

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: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/22/2018 1:15 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/22/2018	Time: 1:15 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SSM HEALTH ST. MARY'S HOSPITAL - STL (26-0091) 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) KAREN REWERTS
 Officer or Administrator of Provider(s)

SYSTEM VP-FINANCE
 Title

(Dated when report is electronically signed.)
 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	1,116,337	420,597	0	0	1.00
2.00 Subprovider - IPF	0	12,079	6,906		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	1,128,416	427,503	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/21/2018 4:43 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: MO		4.00 Zip Code: 63117- County: ST. LOUIS					
1.00 Street: 6420 CLAYTON ROAD		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:											
3.00	Hospital	SSM HEALTH ST. MARY'S HOSPITAL - STL		260091	41180	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	SSM HEALTH ST. MARY'S HOSPITAL - PSY		26S091	41180	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis	SSM HEALTH ST. MARY'S HOSPITAL ESRD		262320	41180		03/01/1998				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			15,998	8,399	13,564	6,774	28,173	1,282		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/21/2018 4:43 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)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	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)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0091

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

Worksheet S-2
Part I
Date/Time Prepared:
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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)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00		2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0091

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

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Date/Time Prepared:
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00		
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00		
							1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					Y	N	0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/21/2018 4:43 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
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:	11,244,698	357,850			0118.01
		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.	Y		5.00		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.	03/01/1985				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.	09/01/2000				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.	09/01/2000				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		269020		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/21/2018 4:43 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: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					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)			10/02/2017	12/30/2017	170.00	
						1.00	
						2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/21/2018 4:43 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/05/2018	Y	04/05/2018		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)	N		N			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: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/21/2018 4:43 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC	LAMOND		41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3162	ERIC.LAMOND@SSMHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0091

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

Worksheet S-2
Part II
Date/Time Prepared:
5/21/2018 4:43 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER, GOVERNMENT REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2018 4:43 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	360	131,400	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)		360	131,400	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	57	20,805	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	36	13,140	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	98	35,770	0.00	0	8.02
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
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		551	201,115	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		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)		597				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-3
Part I
Date/Time Prepared:
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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)	15,334	9,251	72,566			1.00
2.00 HMO and other (see instructions)	13,854	55,626				2.00
3.00 HMO IPF Subprovider	0	232				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,334	9,251	72,566			7.00
8.00 INTENSIVE CARE UNIT	5,066	3,105	19,059			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	8	779	4,192			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	3,607	31,753			8.02
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
13.00 NURSERY		540	6,347			13.00
14.00 Total (see instructions)	20,408	17,282	133,917	197.30	3,325.07	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	7,083	4,649	14,786	1.44	85.14	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)				198.74	3,410.21	27.00
28.00 Observation Bed Days		2,145	8,590			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,846			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,282	1,625			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: 26-0091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2018 4:43 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,727	3,269	22,871	1.00
2.00 HMO and other (see instructions)				2,631	7,041		2.00
3.00 HMO IPF Subprovider					69		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
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
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
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		3,727	3,269	22,871	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		593	742	1,918	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: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 5/21/2018 4:43 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	226,441,245	0	226,441,245	6,514,824.14	34.76	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		304,831	0	304,831	2,204.71	138.26	4.00
4.01	Physicians - Part A - Teaching		1,262,116	0	1,262,116	12,724.02	99.19	4.01
5.00	Physician and Non-Physician-Part B		12,112,293	0	12,112,293	114,817.59	105.49	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		7,997,670	0	7,997,670	116,995.38	68.36	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,956,441	1,956,441	66,123.30	29.59	7.00
7.01	Contracted interns and residents (in an approved programs)		13,398,965	0	13,398,965	344,255.63	38.92	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		15,775,103	-197,793	15,577,310	376,827.78	41.34	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		20,060,961	0	20,060,961	455,345.31	44.06	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		518,016	0	518,016	3,145.50	164.68	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		26,945,938	0	26,945,938	754,381.37	35.72	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		30,873,816	0	30,873,816	222,566.02	138.72	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		79,973,151	0	79,973,151			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,488,047	0	5,488,047			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		61,239	0	61,239			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		2,676,295	0	2,676,295			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		838,140	0	838,140			25.00
25.50	Home office wage-related (core)		9,540,973	0	9,540,973			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	145,052	0	145,052	6,044.17	24.00	26.00
27.00	Administrative & General	5.00	20,953,571	-823,238	20,130,333	570,004.41	35.32	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0091

