	0.000118	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,653	23,653	213,225,111	0.000111	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	33,142	33,142	318,422,827	0.000104	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	557,846	557,846	501,504,328	0.001112	73.00
74.00 07400 RENAL DIALYSIS	0	1,668	1,668	18,162,881	0.000092	74.00
76.00 03330 ENDOSCOPY	0	3,658	3,658	42,728,571	0.000086	76.00
76.01 03950 OB/GYN IN VITRO	0	1,042	1,042	7,841,134	0.000133	76.01
76.02 03320 ELECTROSHOCK THERAPY	0	238	238	2,572,091	0.000093	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	177	177	1,552,360	0.000114	76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	105	105	3,084,579	0.000034	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	1,589	1,589	4,374,850	0.000363	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	10,958	10,958	77,961,915	0.000141	90.00
90.01 04950 OUTPATIENT PSYCH	0	808	808	490,551	0.001647	90.01
91.00 09100 EMERGENCY	0	21,794	21,794	303,458,025	0.000072	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,682,751	0.000000	92.00
200.00 Total (lines 50 through 199)	0	850,058	850,058	4,770,121,455		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000114	5,188	1	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000072	208,479	15	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.001751	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000029	228,761	7	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000047	57,544	3	208	0	54.00
54.01	03630 ULTRASOUND	0.000039	11,320	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000038	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000157	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000010	166,500	2	2,150	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000025	64,147	2	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000052	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000039	1,011,264	39	658	0	60.00
60.01	06001 HLA LAB	0.000055	1,887	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000053	9,433	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000090	19,339	2	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000144	16,509	2	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000118	15,093	2	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000076	1,887	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000019	58,487	1	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000118	6,603	1	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000111	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000104	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001112	1,399,921	1,557	56	0	73.00
74.00	07400 RENAL DIALYSIS	0.000092	65,091	6	1,407	0	74.00
76.00	03330 ENDOSCOPY	0.000086	3,773	0	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0.000133	0	0	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.000093	292,908	27	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.000114	0	0	0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000034	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000363	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000141	943	0	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0.001647	0	0	236	0	90.01
91.00	09100 EMERGENCY	0.000072	1,071,638	77	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		4,716,715	1,744	4,715	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	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
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
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 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 4:35 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.270801	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.290186	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.941231	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.079936	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.155226	208	0	0	0	32	54.00
54.01 03630 ULTRASOUND	0.119652	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.148823	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.465435	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0.037845	2,150	0	0	0	81	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102088	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.194478	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.143445	658	0	0	0	94	60.00
60.01 06001 HLA LAB	0.227149	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.211193	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.346186	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.482951	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.483762	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.312022	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.068132	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.187227	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.428419	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.411157	56	0	0	0	23	73.00
74.00 07400 RENAL DIALYSIS	0.339906	1,407	0	0	0	478	74.00
76.00 03330 ENDOSCOPY	0.279788	0	0	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	0.519251	0	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	0.289652	0	0	0	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0.468199	0	0	0	0	0	76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.139591	0	0	0	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	1.495532	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.396232	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	1.256742	236	0	0	0	297	90.01
91.00 09100 EMERGENCY	0.139246	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.212822	0	0	0	0	0	92.00
200.00	Subtotal (see instructions)		4,715	0	0	1,005	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		4,715	0	0	1,005	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 4:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
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	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 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital Cost							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,878,199	0	15,878,199	258,287	61.48	30.00
31.00	INTENSIVE CARE UNIT	1,182,600		1,182,600	13,294	88.96	31.00
32.00	CORONARY CARE UNIT	369,514		369,514	4,411	83.77	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,275,988		1,275,988	10,944	116.59	34.00
35.01	NEURO ICU	724,833		724,833	6,426	112.80	35.01
35.02	CARDIO-THORACIC ICU	1,030,813		1,030,813	8,895	115.89	35.02
40.00	SUBPROVIDER - IPF	1,585,849	0	1,585,849	24,612	64.43	40.00
43.00	NURSERY	127,346		127,346	6,468	19.69	43.00
200.00	Total (lines 30 through 199)	22,175,142		22,175,142	333,337		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,458	1,442,198				30.00
31.00	INTENSIVE CARE UNIT	1,259	112,001				31.00
32.00	CORONARY CARE UNIT	403	33,759				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,290	150,401				34.00
35.01	NEURO ICU	591	66,665				35.01
35.02	CARDIO-THORACIC ICU	430	49,833				35.02
40.00	SUBPROVIDER - IPF	8,314	535,671				40.00
43.00	NURSERY	751	14,787				43.00
200.00	Total (lines 30 through 199)	36,496	2,405,315				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Title XIX			Hospital	Cost	
		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	12,497,348	452,685,388	0.027607	15,556,698	429,474	50.00
51.00	05100 RECOVERY ROOM	1,623,804	103,497,721	0.015689	1,872,398	29,376	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	765,792	16,681,902	0.045906	917,075	42,099	52.00
53.00	05300 ANESTHESIOLOGY	1,025,920	190,751,797	0.005378	6,631,919	35,666	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,120,627	338,116,859	0.026975	9,345,462	252,094	54.00
54.01	03630 ULTRASOUND	611,778	50,715,689	0.012063	1,306,822	15,764	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	9,491,514	332,703,168	0.028528	687,354	19,609	55.00
56.00	05600 RADIOISOTOPE	1,687,003	14,780,069	0.114140	263,857	30,117	56.00
57.00	05700 CT SCAN	1,657,104	293,121,258	0.005653	10,422,945	58,921	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,752,081	164,829,329	0.016697	3,372,127	56,304	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,820,959	103,578,263	0.027235	3,464,746	94,362	59.00
60.00	06000 LABORATORY	4,583,489	683,898,341	0.006702	30,234,148	202,629	60.00
60.01	06001 HLA LAB	276,624	34,443,115	0.008031	277,695	2,230	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,850,626	231,179,036	0.008005	13,239,315	105,981	63.00
65.00	06500 RESPIRATORY THERAPY	1,294,767	59,945,755	0.021599	6,022,119	130,072	65.00
66.00	06600 PHYSICAL THERAPY	418,429	16,886,857	0.024778	1,174,682	29,106	66.00
67.00	06700 OCCUPATIONAL THERAPY	107,756	7,587,918	0.014201	607,621	8,629	67.00
68.00	06800 SPEECH PATHOLOGY	47,180	4,491,482	0.010504	392,672	4,125	68.00
69.00	06900 ELECTROCARDIOLOGY	814,719	153,622,065	0.005303	7,201,018	38,187	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	460,533	14,543,469	0.031666	1,240,469	39,281	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,840,626	213,225,111	0.032082	7,669,844	246,064	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,587,111	318,422,827	0.030108	8,353,419	251,505	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,982,888	501,504,328	0.017912	25,006,626	447,919	73.00
74.00	07400 RENAL DIALYSIS	454,677	18,162,881	0.025033	1,178,520	29,502	74.00
76.00	03330 ENDOSCOPY	1,432,677	42,728,571	0.033530	982,896	32,957	76.00
76.01	03950 OB/GYN IN VITRO	329,723	7,841,134	0.042050	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	58,465	2,572,091	0.022731	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	17,678	1,552,360	0.011388	0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	20,654	3,084,579	0.006696	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	171,855	4,374,850	0.039282	96,714	3,799	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,845,835	77,961,915	0.023676	114,130	2,702	90.00
90.01	04950 OUTPATIENT PSYCH	96,156	490,551	0.196016	0	0	90.01
91.00	09100 EMERGENCY	2,608,801	303,458,025	0.008597	15,148,941	130,235	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	427,862	6,682,751	0.064025	54,234	3,472	92.00
200.00	Total (lines 50 through 199)	86,783,061	4,770,121,455		172,836,466	2,772,181	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	633,038	0	82,411	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,722	0	7,805	0 31.00
32.00	03200	CORONARY CARE UNIT	0	4,353	0	2,757	0 32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3,696	0	6,639	0 34.00
35.01	02400	NEURO ICU	0	5,093	0	3,286	0 35.01
35.02	02401	CARDIO-THORACIC ICU	0	21,192	0	5,473	0 35.02
40.00	04000	SUBPROVIDER - IPF	0	71,953	0	6,573	0 40.00
43.00	04300	NURSERY	0	10,349	0	688	0 43.00
200.00		Total (lines 30 through 199)	0	777,396	0	115,632	0 200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	715,449	258,287	2.77	23,458 30.00
31.00	03100	INTENSIVE CARE UNIT		35,527	13,294	2.67	1,259 31.00
32.00	03200	CORONARY CARE UNIT		7,110	4,411	1.61	403 32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		10,335	10,944	0.94	1,290 34.00
35.01	02400	NEURO ICU		8,379	6,426	1.30	591 35.01
35.02	02401	CARDIO-THORACIC ICU		26,665	8,895	3.00	430 35.02
40.00	04000	SUBPROVIDER - IPF	0	78,526	24,612	3.19	8,314 40.00
43.00	04300	NURSERY		11,037	6,468	1.71	751 43.00
200.00		Total (lines 30 through 199)		893,028	333,337		36,496 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
		9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	64,979	0			30.00
31.00	03100	INTENSIVE CARE UNIT	3,362	0			31.00
32.00	03200	CORONARY CARE UNIT	649	0			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,213	0			34.00
35.01	02400	NEURO ICU	768	0			35.01
35.02	02401	CARDIO-THORACIC ICU	1,290	0			35.02
40.00	04000	SUBPROVIDER - IPF	26,522	0			40.00
43.00	04300	NURSERY	1,284	0			43.00
200.00		Total (lines 30 through 199)	100,067	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description	Title XIX				Hospital		Allied Health Cost	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	14,703	0	36,905	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	7,403	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	24,970	0	4,240	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,926	54.00
54.01	03630	ULTRASOUND	0	0	0	0	1,982	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	12,655	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,326	56.00
57.00	05700	CT SCAN	0	0	0	0	2,924	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,190	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,372	59.00
60.00	06000	LABORATORY	0	0	0	0	26,431	60.00
60.01	06001	HLA LAB	0	0	0	0	1,901	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	12,307	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,418	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,440	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	892	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	340	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,846	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	23,653	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	557,846	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,668	74.00
76.00	03330	ENDOSCOPY	0	0	164	0	3,494	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	1,042	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	238	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	177	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	105	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,589	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	10,958	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	808	90.01
91.00	09100	EMERGENCY	0	0	9,241	0	12,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	49,078	0	800,980	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Title XIX			Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Cost		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	51,608	51,608	452,685,388	0.000114	50.00
51.00	05100	RECOVERY ROOM	0	7,403	7,403	103,497,721	0.000072	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,210	29,210	16,681,902	0.001751	52.00
53.00	05300	ANESTHESIOLOGY	0	5,500	5,500	190,751,797	0.000029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,926	15,926	338,116,859	0.000047	54.00
54.01	03630	ULTRASOUND	0	1,982	1,982	50,715,689	0.000039	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,655	12,655	332,703,168	0.000038	55.00
56.00	05600	RADIOISOTOPE	0	2,326	2,326	14,780,069	0.000157	56.00
57.00	05700	CT SCAN	0	2,924	2,924	293,121,258	0.000010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,190	4,190	164,829,329	0.000025	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,372	5,372	103,578,263	0.000052	59.00
60.00	06000	LABORATORY	0	26,431	26,431	683,898,341	0.000039	60.00
60.01	06001	HLA LAB	0	1,901	1,901	34,443,115	0.000055	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,307	12,307	231,179,036	0.000053	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,418	5,418	59,945,755	0.000090	65.00
66.00	06600	PHYSICAL THERAPY	0	2,440	2,440	16,886,857	0.000144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	892	892	7,587,918	0.000118	67.00
68.00	06800	SPEECH PATHOLOGY	0	340	340	4,491,482	0.000076	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,846	2,846	153,622,065	0.000019	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,709	1,709	14,543,469	0.000118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,653	23,653	213,225,111	0.000111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	33,142	33,142	318,422,827	0.000104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	557,846	557,846	501,504,328	0.001112	73.00
74.00	07400	RENAL DIALYSIS	0	1,668	1,668	18,162,881	0.000092	74.00
76.00	03330	ENDOSCOPY	0	3,658	3,658	42,728,571	0.000086	76.00
76.01	03950	OB/GYN IN VITRO	0	1,042	1,042	7,841,134	0.000133	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	238	238	2,572,091	0.000093	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	177	177	1,552,360	0.000114	76.03
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	105	105	3,084,579	0.000034	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,589	1,589	4,374,850	0.000363	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,958	10,958	77,961,915	0.000141	90.00
90.01	04950	OUTPATIENT PSYCH	0	808	808	490,551	0.001647	90.01
91.00	09100	EMERGENCY	0	21,794	21,794	303,458,025	0.000072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,682,751	0.000000	92.00
200.00		Total (lines 50 through 199)	0	850,058	850,058	4,770,121,455		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		Title XIX					Hospital	Cost
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000114	15,556,698	1,773	0	0	50.00	
51.00	05100 RECOVERY ROOM	0.000072	1,872,398	135	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.001751	917,075	1,606	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000029	6,631,919	192	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000047	9,345,462	439	0	0	54.00	
54.01	03630 ULTRASOUND	0.000039	1,306,822	51	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000038	687,354	26	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000157	263,857	41	0	0	56.00	
57.00	05700 CT SCAN	0.000010	10,422,945	104	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000025	3,372,127	84	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000052	3,464,746	180	0	0	59.00	
60.00	06000 LABORATORY	0.000039	30,234,148	1,179	0	0	60.00	
60.01	06001 HLA LAB	0.000055	277,695	15	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000053	13,239,315	702	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000090	6,022,119	542	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000144	1,174,682	169	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000118	607,621	72	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000076	392,672	30	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000019	7,201,018	137	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000118	1,240,469	146	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000111	7,669,844	851	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000104	8,353,419	869	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001112	25,006,626	27,807	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000092	1,178,520	108	0	0	74.00	
76.00	03330 ENDOSCOPY	0.000086	982,896	85	0	0	76.00	
76.01	03950 OB/GYN IN VITRO	0.000133	0	0	0	0	76.01	
76.02	03320 ELECTROSHOCK THERAPY	0.000093	0	0	0	0	76.02	
76.03	03951 CORNEAL TISSUE ACQUISITION	0.000114	0	0	0	0	76.03	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000034	0	0	0	0	76.98	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000363	96,714	35	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000141	114,130	16	0	0	90.00	
90.01	04950 OUTPATIENT PSYCH	0.001647	0	0	0	0	90.01	
91.00	09100 EMERGENCY	0.000072	15,148,941	1,091	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	54,234	0	0	0	92.00	
200.00	Total (lines 50 through 199)		172,836,466	38,485	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	Cost
		21.00	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
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0			77.00
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 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.270801	0	0	6,548,764	0 50.00
51.00 05100 RECOVERY ROOM	0.290186	0	0	3,289,387	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.941231	0	0	256,292	0 52.00
53.00 05300 ANESTHESIOLOGY	0.079936	0	0	3,515,748	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.155226	0	0	10,639,533	0 54.00
54.01 03630 ULTRASOUND	0.119652	0	0	2,708,843	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.148823	0	0	14,474,380	0 55.00
56.00 05600 RADIO SOTOPE	0.465435	0	0	646,897	0 56.00
57.00 05700 CT SCAN	0.037845	0	0	11,337,786	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102088	0	0	5,648,099	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.194478	0	0	2,081,838	0 59.00
60.00 06000 LABORATORY	0.143445	0	0	21,865,111	0 60.00
60.01 06001 HLA LAB	0.227149	0	0	780,151	0 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.211193	0	0	2,663,966	0 63.00
65.00 06500 RESPIRATORY THERAPY	0.346186	0	0	359,087	0 65.00
66.00 06600 PHYSICAL THERAPY	0.482951	0	0	35,132	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.483762	0	0	20,598	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.312022	0	0	21,209	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.068132	0	0	4,314,947	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.187227	0	0	128,030	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614	0	0	2,902,009	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.428419	0	0	2,518,231	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.411157	0	0	10,904,292	0 73.00
74.00 07400 RENAL DIALYSIS	0.339906	0	0	52,950	0 74.00
76.00 03330 ENDOSCOPY	0.279788	0	0	1,941,022	0 76.00
76.01 03950 OB/GYN IN VITRO	0.519251	0	0	0	0 76.01
76.02 03320 ELECTROSHOCK THERAPY	0.289652	0	0	93,380	0 76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0.468199	0	0	0	0 76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.139591	0	0	248,046	0 76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	1.495532	0	0	209,759	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.396232	0	0	7,023,366	0 90.00
90.01 04950 OUTPATIENT PSYCH	1.256742	0	0	0	0 90.01
91.00 09100 EMERGENCY	0.139246	0	0	21,716,789	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.212822	0	0	422,320	0 92.00
200.00 Subtotal (see instructions)		0	0	139,367,962	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	139,367,962	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 4:35 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	1,773,412		50.00
51.00 05100 RECOVERY ROOM	0	954,534		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	241,230		52.00
53.00 05300 ANESTHESIOLOGY	0	281,035		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,651,532		54.00
54.01 03630 ULTRASOUND	0	324,118		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	2,154,121		55.00
56.00 05600 RADIOISOTOPE	0	301,089		56.00
57.00 05700 CT SCAN	0	429,079		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	576,603		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	404,872		59.00
60.00 06000 LABORATORY	0	3,136,441		60.00
60.01 06001 HLA LAB	0	177,211		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	562,611		63.00
65.00 06500 RESPIRATORY THERAPY	0	124,311		65.00
66.00 06600 PHYSICAL THERAPY	0	16,967		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	9,965		67.00
68.00 06800 SPEECH PATHOLOGY	0	6,618		68.00