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2018 4:43 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.)		875,367	0	875,367	6,710.07	130.46	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,146,396	0	3,146,396	96,455.64	32.62	30.00
31.00	Laundry & Linen Service	8.00	288,501	0	288,501	18,491.03	15.60	31.00
32.00	Housekeeping	9.00	4,793,370	0	4,793,370	320,895.37	14.94	32.00
33.00	Housekeeping under contract (see instructions)		479,134	0	479,134	17,248.00	27.78	33.00
34.00	Dietary	10.00	4,214,143	-3,356,507	857,636	33,969.83	25.25	34.00
35.00	Dietary under contract (see instructions)		974,550	0	974,550	35,081.00	27.78	35.00
36.00	Cafeteria	11.00	0	3,359,845	3,359,845	245,263.48	13.70	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,206,146	0	4,206,146	103,400.55	40.68	38.00
39.00	Central Services and Supply	14.00	539,723	579,784	1,119,507	61,456.51	18.22	39.00
40.00	Pharmacy	15.00	7,480,751	-73,922	7,406,829	167,747.54	44.15	40.00
41.00	Medical Records & Medical Records Library	16.00	933,778	0	933,778	46,482.24	20.09	41.00
42.00	Social Service	17.00	1,422,496	49,478	1,471,974	43,251.57	34.03	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0091

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2018 4:43 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	193,999,252	-1,956,441	192,042,811	5,918,947.29	32.45	1.00
2.00	Excluded area salaries (see instructions)	15,775,103	-197,793	15,577,310	376,827.78	41.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	178,224,149	-1,758,648	176,465,501	5,542,119.51	31.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	47,524,915	0	47,524,915	1,212,872.18	39.18	4.00
5.00	Subtotal wage-related costs (see inst.)	89,575,363	0	89,575,363	0.00	50.76	5.00
6.00	Total (sum of lines 3 thru 5)	315,324,427	-1,758,648	313,565,779	6,754,991.69	46.42	6.00
7.00	Total overhead cost (see instructions)	50,452,978	-264,560	50,188,418	1,772,501.41	28.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2018 4:43 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,427,088 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			26,291,379 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			26,074,749 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)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			10,908,201 9.00
10.00	Dental, Hearing and Vision Plan			2,266,734 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			739,194 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,004,676 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,310,326 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			16,038,498 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			176,287 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			799,740 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			89,036,872 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: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/21/2018 4:43 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		20,296,730	89,036,872	1.00
2.00	Hospital		20,060,961	79,973,151	2.00
3.00	Subprovider - IPF		235,769	166,018	3.00
4.00	Subprovider - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF				8.00
9.00	Hospital-Based NF				9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA				11.00
12.00	Separately Certified ASC				12.00
13.00	Hospital-Based Hospice				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	8,897,703	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-5