69.00 06900 ELECTROCARDIOLOGY	0	293,986		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	23,971		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,325,098		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	1,078,858		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,483,376		73.00
74.00 07400 RENAL DIALYSIS	0	17,998		74.00
76.00 03330 ENDOSCOPY	0	543,075		76.00
76.01 03950 OB/GYN IN VITRO	0	0		76.01
76.02 03320 ELECTROSHOCK THERAPY	0	27,048		76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	34,625		76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	313,701		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	2,782,882		90.00
90.01 04950 OUTPATIENT PSYCH	0	0		90.01
91.00 09100 EMERGENCY	0	3,023,976		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	512,199		92.00
200.00 Subtotal (see instructions)	0	27,586,542		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 - Line 201)	0	27,586,542		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/28/2018 4:35 pm		
				Component CCN: 26-S032		Cost		
				Title XIX		Subprovider - IPF		
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	12,497,348	452,685,388	0.027607	154,500	4,265	50.00
51.00	05100	RECOVERY ROOM	1,623,804	103,497,721	0.015689	129,585	2,033	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	765,792	16,681,902	0.045906	7,852	360	52.00
53.00	05300	ANESTHESIOLOGY	1,025,920	190,751,797	0.005378	138,702	746	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,120,627	338,116,859	0.026975	161,826	4,365	54.00
54.01	03630	ULTRASOUND	611,778	50,715,689	0.012063	15,542	187	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,491,514	332,703,168	0.028528	0	0	55.00
56.00	05600	RADIOISOTOPE	1,687,003	14,780,069	0.114140	0	0	56.00
57.00	05700	CT SCAN	1,657,104	293,121,258	0.005653	172,108	973	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,752,081	164,829,329	0.016697	36,264	606	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,820,959	103,578,263	0.027235	0	0	59.00
60.00	06000	LABORATORY	4,583,489	683,898,341	0.006702	1,652,925	11,078	60.00
60.01	06001	HLA LAB	276,624	34,443,115	0.008031	380	3	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,850,626	231,179,036	0.008005	67,078	537	63.00
65.00	06500	RESPIRATORY THERAPY	1,294,767	59,945,755	0.021599	33,290	719	65.00
66.00	06600	PHYSICAL THERAPY	418,429	16,886,857	0.024778	11,815	293	66.00
67.00	06700	OCCUPATIONAL THERAPY	107,756	7,587,918	0.014201	15,728	223	67.00
68.00	06800	SPEECH PATHOLOGY	47,180	4,491,482	0.010504	1,452	15	68.00
69.00	06900	ELECTROCARDIOLOGY	814,719	153,622,065	0.005303	36,774	195	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	460,533	14,543,469	0.031666	8,030	254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,840,626	213,225,111	0.032082	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,587,111	318,422,827	0.030108	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,982,888	501,504,328	0.017912	1,656,375	29,669	73.00
74.00	07400	RENAL DIALYSIS	454,677	18,162,881	0.025033	117,709	2,947	74.00
76.00	03330	ENDOSCOPY	1,432,677	42,728,571	0.033530	2,028	68	76.00
76.01	03950	OB/GYN IN VITRO	329,723	7,841,134	0.042050	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	58,465	2,572,091	0.022731	155,904	3,544	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	17,678	1,552,360	0.011388	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	20,654	3,084,579	0.006696	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	171,855	4,374,850	0.039282	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,845,835	77,961,915	0.023676	1,130	27	90.00
90.01	04950	OUTPATIENT PSYCH	96,156	490,551	0.196016	0	0	90.01
91.00	09100	EMERGENCY	2,608,801	303,458,025	0.008597	2,024,819	17,407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,682,751	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	86,355,199	4,770,121,455		6,601,816	80,514	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
	Title XIX	Subprovider - IPF	Cost

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	14,703	0	36,905	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	7,403	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	24,970	0	4,240	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	5,500	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,926	54.00
54.01	03630 ULTRASOUND	0	0	0	0	1,982	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	12,655	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	2,326	56.00
57.00	05700 CT SCAN	0	0	0	0	2,924	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,190	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	5,372	59.00
60.00	06000 LABORATORY	0	0	0	0	26,431	60.00
60.01	06001 HLA LAB	0	0	0	0	1,901	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	12,307	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	5,418	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	2,440	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	892	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	340	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	2,846	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,709	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	23,653	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,142	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	557,846	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	1,668	74.00
76.00	03330 ENDOSCOPY	0	0	164	0	3,494	76.00
76.01	03950 OB/GYN IN VITRO	0	0	0	0	1,042	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	0	0	238	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	177	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	105	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,589	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	10,958	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	0	0	808	90.01
91.00	09100 EMERGENCY	0	0	9,241	0	12,553	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	49,078	0	800,980	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	51,608	51,608	452,685,388	0.000114	50.00
51.00	05100	RECOVERY ROOM	0	7,403	7,403	103,497,721	0.000072	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,210	29,210	16,681,902	0.001751	52.00
53.00	05300	ANESTHESIOLOGY	0	5,500	5,500	190,751,797	0.000029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,926	15,926	338,116,859	0.000047	54.00
54.01	03630	ULTRASOUND	0	1,982	1,982	50,715,689	0.000039	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,655	12,655	332,703,168	0.000038	55.00
56.00	05600	RADIOISOTOPE	0	2,326	2,326	14,780,069	0.000157	56.00
57.00	05700	CT SCAN	0	2,924	2,924	293,121,258	0.000010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,190	4,190	164,829,329	0.000025	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,372	5,372	103,578,263	0.000052	59.00
60.00	06000	LABORATORY	0	26,431	26,431	683,898,341	0.000039	60.00
60.01	06001	HLA LAB	0	1,901	1,901	34,443,115	0.000055	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,307	12,307	231,179,036	0.000053	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,418	5,418	59,945,755	0.000090	65.00
66.00	06600	PHYSICAL THERAPY	0	2,440	2,440	16,886,857	0.000144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	892	892	7,587,918	0.000118	67.00
68.00	06800	SPEECH PATHOLOGY	0	340	340	4,491,482	0.000076	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,846	2,846	153,622,065	0.000019	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,709	1,709	14,543,469	0.000118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,653	23,653	213,225,111	0.000111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	33,142	33,142	318,422,827	0.000104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	557,846	557,846	501,504,328	0.001112	73.00
74.00	07400	RENAL DIALYSIS	0	1,668	1,668	18,162,881	0.000092	74.00
76.00	03330	ENDOSCOPY	0	3,658	3,658	42,728,571	0.000086	76.00
76.01	03950	OB/GYN IN VITRO	0	1,042	1,042	7,841,134	0.000133	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	238	238	2,572,091	0.000093	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	177	177	1,552,360	0.000114	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	105	105	3,084,579	0.000034	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,589	1,589	4,374,850	0.000363	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,958	10,958	77,961,915	0.000141	90.00
90.01	04950	OUTPATIENT PSYCH	0	808	808	490,551	0.001647	90.01
91.00	09100	EMERGENCY	0	21,794	21,794	303,458,025	0.000072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,682,751	0.000000	92.00
200.00		Total (lines 50 through 199)	0	850,058	850,058	4,770,121,455		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000114	154,500		18	0	50.00
51.00	05100 RECOVERY ROOM	0.000072	129,585		9	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.001751	7,852		14	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000029	138,702		4	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000047	161,826		8	0	54.00
54.01	03630 ULTRASOUND	0.000039	15,542		1	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000038	0		0	0	55.00
56.00	05600 RADIOISOTOPE	0.000157	0		0	0	56.00
57.00	05700 CT SCAN	0.000010	172,108		2	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000025	36,264		1	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000052	0		0	0	59.00
60.00	06000 LABORATORY	0.000039	1,652,925		64	0	60.00
60.01	06001 HLA LAB	0.000055	380		0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000053	67,078		4	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000090	33,290		3	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000144	11,815		2	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000118	15,728		2	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000076	1,452		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000019	36,774		1	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000118	8,030		1	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000111	0		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000104	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001112	1,656,375	1,842	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000092	117,709		11	0	74.00
76.00	03330 ENDOSCOPY	0.000086	2,028		0	0	76.00
76.01	03950 OB/GYN IN VITRO	0.000133	0		0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.000093	155,904		14	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.000114	0		0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000034	0		0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000363	0		0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000141	1,130		0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0.001647	0		0	0	90.01
91.00	09100 EMERGENCY	0.000072	2,024,819	146	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0		0	0	92.00
200.00	Total (lines 50 through 199)		6,601,816	2,147	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 4:35 pm
Title XIX		Subprovider - IPF	Cost

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	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
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
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 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 4:35 pm
	Title XIX	Subprovider - IPF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs	PPS Services (see inst.)
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.270801	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.290186	0	0	3,827	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.941231	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.079936	0	0	2,952	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.155226	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0.119652	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.148823	0	0	4,116	0	0	55.00
56.00 05600 RADIOISOTOPE	0.465435	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0.037845	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102088	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.194478	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.143445	0	0	21,704	0	0	60.00
60.01 06001 HLA LAB	0.227149	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.211193	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.346186	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.482951	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.483762	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.312022	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.068132	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.187227	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.428419	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.411157	0	0	1,606,527	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.339906	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.279788	0	0	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	0.519251	0	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	0.289652	0	0	4,830	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0.468199	0	0	0	0	0	76.03
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.139591	0	0	0	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	1.495532	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.396232	0	0	4,258	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	1.256742	0	0	204,799	0	0	90.01
91.00 09100 EMERGENCY	0.139246	0	0	883	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.212822	0	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	1,853,896	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	1,853,896	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 4:35 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	1,111	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	236	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	613	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	3,113	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	660,535	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	1,399	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	1,687	90.00
90.01 04950 OUTPATIENT PSYCH	0	257,380	90.01
91.00 09100 EMERGENCY	0	123	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	926,197	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	926,197	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2018 4:35 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		258,287	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		258,287	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)		251,327	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)		87,491	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)		300,778,253	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)		300,778,253	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)		300,778,253	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)		1,164.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		101,884,144	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)		101,884,144	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/28/2018 4:35 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	27,174,489	13,294	2,044.12	5,468	11,177,248	43.00
44.00 CORONARY CARE UNIT	8,672,617	4,411	1,966.13	1,655	3,253,945	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	23,825,728	10,944	2,177.06	3,948	8,595,033	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
47.01 NEURO ICU	12,481,427	6,426	1,942.33	1,802	3,500,079	47.01
47.02 CARDIO-THORACIC ICU	20,017,081	8,895	2,250.37	3,463	7,793,031	47.02
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					208,413,425	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					344,616,905	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)					7,344,967	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,782,848	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					22,127,815	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					322,489,090	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)					6,960	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,164.51	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,104,990	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/28/2018 4:35 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	15,878,199	300,778,253	0.052790	8,104,990	427,862	90.00
91.00	Nursing School cost	633,038	300,778,253	0.002105	8,104,990	17,061	91.00
92.00	Allied health cost	82,411	300,778,253	0.000274	8,104,990	2,221	92.00
93.00	All other Medical Education	0	300,778,253	0.000000	8,104,990	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/28/2018 4:35 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)		24,612	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,612	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)		24,612	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)		6,607	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)		24,309,506	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)		24,309,506	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)		24,309,506	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)		987.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,525,800	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)		6,525,800	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
				Component CCN: 26-S032		Date/Time Prepared: 5/28/2018 4:35 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)					1,111,790	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,637,590	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)					446,765	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					61,261	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					508,026	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,129,564	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 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/28/2018 4:35 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	1,585,849	24,309,506	0.065236	0	0	90.00
91.00	Nursing School cost	71,953	24,309,506	0.002960	0	0	91.00
92.00	Allied health cost	6,573	24,309,506	0.000270	0	0	92.00
93.00	All other Medical Education	0	24,309,506	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2018 4:35 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		258,287	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		258,287	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)		251,327	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		23,458	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)		6,468	15.00
16.00	Nursery days (title V or XIX only)		751	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)		300,778,253	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)		300,778,253	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)		300,778,253	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)		1,164.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,317,076	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)		27,317,076	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/28/2018 4:35 pm	
Title XIX			Hospital		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)	
42.00 NURSERY (title V & XIX only)	2,833,571	6,468	438.09	751	329,006	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	27,174,489	13,294	2,044.12	1,259	2,573,547	43.00
44.00 CORONARY CARE UNIT	8,672,617	4,411	1,966.13	403	792,350	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	23,825,728	10,944	2,177.06	1,290	2,808,407	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
47.01 NEURO ICU	12,481,427	6,426	1,942.33	591	1,147,917	47.01
47.02 CARDIO-THORACIC ICU	20,017,081	8,895	2,250.37	430	967,659	47.02
Cost Center Description						
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					40,784,786	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					76,720,748	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)					6,960	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,164.51	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,104,990	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/28/2018 4:35 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	15,878,199	300,778,253	0.052790	8,104,990	427,862	90.00
91.00	Nursing School cost	633,038	300,778,253	0.002105	8,104,990	17,061	91.00
92.00	Allied health cost	82,411	300,778,253	0.000274	8,104,990	2,221	92.00
93.00	All other Medical Education	0	300,778,253	0.000000	8,104,990	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/28/2018 4:35 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)			24,612 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			24,612 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)			24,612 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)			8,314 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)			6,468 15.00
16.00	Nursery days (title V or XIX only)			751 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)			24,309,506 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)			24,309,506 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)			24,309,506 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)			987.71 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,211,821 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)			8,211,821 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 26-S032	Date/Time Prepared: 5/28/2018 4:35 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)					1,464,934		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,676,755		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
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 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/28/2018 4:35 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	1,585,849	24,309,506	0.065236	0	0	90.00
91.00	Nursing School cost	71,953	24,309,506	0.002960	0	0	91.00
92.00	Allied health cost	6,573	24,309,506	0.000270	0	0	92.00
93.00	All other Medical Education	0	24,309,506	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/28/2018 4:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		157,651,571	30.00
31.00	03100	INTENSIVE CARE UNIT		25,026,961	31.00
32.00	03200	CORONARY CARE UNIT		7,670,286	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		18,607,265	34.00
35.01	02400	NEURO ICU		8,390,323	35.01
35.02	02401	CARDIO-THORACIC ICU		16,098,505	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	0.270801	97,382,829	50.00
51.00	05100	RECOVERY ROOM	0.290186	11,631,392	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.941231	240,649	52.00
53.00	05300	ANESTHESIOLOGY	0.079936	31,284,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155226	39,065,435	54.00
54.01	03630	ULTRASOUND	0.119652	4,010,825	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148823	4,893,206	55.00
56.00	05600	RADIOISOTOPE	0.465435	1,283,464	56.00
57.00	05700	CT SCAN	0.037845	36,177,641	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102088	11,230,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.194478	19,171,743	59.00
60.00	06000	LABORATORY	0.143445	112,463,534	60.00
60.01	06001	HLA LAB	0.227149	3,449,309	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211193	57,595,446	63.00
65.00	06500	RESPIRATORY THERAPY	0.346186	21,337,589	65.00
66.00	06600	PHYSICAL THERAPY	0.482951	6,417,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.483762	2,727,361	67.00
68.00	06800	SPEECH PATHOLOGY	0.312022	1,684,546	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068132	33,771,146	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.187227	4,171,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614	46,204,703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.428419	94,655,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.411157	108,613,139	73.00
74.00	07400	RENAL DIALYSIS	0.339906	9,385,330	74.00
76.00	03330	ENDOSCOPY	0.279788	4,091,041	76.00
76.01	03950	OB/GYN IN VITRO	0.519251	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289652	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.468199	1,685	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.139591	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.495532	561,515	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.396232	882,381	90.00
90.01	04950	OUTPATIENT PSYCH	1.256742	0	90.01
91.00	09100	EMERGENCY	0.139246	37,781,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.212822	198,360	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		802,365,030	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)		802,365,030	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/28/2018 4:35 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		9,512,260		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.270801	5,188	1,405	50.00
51.00	05100 RECOVERY ROOM	0.290186	208,479	60,498	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.941231	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.079936	228,761	18,286	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.155226	57,544	8,932	54.00
54.01	03630 ULTRASOUND	0.119652	11,320	1,354	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.148823	0	0	55.00
56.00	05600 RADIOISOTOPE	0.465435	0	0	56.00
57.00	05700 CT SCAN	0.037845	166,500	6,301	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102088	64,147	6,549	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.194478	0	0	59.00
60.00	06000 LABORATORY	0.143445	1,011,264	145,061	60.00
60.01	06001 HLA LAB	0.227149	1,887	429	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.211193	9,433	1,992	63.00
65.00	06500 RESPIRATORY THERAPY	0.346186	19,339	6,695	65.00
66.00	06600 PHYSICAL THERAPY	0.482951	16,509	7,973	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.483762	15,093	7,301	67.00
68.00	06800 SPEECH PATHOLOGY	0.312022	1,887	589	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068132	58,487	3,985	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.187227	6,603	1,236	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.428419	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.411157	1,399,921	575,587	73.00