Date/Time Prepared:
5/21/2018 4:43 pm

		Outpatient		Training		Home				
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD			
		1.00	2.00	3.00	4.00	5.00	6.00			
1.00	Number of patients in program at end of cost reporting period	6	6	12	5	0	5	1.00		
2.00	Number of times per week patient receives dialysis	3.00	3.00	3.00	0.00	0.00	7.00	2.00		
3.00	Average patient dialysis time including setup	5.50	5.50	0.00	12.50			3.00		
4.00	CAPD exchanges per day				12.00		12.00	4.00		
5.00	Number of days in year dialysis furnished	365	365					5.00		
6.00	Number of stations	4	0	0	0			6.00		
7.00	Treatment capacity per day per station	2	0					7.00		
8.00	Utilization (see instructions)	32.99	46.18					8.00		
9.00	Average times dialyzers re-used	0.00	0.00					9.00		
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00		
								Y/N		
								1.00		
10.01	ESRD PPS Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02	
								Prior to 1/1		
								1.00		
								After 12/31		
								2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)							0	0	10.03
TRANSPLANT INFORMATION										
11.00	Number of patients on transplant list							4		11.00
12.00	Number of patients transplanted during the cost reporting period							1		12.00
EPOETIN										
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.									13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program									14.00
15.00	Number of EPO units furnished relating to the renal dialysis department									15.00
16.00	Number of EPO units furnished relating to the home dialysis department									16.00
ARANESP										
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.									17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program									18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department									19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department									20.00
								MCP		
								1.00		
								INITIAL METHOD		
								2.00		
PHYSICIAN PAYMENT METHOD										
21.00	Enter "X" if method(s) is applicable							X	21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
		1.00	2.00	3.00	4.00	5.00				
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	PROCRIT 10,000	28,833	0	1,916	0				
22.01		PROCRIT 10,000	36,185	0	1,672	0	22.01			
22.02		PROCRIT 10,000	2,839	0	125	0	22.02			
22.03		PROCRIT 20,000	682	0	56	0	22.03			
22.04		PROCRIT 2,000	4,706	0	209	0	22.04			
22.05		PROCRIT 4,000	4,179	0	234	0	22.05			