74.00	07400 RENAL DIALYSIS	0.339906	65,091	22,125	74.00
76.00	03330 ENDOSCOPY	0.279788	3,773	1,056	76.00
76.01	03950 OB/GYN IN VITRO	0.519251	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.289652	292,908	84,841	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.468199	0	0	76.03
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.139591	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.495532	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.396232	943	374	90.00
90.01	04950 OUTPATIENT PSYCH	1.256742	0	0	90.01
91.00	09100 EMERGENCY	0.139246	1,071,638	149,221	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.212822	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,716,715	1,111,790	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		4,716,715		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/28/2018 4:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		38,567,843	30.00
31.00	03100	INTENSIVE CARE UNIT		5,845,360	31.00
32.00	03200	CORONARY CARE UNIT		1,878,198	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		5,878,042	34.00
35.01	02400	NEURO ICU		2,673,080	35.01
35.02	02401	CARDIO-THORACIC ICU		1,963,329	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		800,253	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270801	15,556,698	50.00
51.00	05100	RECOVERY ROOM	0.290186	1,872,398	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.941231	917,075	52.00
53.00	05300	ANESTHESIOLOGY	0.079936	6,631,919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155226	9,345,462	54.00
54.01	03630	ULTRASOUND	0.119652	1,306,822	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148823	687,354	55.00
56.00	05600	RADIOISOTOPE	0.465435	263,857	56.00
57.00	05700	CT SCAN	0.037845	10,422,945	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102088	3,372,127	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.194478	3,464,746	59.00
60.00	06000	LABORATORY	0.143445	30,234,148	60.00
60.01	06001	HLA LAB	0.227149	277,695	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211193	13,239,315	63.00
65.00	06500	RESPIRATORY THERAPY	0.346186	6,022,119	65.00
66.00	06600	PHYSICAL THERAPY	0.482951	1,174,682	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.483762	607,621	67.00
68.00	06800	SPEECH PATHOLOGY	0.312022	392,672	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068132	7,201,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.187227	1,240,469	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614	7,669,844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.428419	8,353,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.411157	25,006,626	73.00
74.00	07400	RENAL DIALYSIS	0.339906	1,178,520	74.00
76.00	03330	ENDOSCOPY	0.279788	982,896	76.00
76.01	03950	OB/GYN IN VITRO	0.519251	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289652	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.468199	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.139591	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.495532	96,714	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.396232	114,130	90.00
90.01	04950	OUTPATIENT PSYCH	1.256742	0	90.01
91.00	09100	EMERGENCY	0.139246	15,148,941	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.212822	54,234	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		172,836,466	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)		172,836,466	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/28/2018 4:35 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		13,092,245		40.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.270801	154,500	41,839	50.00
51.00	05100 RECOVERY ROOM	0.290186	129,585	37,604	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.941231	7,852	7,391	52.00
53.00	05300 ANESTHESIOLOGY	0.079936	138,702	11,087	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.155226	161,826	25,120	54.00
54.01	03630 ULTRASOUND	0.119652	15,542	1,860	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.148823	0	0	55.00
56.00	05600 RADIOISOTOPE	0.465435	0	0	56.00
57.00	05700 CT SCAN	0.037845	172,108	6,513	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102088	36,264	3,702	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.194478	0	0	59.00
60.00	06000 LABORATORY	0.143445	1,652,925	237,104	60.00
60.01	06001 HLA LAB	0.227149	380	86	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.211193	67,078	14,166	63.00
65.00	06500 RESPIRATORY THERAPY	0.346186	33,290	11,525	65.00
66.00	06600 PHYSICAL THERAPY	0.482951	11,815	5,706	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.483762	15,728	7,609	67.00
68.00	06800 SPEECH PATHOLOGY	0.312022	1,452	453	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068132	36,774	2,505	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.187227	8,030	1,503	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456614	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.428419	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.411157	1,656,375	681,030	73.00
74.00	07400 RENAL DIALYSIS	0.339906	117,709	40,010	74.00
76.00	03330 ENDOSCOPY	0.279788	2,028	567	76.00
76.01	03950 OB/GYN IN VITRO	0.519251	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.289652	155,904	45,158	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.468199	0	0	76.03
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.139591	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.495532	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.396232	1,130	448	90.00
90.01	04950 OUTPATIENT PSYCH	1.256742	0	0	90.01
91.00	09100 EMERGENCY	0.139246	2,024,819	281,948	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.212822	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,601,816	1,464,934	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		6,601,816		202.00

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

Provider CCN: 26-0032

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2018 4:35 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	171,837	1,164.51	173	201,460	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,044.12	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	9,300	1,966.13	2	3,932	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	9,610	2,177.06	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	1,942.33	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	3,100	2,250.37	1	2,250	6.02
7.00	TOTAL (sum of lines 1 through 6)		193,847		176	207,642	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	0.270801	687,362	186,138	8.00
9.00	RECOVERY ROOM		51.00	0.290186	80,497	23,359	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.941231	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079936	175,808	14,053	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155226	757,790	117,629	12.00
12.01	ULTRASOUND		54.01	0.119652	77,857	9,316	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.148823	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.465435	446,712	207,915	14.00
15.00	CT SCAN		57.00	0.037845	1,785,142	67,559	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.102088	134,436	13,724	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.194478	30,453	5,922	17.00
18.00	LABORATORY		60.00	0.143445	3,186,280	457,056	18.00
18.01	HLA LAB		60.01	0.227149	8,774,158	1,993,041	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.211193	296,990	62,722	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.346186	58,817	20,362	23.00
24.00	PHYSICAL THERAPY		66.00	0.482951	365	176	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.483762	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.312022	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.068132	5,161,015	351,630	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.187227	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456614	2,213	1,010	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.428419	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.411157	215,640	88,662	31.00
32.00	RENAL DIALYSIS		74.00	0.339906	54,549	18,542	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.279788	38,227	10,695	34.00
34.01	OB/GYN IN VITRO		76.01	0.519251	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.289652	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.468199	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.139591	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.396232	9,686	3,838	37.00
37.01	OUTPATIENT PSYCH		90.01	1.256742	0	0	37.01
38.00	EMERGENCY		91.00	0.139246	17,090	2,380	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.212822	1,920	2,329	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				21,993,007	3,658,058	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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Date/Time Prepared: 5/28/2018 4:35 pm

Cost Center Description	Kidney		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	173	0	0	42.00
43.00 INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	4.00	0.00	2	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
47.01 NEURO ICU	7.01	0.00	0	0	0	47.01
47.02 CARDIO-THORACIC ICU	7.02	0.00	1	0	0	47.02
48.00 TOTAL (sum of lines 42 through 47)			176	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	0	49.00
50.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	22.00	0	0.000000	0	0	50.00
51.00 CLINIC	23.00	9,686	0.000000	0	0	51.00
51.01 OUTPATIENT PSYCH	23.01	0	0.000000	0	0	51.01
52.00 EMERGENCY	24.00	17,090	0.000000	0	0	52.00
53.00 OBSERVATION BEDS (NON-DISTINCT PART)	25.00	1,920	0.000000	0	0	53.00
54.00 OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00 TOTAL (sum of lines 49 through 52)		28,696		0	0	55.00
Cost Center Description	Cost		Charges			
	Part A	Part B	Part A	Part B		
	1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES						
56.00 Routine and Ancillary from Part I	3,865,700		22,186,854			56.00
57.00 Interns and Residents (inpatient)	0		0			57.00
58.00 Interns and Residents (outpatient)	0		0			58.00
59.00 Direct Organ Acquisition (see instructions)	15,983,145		16,391,219			59.00
60.00 Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00 Total (sum of lines 56 thru 60)	19,848,845		38,578,073			61.00
62.00 Total Usable Organs (see instructions)		268				62.00
63.00 Medicare Usable Organs (see instructions)		164				63.00
64.00 Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.611940				64.00
65.00 Medicare Cost/Charges (see instructions)	12,146,302		23,607,466			65.00
66.00 Revenue for Organs Sold	113,029		113,029			66.00
67.00 Subtotal (line 65 minus line 66)	12,033,273		23,494,437			67.00
68.00 Organs Furnished Part B	0	0	0	0	0	68.00
69.00 Net Organ Acquisition Cost and Charges (see instructions)	12,033,273	0	23,494,437	0	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)		57	14			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	197			73.00
74.00 Total (sum of lines 70 through 73)		57	211			74.00
75.00 Organs Transplanted		57	197	16,391,219		75.00
76.00 Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00 Organs Sold to OPOs		0	14	103,847		77.00
78.00 Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00 Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00 Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00 Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00 Organs Used for Research		0	0	0	0	82.00
83.00 Unusable/Discarded Organs		0	0	0	0	83.00
84.00 Total (sum of lines 75 through 83 should equal line 74)		57	211			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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2018 4:35 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	53,101	1,164.51	53	61,719	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,044.12	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	4,650	1,966.13	1	1,966	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	2,480	2,177.06	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	1,942.33	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	1,550	2,250.37	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		61,781		54	63,685	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	0.270801	39,167	10,606	8.00
9.00	RECOVERY ROOM		51.00	0.290186	4,347	1,261	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.941231	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079936	14,008	1,120	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155226	238,418	37,009	12.00
12.01	ULTRASOUND		54.01	0.119652	164,601	19,695	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.148823	25,555	3,803	13.00
14.00	RADIOISOTOPE		56.00	0.465435	260,427	121,212	14.00
15.00	CT SCAN		57.00	0.037845	660,089	24,981	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.102088	2,161,703	220,684	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.194478	122,007	23,728	17.00
18.00	LABORATORY		60.00	0.143445	1,223,147	175,454	18.00
18.01	HLA LAB		60.01	0.227149	224,425	50,978	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.211193	137,588	29,058	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.346186	3,225	1,116	23.00
24.00	PHYSICAL THERAPY		66.00	0.482951	414	200	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.483762	319	154	25.00
26.00	SPEECH PATHOLOGY		68.00	0.312022	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.068132	1,698,568	115,727	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.187227	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456614	388	177	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.428419	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.411157	49,558	20,376	31.00
32.00	RENAL DIALYSIS		74.00	0.339906	10,867	3,694	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.279788	22,175	6,204	34.00
34.01	OB/GYN IN VITRO		76.01	0.519251	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.289652	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.468199	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.139591	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.396232	1,718	681	37.00
37.01	OUTPATIENT PSYCH		90.01	1.256742	0	0	37.01
38.00	EMERGENCY		91.00	0.139246	8,167	1,137	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.212822	840	1,019	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				7,071,721	870,074	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 01/01/2017 To 12/31/2017	Worksheet D-4 Date/Time Prepared: 5/28/2018 4:35 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	53	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	1	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)			54	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	4.00	