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S-5 Date/Time Prepared: 5/21/2018 4:43 pm
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		2,312	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/21/2018 4:43 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)			0.259096	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			177,866,177	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			53,469,685	5.00	
6.00	Medicaid charges			766,111,651	6.00	
7.00	Medicaid cost (line 1 times line 6)			198,496,464	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			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			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)	61,187,504	3,361,098	64,548,602	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	15,853,438	3,361,098	19,214,536	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	653,184	201,351	854,535	22.00	
23.00	Cost of charity care (line 21 minus line 22)	15,200,254	3,159,747	18,360,001	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)			30,325,250	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,676,551	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,579,310	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			27,745,940	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			8,091,621	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			26,451,622	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			26,451,622	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/21/2018 4:43 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		17,432,982		17,432,982	1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		12,155,255		12,155,255	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	145,052	58,143,047		58,288,099	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	20,953,571	155,801,646	176,755,217	-2,981,697	173,773,520	5.00
7.00	00700	OPERATION OF PLANT	3,146,396	17,253,551	20,399,947		20,399,947	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	288,501	1,394,367	1,682,868		1,682,868	8.00
9.00	00900	HOUSEKEEPING	4,793,370	2,824,918	7,618,288		7,618,288	9.00
10.00	01000	DIETARY	4,214,143	6,221,597	10,435,740	-8,316,851	2,118,889	10.00
11.00	01100	CAFETERIA	0	0	0	8,320,189	8,320,189	11.00
13.00	01300	NURSING ADMINISTRATION	4,206,146	1,231,337	5,437,483		5,437,483	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	539,723	2,130,691	2,670,414	2,155,219	4,825,633	14.00
15.00	01500	PHARMACY	7,480,751	39,192,794	46,673,545	-37,057,057	9,616,488	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	933,778	540,786	1,474,564		1,474,564	16.00
17.00	01700	SOCIAL SERVICE	1,422,496	259,447	1,681,943	71,277	1,753,220	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,956,441	1,956,441	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,146,495	62,942,541	66,089,036	-1,956,441	64,132,595	22.00
23.00	02300	PARAMED ED PRGM	299,432	17,724	317,156	106,714	423,870	23.00
23.01	02301	PARAMED ED PRGM-CG	355,039	11,675	366,714	-24,321	342,393	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,751,270	6,197,345	49,948,615	-11,022,720	38,925,895	30.00
31.00	03100	INTENSIVE CARE UNIT	8,697,295	3,526,415	12,223,710	-1,727,633	10,496,077	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,342,453	1,082,433	5,424,886	-998,037	4,426,849	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	18,269,641	2,838,322	21,107,963	-1,527,797	19,580,166	31.02
40.00	04000	SUBPROVIDER - I/PF	5,393,381	1,268,381	6,661,762	-210,322	6,451,440	40.00
43.00	04300	NURSERY	0	0	0	4,081,093	4,081,093	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,673,384	22,545,196	32,218,580	-17,387,257	14,831,323	50.00
51.00	05100	RECOVERY ROOM	2,754,690	187,615	2,942,305	-89,748	2,852,557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,848,085	1,117,618	4,965,703	2,983,023	7,948,726	52.00
53.00	05300	ANESTHESIOLOGY	863,294	5,605,079	6,468,373	-1,192,392	5,275,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,495,131	3,793,057	10,288,188	-2,302,769	7,985,419	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,701,246	4,152,652	5,853,898	-5,958	5,847,940	55.00
56.00	05600	RADIOISOTOPE	257,181	687,028	944,209	-9,794	934,415	56.00
57.00	05700	CT SCAN	1,102,635	784,810	1,887,445	-267,802	1,619,643	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	817,465	309,045	1,126,510	-146,513	979,997	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,679,760	8,218,745	9,898,505	-7,608,167	2,290,338	59.00
60.00	06000	LABORATORY	6,934,811	11,313,187	18,247,998	24,682	18,272,680	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,545,714	5,800,880	8,346,594	1,801,186	10,147,780	62.00
64.00	06400	INTRAVENOUS THERAPY	2,752,396	1,084,202	3,836,598	-458,862	3,377,736	64.00
65.00	06500	RESPIRATORY THERAPY	5,640,019	3,999,893	9,639,912	-841,312	8,798,600	65.00
66.00	06600	PHYSICAL THERAPY	675,248	1,397,306	2,072,554	-5,828	2,066,726	66.00
66.01	06601	CLINICAL NUTRITION	1,034,295	7,312	1,041,607	-17,369	1,024,238	66.01
67.00	06700	OCCUPATIONAL THERAPY	458,361	467,203	925,564	-11,040	914,524	67.00
68.00	06800	SPEECH PATHOLOGY	743,689	451,330	1,195,019	-199,685	995,334	68.00
69.00	06900	ELECTROCARDIOLOGY	2,610,954	556,968	3,167,922	-52,377	3,115,545	69.00
69.01	06901	CARDIAC REHAB	629,393	11,354	640,747	26,860	667,607	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	726,696	108,166	834,862	-33,701	801,161	70.00