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	1,718	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	8,167	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	840	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)		10,725		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	933,759		7,133,502		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)	7,796,032		8,821,403		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	8,729,791		15,954,905		61.00
62.00	Total Usable Organs (see instructions)		123			62.00
63.00	Medicare Usable Organs (see instructions)		38			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.308943			64.00
65.00	Medicare Cost/Charges (see instructions)	2,697,008		4,929,156		65.00
66.00	Revenue for Organs Sold	26,703		26,703		66.00
67.00	Subtotal (line 65 minus line 66)	2,670,305		4,902,453		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,670,305	0	4,902,453	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	3		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	120		73.00
74.00	Total (sum of lines 70 through 73)		0	123		74.00
75.00	Organs Transplanted		0	120	8,821,403	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	3	26,703	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	123		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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2018 4:35 pm

Cost Center Description		Heart	Hospital	PPS			
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	110,273	1,164.51	89	103,641	1.00
2.00	INTENSIVE CARE UNIT	43.00	18,600	2,044.12	4	8,176	2.00
3.00	CORONARY CARE UNIT	44.00	157,886	1,966.13	34	66,848	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,177.06	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	1,942.33	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	7,892	2,250.37	2	4,501	6.02
7.00	TOTAL (sum of lines 1 through 6)		294,651		129	183,166	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	0.270801	45,924	12,436	8.00	
9.00	RECOVERY ROOM	51.00	0.290186	2,761	801	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.941231	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.079936	16,680	1,333	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.155226	60,766	9,432	12.00	
12.01	ULTRASOUND	54.01	0.119652	2,917	349	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.148823	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.465435	0	0	14.00	
15.00	CT SCAN	57.00	0.037845	175,480	6,641	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.102088	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.194478	416,346	80,970	17.00	
18.00	LABORATORY	60.00	0.143445	353,503	50,708	18.00	
18.01	HLA LAB	60.01	0.227149	161,069	36,587	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS					20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.211193	47,059	9,939	21.00	
22.00	INTRAVENOUS THERAPY					22.00	
23.00	RESPIRATORY THERAPY	65.00	0.346186	33,440	11,576	23.00	
24.00	PHYSICAL THERAPY	66.00	0.482951	686	331	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.483762	543	263	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.312022	139	43	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.068132	181,639	12,375	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.187227	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.456614	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.428419	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.411157	70,832	29,123	31.00	
32.00	RENAL DIALYSIS	74.00	0.339906	5,628	1,913	32.00	
33.00	ASC (NON-DISTINCT PART)					33.00	
34.00	ENDOSCOPY	76.00	0.279788	3,722	1,041	34.00	
34.01	OB/GYN IN VITRO	76.01	0.519251	0	0	34.01	
34.02	ELECTROSHOCK THERAPY	76.02	0.289652	0	0	34.02	
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.468199	0	0	34.03	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.139591	0	0	34.98	
35.00	RURAL HEALTH CLINIC					35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00	
37.00	CLINIC	90.00	0.396232	404	160	37.00	
37.01	OUTPATIENT PSYCH	90.01	1.256742	0	0	37.01	
38.00	EMERGENCY	91.00	0.139246	6,797	946	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.212822	5,480	6,646	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,591,815	273,613	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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Date/Time Prepared: 5/28/2018 4:35 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	89	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	34	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	2	0	47.02	
48.00	TOTAL (sum of lines 42 through 47)			129	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 CLINIC	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	404	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	6,797	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	5,480	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)		12,681		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	456,779		1,886,466		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,190,278		2,276,543		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,647,057		4,163,009		61.00	
62.00	Total Usable Organs (see instructions)		36			62.00	
63.00	Medicare Usable Organs (see instructions)		16			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.444444			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,620,913		1,850,224		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,620,913		1,850,224		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,620,913	0	1,850,224	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	36		73.00	
74.00	Total (sum of lines 70 through 73)		0	36		74.00	
75.00	Organs Transplanted		0	36	2,276,543	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	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	36		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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2018 4:35 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Lung Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	74,674	1,164.51	57	66,377	1.00
2.00	INTENSIVE CARE UNIT	43.00	65,100	2,044.12	14	28,618	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,966.13	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	1,860	2,177.06	1	2,177	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	1,942.33	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	13,950	2,250.37	3	6,751	6.02
7.00	TOTAL (sum of lines 1 through 6)		155,584		75	103,923	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	0.270801	54,016	14,628	8.00
9.00	RECOVERY ROOM		51.00	0.290186	247	72	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.941231	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079936	2,460	197	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155226	253,581	39,362	12.00
12.01	ULTRASOUND		54.01	0.119652	22,738	2,721	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.148823	202	30	13.00
14.00	RADIOISOTOPE		56.00	0.465435	551,222	256,558	14.00
15.00	CT SCAN		57.00	0.037845	334,637	12,664	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.102088	26,097	2,664	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.194478	1,366,746	265,802	17.00
18.00	LABORATORY		60.00	0.143445	982,118	140,880	18.00
18.01	HLA LAB		60.01	0.227149	645,736	146,678	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.211193	127,592	26,947	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.346186	168,931	58,482	23.00
24.00	PHYSICAL THERAPY		66.00	0.482951	1,721	831	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.483762	366	177	25.00
26.00	SPEECH PATHOLOGY		68.00	0.312022	723	226	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.068132	403,240	27,474	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.187227	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456614	17	8	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.428419	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.411157	92,962	38,222	31.00
32.00	RENAL DIALYSIS		74.00	0.339906	0	0	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.279788	44,778	12,528	34.00
34.01	OB/GYN IN VITRO		76.01	0.519251	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.289652	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.468199	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.139591	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.396232	1,230	487	37.00
37.01	OUTPATIENT PSYCH		90.01	1.256742	0	0	37.01
38.00	EMERGENCY		91.00	0.139246	12,093	1,684	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.212822	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				5,093,453	1,049,322	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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Date/Time Prepared: 5/28/2018 4:35 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	57	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	14	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	1	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	3	0	47.02	
48.00	TOTAL (sum of lines 42 through 47)			75	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	1,230	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	12,093	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)		13,323		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,153,245		5,249,037		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	8,437,822		8,865,316		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	9,591,067		14,114,353		61.00	
62.00	Total Usable Organs (see instructions)		185			62.00	
63.00	Medicare Usable Organs (see instructions)		88			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.475676			64.00	
65.00	Medicare Cost/Charges (see instructions)	4,562,240		6,713,859		65.00	
66.00	Revenue for Organs Sold	7,367		7,367		66.00	
67.00	Subtotal (line 65 minus line 66)	4,554,873		6,706,492		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,554,873	0	6,706,492	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	185		73.00	
74.00	Total (sum of lines 70 through 73)		0	185		74.00	
75.00	Organs Transplanted		0	185	8,865,316	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	7,367	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	185		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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2018 4:35 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	480	1,164.51	1	1,165	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,044.12	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,966.13	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,177.06	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	1,942.33	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,250.37	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		480		1	1,165	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	0.270801	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.290186	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.941231	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079936	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155226	3,671	570	12.00
12.01	ULTRASOUND		54.01	0.119652	2,568	307	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.148823	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.465435	10,748	5,002	14.00
15.00	CT SCAN		57.00	0.037845	12,677	480	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.102088	6,809	695	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.194478	0	0	17.00
18.00	LABORATORY		60.00	0.143445	20,241	2,903	18.00
18.01	HLA LAB		60.01	0.227149	45,154	10,257	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.211193	882	186	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.346186	139	48	23.00
24.00	PHYSICAL THERAPY		66.00	0.482951	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.483762	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.312022	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.068132	35,554	2,422	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.187227	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456614	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.428419	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.411157	1,234	507	31.00
32.00	RENAL DIALYSIS		74.00	0.339906	704	239	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.279788	0	0	34.00
34.01	OB/GYN IN VITRO		76.01	0.519251	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.289652	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.468199	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.139591	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.396232	232	92	37.00
37.01	OUTPATIENT PSYCH		90.01	1.256742	0	0	37.01
38.00	EMERGENCY		91.00	0.139246	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.212822	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				140,613	23,708	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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Date/Time Prepared: 5/28/2018 4:35 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	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)			1		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	232	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)		232			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	24,873		141,093			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)	664,913		711,921			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	689,786		853,014			61.00
62.00	Total Usable Organs (see instructions)		14				62.00
63.00	Medicare Usable Organs (see instructions)		6				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.428571				64.00
65.00	Medicare Cost/Charges (see instructions)	295,622		365,577			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (line 65 minus line 66)	295,622		365,577			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	295,622	0	365,577	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	14			73.00
74.00	Total (sum of lines 70 through 73)		0	14			74.00