70.01	03320	ELECTROSHOCK THERAPY	117,109	8,490	125,599	-8,489	117,110	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	30,340,226	30,340,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,992,611	13,992,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,119,947	34,119,947	73.00
74.00	07400	RENAL DIALYSIS	497,663	1,420,565	1,918,228	-265,589	1,652,639	74.00
76.00	03330	ENDOSCOPY	1,909,250	1,310,180	3,219,430	-870,797	2,348,633	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,038,004	5,921,695	20,959,699	-216,385	20,743,314	90.00
91.00	09100	EMERGENCY	12,828,588	2,891,043	15,719,631	-1,822,186	13,897,445	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	314,221	457,350	771,571	-557,579	213,992	105.00
106.00	10600	HEART ACQUISITION	0	0	0	103,421	103,421	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	116,116	116,116	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	217,028,215	477,075,223	694,103,438	4,530	694,107,968	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	106,956	294,133	401,089	390	401,479	190.00
191.00	19100	RESEARCH	0	196,459	196,459	0	196,459	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,420,197	994,007	3,414,204	-2,990	3,411,214	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	5,125,380	9,065,138	14,190,518	-1,930	14,188,588	194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	867,737	487,967	1,355,704	0	1,355,704	194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	670,502	280,483	950,985	0	950,985	194.02
194.03	07953	RETAIL PHARMACY	222,258	9,058,765	9,281,023	0	9,281,023	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	226,441,245	497,452,175	723,893,420	0	723,893,420	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A
Date/Time Prepared:
5/21/2018 4:43 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	788,214	18,221,196	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-3,344,529	8,810,726	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,561,469	51,726,630	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-35,628,146	138,145,374	5.00
7.00	00700	OPERATION OF PLANT	-2,365,454	18,034,493	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-76,612	1,606,256	8.00
9.00	00900	HOUSEKEEPING	-33,284	7,585,004	9.00
10.00	01000	DIETARY	-4,085,331	-1,966,442	10.00
11.00	01100	CAFETERIA	0	8,320,189	11.00
13.00	01300	NURSING ADMINISTRATION	-48,505	5,388,978	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-504	4,825,129	14.00
15.00	01500	PHARMACY	-21,670	9,594,818	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,087	1,473,477	16.00
17.00	01700	SOCIAL SERVICE	-84,972	1,668,248	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,956,441	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-17,738,476	46,394,119	22.00
23.00	02300	PARAMED ED PRGM	0	423,870	23.00
23.01	02301	PARAMED ED PRGM-CG	-648	341,745	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,447,997	33,477,898	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,453,004	9,043,073	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-3,499	4,423,350	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-830,594	18,749,572	31.02
40.00	04000	SUBPROVIDER - IPF	-710,366	5,741,074	40.00
43.00	04300	NURSERY	0	4,081,093	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-57,082	14,774,241	50.00
51.00	05100	RECOVERY ROOM	-1,392	2,851,165	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,079,882	6,868,844	52.00
53.00	05300	ANESTHESIOLOGY	-4,018,162	1,257,819	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-182,150	7,803,269	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,138,485	4,709,455	55.00
56.00	05600	RADIOISOTOPE	260	934,675	56.00
57.00	05700	CT SCAN	-35,179	1,584,464	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,838	977,159	58.00
59.00	05900	CARDIAC CATHETERIZATION	-13,539	2,276,799	59.00
60.00	06000	LABORATORY	-2,625,428	15,647,252	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-4,855,234	5,292,546	62.00
64.00	06400	INTRAVENOUS THERAPY	-121,077	3,256,659	64.00
65.00	06500	RESPIRATORY THERAPY	-15,753	8,782,847	65.00
66.00	06600	PHYSICAL THERAPY	-4,662	2,062,064	66.00
66.01	06601	CLINICAL NUTRITION	-48,231	976,007	66.01
67.00	06700	OCCUPATIONAL THERAPY	-525	913,999	67.00
68.00	06800	SPEECH PATHOLOGY	1,083	996,417	68.00
69.00	06900	ELECTROCARDIOLOGY	-228,213	2,887,332	69.00
69.01	06901	CARDIAC REHAB	-17,902	649,705	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-19,365	781,796	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	117,110	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-210,475	30,129,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,992,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,119,947	73.00
74.00	07400	RENAL DIALYSIS	456	1,653,095	74.00
76.00	03330	ENDOSCOPY	-2,099	2,346,534	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-10,383,508	10,359,806	90.00
91.00	09100	EMERGENCY	-77,619	13,819,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	213,992	105.00
106.00	10600	HEART ACQUISITION	0	103,421	106.00
107.00	10700	LIVER ACQUISITION	0	116,116	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-102,784,934	591,323,034	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	401,479	190.00
191.00	19100	RESEARCH	0	196,459	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-54,000	3,357,214	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	-37,965	14,150,623	194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	0	1,355,704	194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	0	950,985	194.02
194.03	07953	RETAIL PHARMACY	0	9,281,023	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-102,876,899	621,016,521	200.00