75.00	Organs Transplanted		0	14	711,921		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	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	14			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 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/28/2018 4:35 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)		148,521,638	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		48,366,873	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)		35,242,750	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		59,144,426	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,228.93	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 § 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).		-15.70	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		600.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		718.08	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)		600.55	12.00
13.00	Total allowable FTE count for the prior year.		601.35	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.		601.60	14.00
15.00	Sum of lines 12 through 14 divided by 3.		601.17	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		0.24	17.00
18.00	Adjusted rolling average FTE count		601.41	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.489377	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.487875	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.487875	21.00
22.00	IME payment adjustment (see instructions)		46,408,000	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		13,940,755	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		117.53	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)		46,408,000	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		13,940,755	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.01	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.43	31.00
32.00	Sum of lines 30 and 31		29.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.50	33.00
34.00	Disproportionate share adjustment (see instructions)		6,644,987	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/28/2018 4:35 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)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.002126382	0.002212084	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	12,710,411	14,968,497	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	9,506,688	3,772,885	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	13,279,573		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 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	298,463,821		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)		312,404,576	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		22,431,121	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).		22,066,704	52.00
53.00	Nursing and Allied Health Managed Care payment		679,546	53.00
54.00	Special add-on payments for new technologies		29,286	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)		21,174,986	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		276,058	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		169,930	58.00
59.00	Total (sum of amounts on lines 49 through 58)		379,232,207	59.00
60.00	Primary payer payments		146,770	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		379,085,437	61.00
62.00	Deductibles billed to program beneficiaries		12,998,952	62.00
63.00	Coinurance billed to program beneficiaries		2,240,245	63.00
64.00	Allowable bad debts (see instructions)		4,710,224	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		3,061,646	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,367,091	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		366,907,886	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		27,952	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-558,275	70.93
70.94	HRR adjustment amount (see instructions)		-452,911	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/28/2018 4:35 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		2,293,371	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		363,575,377	71.00
71.01	Sequestration adjustment (see instructions)		7,271,508	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		353,385,419	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		2,918,450	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		9,935,642	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/28/2018 4:35 pm	
		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)	8.01	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	21.43	0.00			21.43	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	29.44	0.00			21.43	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)	1,228.93	0.00			1,228.93	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	13.50	0.00			6.89	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 greater 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)	8.01	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)	27,329	0			27,329	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	5,128	0			5,128	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	9,506	0			9,506	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	7,686	0			7,686	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	14,414	0			14,414	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	935	0			935	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	64,998	0			64,998	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	301,765	0			301,765	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,521	0			1,521	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)	303,286	0			303,286	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	21.43	0.00			21.43	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH Date/Time Prepared: 5/28/2018 4:35 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	13.50		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		13.50		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.		13.50		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 amendment? (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 Community 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 01/01/2017 To 12/31/2017	Worksheet DSH Date/Time Prepared: 5/28/2018 4:35 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	6.89		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	6.89		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.	6.89		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2018 4:35 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	148,521,638	148,521,638		148,521,638	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	48,366,873		48,366,873	48,366,873	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	35,242,750	26,901,806	8,340,944	35,242,750	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	59,144,426	45,188,985	13,955,441	59,144,426	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.487875	0.487875	0.487875		5.00
6.00	IME payment adjustment (see instructions)	22.00	46,408,000	35,007,589	11,400,411	46,408,000	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	13,940,755	10,651,360	3,289,395	13,940,755	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	46,408,000	35,007,589	11,400,411	46,408,000	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	13,940,755	10,651,360	3,289,395	13,940,755	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1350	0.1350	0.1350		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	6,644,987	5,012,605	1,632,382	6,644,987	11.00
11.01	Uncompensated care payments	36.00	13,279,573	9,506,688	3,772,885	13,279,573	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	298,463,821	224,950,326	73,513,495	298,463,821	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	312,404,576	235,601,686	76,802,890	312,404,576	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	22,431,121	-5,508,245	27,939,366	22,431,121	16.00
17.00	Special add-on payments for new technologies	54.00	29,286	18,786	10,500	29,286	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	27,952	27,952	0	27,952	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			230,140,179	104,752,756	334,892,935	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2018 4:35 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	15,839,668	-3,908,679	19,748,347	15,839,668	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	1,942,510	-452,369	2,394,879	1,942,510	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	0.2321	0.2321	0.2321		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,676,387	-907,204	4,583,591	3,676,387	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0614	0.0614	0.0614		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	972,556	-239,993	1,212,549	972,556	25.00
26.00	Total prospective capital payments (see instructions)	12.00	22,431,121	-5,508,245	27,939,366	22,431,121	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	-558,275	-461,481	-96,794	-558,275	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	-452,911	-341,641	-111,270	-452,911	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		2,293,371		2,293,371	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 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/28/2018 4:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		54,987	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		128,119,471	2.00
3.00	OPPS payments		99,417,352	3.00
4.00	Outlier payment (see instructions)		1,892,236	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		102,449	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		54,987	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		153,462	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)		153,462	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		153,462	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		98,475	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		54,987	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		101,412,037	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		692	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		18,092,482	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		83,373,850	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		7,580,810	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)		90,954,660	30.00
31.00	Primary payer payments		40,404	31.00
32.00	Subtotal (line 30 minus line 31)		90,914,256	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)		2,513,704	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,633,908	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,360,857	36.00
37.00	Subtotal (see instructions)		92,548,164	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
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		92,548,164	40.00
40.01	Sequestration adjustment (see instructions)		1,850,963	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		89,621,510	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,075,691	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		483,994	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/28/2018 4:35 pm
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/28/2018 4:35 pm
		Component CCN: 26-S032	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)		1,005	2.00
3.00	OPPS payments		764	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		764	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)		146	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)		618	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)		618	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		618	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		3,225	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,096	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,250	36.00
37.00	Subtotal (see instructions)		2,714	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,714	40.00
40.01	Sequestration adjustment (see instructions)		54	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		605	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,055	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/28/2018 4:35 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0032		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/28/2018 4:35 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		353,385,419		89,232,510	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	08/14/2017	389,000	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		389,000	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)		353,385,419		89,621,510	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		2,918,450		1,075,691	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		356,303,869		90,697,201	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 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/28/2018 4:35 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				605	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		4,821,301		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/14/2017	32,100		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)		32,100		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)		4,853,401		605	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		2,055	6.01
6.02	SETTLEMENT TO PROGRAM		145,336		0	6.02
7.00	Total Medicare program liability (see instructions)		4,708,065		2,660	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 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/28/2018 4:35 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/28/2018 4:35 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)			5,187,523 1.00
2.00	Net IPF PPS Outlier Payments			251,295 2.00
3.00	Net IPF PPS ECT Payments			57,024 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 instructions)			7.89 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			4.26 8.00
9.00	Average Daily Census (see instructions)			67.430137 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.032052 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			166,270 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,662,112 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			5,662,112 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			5,662,112 18.00
19.00	Deductibles			357,672 19.00
20.00	Subtotal (line 18 minus line 19)			5,304,440 20.00
21.00	Coinsurance			587,363 21.00
22.00	Subtotal (line 20 minus line 21)			4,717,077 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			98,848 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			64,251 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			27,810 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,781,328 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)			22,820 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			4,804,148 31.00
31.01	Sequestration adjustment (see instructions)			96,083 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			4,853,401 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			-145,336 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			251,295 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 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2018 4:35 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		76,720,748		1.00
2.00	Medical and other services			27,586,542	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		76,720,748	27,586,542	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)		76,720,748	27,586,542	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		57,606,105		8.00
9.00	Ancillary service charges		172,836,466	139,367,962	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)		230,442,571	139,367,962	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)		230,442,571	139,367,962	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		153,721,823	111,781,420	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)		76,720,748	27,586,542	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)		76,720,748	27,586,542	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)		76,720,748	27,586,542	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		76,720,748	27,586,542	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		76,720,748	27,586,542	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		14,544,953		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		91,265,701	27,586,542	40.00
41.00	Interim payments		43,383,266	21,255,188	41.00
42.00	Balance due provider/program (line 40 minus line 41)		47,882,435	6,331,354	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 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2018 4:35 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	9,676,755		1.00
2.00	Medical and other services		926,197	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	9,676,755	926,197	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)	9,676,755	926,197	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	13,276,012		8.00
9.00	Ancillary service charges	6,601,816	1,853,896	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)	19,877,828	1,853,896	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)	19,877,828	1,853,896	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	10,201,073	927,699	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)	9,676,755	926,197	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	9,676,755	926,197	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)	9,676,755	926,197	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	9,676,755	926,197	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	9,676,755	926,197	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	9,676,755	926,197	40.00
41.00	Interim payments	9,774,970	464,752	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-98,215	461,445	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 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/28/2018 4:35 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))			-14.85	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)			621.77	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			727.43	6.00
7.00	Enter the lesser of line 5 or line 6			621.77	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.	177.73	470.77	648.50	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.	151.91	402.39	554.30	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	151.91	402.39		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	152.32	404.04		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	153.33	402.09		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	152.52	402.84		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	0.24		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	152.52	403.08		17.00
18.00	Per resident amount	129,672.68	122,788.60		18.00
19.00	Approved amount for resident costs	19,777,677	49,493,629	69,271,306	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)			105.66	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)			69,271,306	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	110,455	31,576		26.00
27.00	Total Inpatient Days (see instructions)	321,430	321,430		27.00
28.00	Ratio of inpatient days to total inpatient days	0.343636	0.098236		28.00
29.00	Program direct GME amount	23,804,115	6,804,936		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		961,537		30.00
31.00	Net Program direct GME amount			29,647,514	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/28/2018 4:35 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)		1,668	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		18,162,881	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000092	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)		352,254,495	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		21,174,986	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		146,770	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		373,282,711	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		128,277,912	42.00
43.00	Primary payer payments (see instructions)		40,404	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		128,237,508	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		501,520,219	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.744302	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.255698	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		29,647,514	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		22,066,704	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		7,580,810	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/28/2018 4:35 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))			-14.85	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)			621.77	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			727.43	6.00
7.00	Enter the lesser of line 5 or line 6			621.77	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.	177.73	470.77	648.50	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.	151.91	402.39	554.30	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	151.91	402.39		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	152.32	404.04		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	153.33	402.09		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	152.52	402.84		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	0.24		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	152.52	403.08		17.00
18.00	Per resident amount	129,672.68	122,788.60		18.00
19.00	Approved amount for resident costs	19,777,677	49,493,629	69,271,306	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)			105.66	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)			69,271,306	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	36,680	35,881		26.00
27.00	Total Inpatient Days (see instructions)	321,430	321,430		27.00
28.00	Ratio of inpatient days to total inpatient days	0.114115	0.111629		28.00
29.00	Program direct GME amount	7,904,895	7,732,687		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,092,629		30.00
31.00	Net Program direct GME amount			14,544,953	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/28/2018 4:35 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)			14,544,953 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 01/01/2017
To 12/31/2017

Worksheet G
Date/Time Prepared:
5/28/2018 4:35 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	393,625	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	766,820,096	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-454,904,975	0	0	0	6.00
7.00	Inventory	49,258,488	0	0	0	7.00
8.00	Prepaid expenses	2,458,033	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	18,457,330	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	382,482,597	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,911,247	0	0	0	12.00
13.00	Land improvements	17,846,935	0	0	0	13.00
14.00	Accumulated depreciation	-8,982,722	0	0	0	14.00
15.00	Buildings	426,417,704	0	0	0	15.00
16.00	Accumulated depreciation	-250,168,395	0	0	0	16.00
17.00	Leasehold improvements	247,357,079	0	0	0	17.00
18.00	Accumulated depreciation	-79,144,085	0	0	0	18.00
19.00	Fixed equipment	487,920,984	0	0	0	19.00
20.00	Accumulated depreciation	-419,378,033	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	698,661,126	0	0	0	23.00
24.00	Accumulated depreciation	-610,291,408	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	34,421,118	0	0	0	27.00
28.00	Accumulated depreciation	-24,457,310	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)	540,114,240	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	15,096,411	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	828,363,994	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	843,460,405	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,766,057,242	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	63,813,146	0	0	0	37.00
38.00	Salaries, wages, and fees payable	45,726,183	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	20,315,547	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)	129,854,876	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	13,561,495	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,561,495	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	143,416,371	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,622,640,871				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)	1,622,640,871	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,766,057,242	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-1

Date/Time Prepared:
5/28/2018 4:35 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		1,498,374,536		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		69,608,504			2.00
3.00	Total (sum of line 1 and line 2)		1,567,983,040		0	3.00
4.00	ROUNDING	1		0		4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	320,915		0		5.00
6.00	TRANSFER FROM BJC	54,170,189		0		6.00
7.00	ASSETS RELEASED FROM RESTRICT-CAPITA	166,726		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		54,657,831		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,622,640,871		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,622,640,871		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-CAPITA		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 01/01/2017
To 12/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2018 4:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	458,160,114		458,160,114	1.00
2.00	SUBPROVIDER - IPF	35,884,576		35,884,576	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	494,044,690		494,044,690	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	63,606,327		63,606,327	11.00
12.00	CORONARY CARE UNIT	20,358,492		20,358,492	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	50,991,148		50,991,148	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO ICU	29,402,190		29,402,190	15.01
15.02	CARDIO-THORACIC ICU	40,413,808		40,413,808	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	204,771,965		204,771,965	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	698,816,655		698,816,655	17.00
18.00	Ancillary services	2,188,902,652	2,234,143,256	4,423,045,908	18.00
19.00	Outpatient services	107,330,989	281,262,253	388,593,242	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	0	13,080	13,080	27.00
27.01	DIV 102 - BJEC NOW FREESTANDING	0	24,883,100	24,883,100	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,995,050,296	2,540,301,689	5,535,351,985	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,885,413,101		29.00
30.00	BJEC FREE STANDING SNF DIVISION	16,576,460			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)		16,576,460		36.00
37.00	NONOPERATING DEPARTMENTS	5,280,096			37.00
38.00	ROUNDING	9			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)		5,280,105		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,896,709,456		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-3

Date/Time Prepared:
5/28/2018 4:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,535,351,985	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,641,100,442	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,894,251,543	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,896,709,456	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,457,913	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,269,412	6.00
7.00	Income from investments	6,604,968	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	6,591,343	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	14,211,959	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	12,605,319	17.00
18.00	Revenue from sale of medical records and abstracts	134,145	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	21,384,295	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	697,910	20.00
21.00	Rental of vending machines	313,009	21.00
22.00	Rental of hospital space	3,799,203	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID MEANINGFUL USE	0	24.00
24.01	MEDICARE MEANINGFUL USE	0	24.01
24.02	BJC OTHER OPERATING REVENUE	1,290,503	24.02
24.03	MISC OTHER OPERATING REVENUE	5,257,216	24.03
25.00	Total other income (sum of lines 6-24)	76,159,282	25.00
26.00	Total (line 5 plus line 25)	73,701,369	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	4,177,727	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	-84,862	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	4,092,865	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	69,608,504	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0032	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/28/2018 4:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		15,839,668	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,942,510	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)		813.20	3.00
4.00	Number of interns & residents (see instructions)		601.41	4.00
5.00	Indirect medical education percentage (see instructions)		23.21	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)		3,676,387	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.01	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.43	8.00
9.00	Sum of lines 7 and 8		29.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.14	10.00
11.00	Disproportionate share adjustment (see instructions)		972,556	11.00
12.00	Total prospective capital payments (see instructions)		22,431,121	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