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
5/21/2018 4:43 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CENTRAL SUPPLIES - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,340,226	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
0			0	30,340,226	
B - CENTRAL SUPPLIES - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,992,611	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
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
0			0	13,992,611	
C - PHARMACY DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,119,947	1.00
0			0	34,119,947	
D - BLOOD PRODUCTS					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,851,550	1.00
0			0	2,851,550	
E - BEHAVIORAL ADMIN EXPENSE					
1.00	SOCIAL SERVICE	17.00	60,853	21,799	1.00
2.00	CLINIC	90.00	182,560	65,398	2.00
3.00	EMERGENCY	91.00	88,782	33,866	3.00
0			332,195	121,063	
F - DIETARY - CAFETERIA					
1.00	CAFETERIA	11.00	3,359,845	4,960,344	1.00
0			3,359,845	4,960,344	
G - RX RESIDENT SALARY - SM					
1.00	PARAMED ED PRGM	23.00	102,095	4,619	1.00
0			102,095	4,619	
H - RX RESIDENT SALARY - CG					
1.00	PHARMACY	15.00	31,340	0	1.00
2.00	PARAMED ED PRGM-CG	23.01	0	7,019	2.00
0			31,340	7,019	

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
I - AP PHYSICIANS					
1.00	ADULTS & PEDIATRICS	30.00	0	59,894	1.00
2.00	OPERATING ROOM	50.00	0	45,258	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,584	3.00
4.00	ANESTHESIOLOGY	53.00	0	82,023	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,250	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	20,246	6.00
7.00	LABORATORY	60.00	0	77,830	7.00
8.00	RESPIRATORY THERAPY	65.00	0	21,356	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	4,640	9.00
10.00	CARDIAC REHAB	69.01	0	33,188	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,159	11.00
12.00	ENDOSCOPY	76.00	0	27,912	12.00
13.00	CLINIC	90.00	0	91,487	13.00
	0		0	495,827	
J - L&D - NURSERY - OB - NICU					
1.00	NEONATAL INTENSIVE CARE UNIT	31.02	84,195	6,490	1.00
2.00	NURSERY	43.00	3,821,240	259,853	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	2,968,891	71,582	3.00
	0		6,874,326	337,925	
K - NETWORK					
1.00	CENTRAL SERVICES & SUPPLY	14.00	579,784	1,575,435	1.00
	0		579,784	1,575,435	
L - INTERNS & RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,956,441	0	1.00
	0		1,956,441	0	
M - SLUH HLA BILLINGS					
1.00	LABORATORY	60.00	0	159,794	1.00
2.00	HEART ACQUISITION	106.00	0	10,662	2.00
3.00	LIVER ACQUISITION	107.00	0	1,036	3.00
	0		0	171,492	
N - TRANSPLANT SALARIES					
1.00	DIETARY	10.00	3,338	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	364,526	0	2.00
3.00	HEART ACQUISITION	106.00	15,191	0	3.00
4.00	LIVER ACQUISITION	107.00	50,740	0	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	412	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
	0		434,207	0	
O - OTHER TRANSPLANT EXPENSES					
1.00	HEART ACQUISITION	106.00	0	77,568	1.00
2.00	LIVER ACQUISITION	107.00	0	64,340	2.00
	0		0	141,908	
500.00	Grand Total: Increases		13,670,233	89,119,966	500.00

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6
Date/Time Prepared:
5/21/2018 4:43 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - CENTRAL SUPPLIES - SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	4,159,919	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	1,726,952	0	2.00	
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	997,312	0	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	1,618,416	0	4.00	
5.00	SUBPROVIDER - IPF	40.00	0	87,674	0	5.00	
6.00	OPERATING ROOM	50.00	0	7,060,005	0	6.00	
7.00	RECOVERY ROOM	51.00	0	89,748	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	61,034	0	8.00	
9.00	ANESTHESIOLOGY	53.00	0	1,268,683	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,612,781	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,208	0	11.00	
12.00	RADIOISOTOPE	56.00	0	9,794	0	12.00	
13.00	CT SCAN	57.00	0	267,802	0	13.00	
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	146,513	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	4,882,878	0	15.00	
16.00	LABORATORY	60.00	0	212,269	0	16.00	
17.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,050,364	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	453,566	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	862,668	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	5,828	0	20.00	
21.00	CLINICAL NUTRITION	66.01	0	10	0	21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	11,040	0	22.00	
23.00	SPEECH PATHOLOGY	68.00	0	199,685	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	57,017	0	24.00	
25.00	CARDIAC REHAB	69.01	0	6,328	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	53,860	0	26.00	
27.00	ELECTROSHOCK THERAPY	70.01	0	8,489	0	27.00	
28.00	RENAL DIALYSIS	74.00	0	265,589	0	28.00	
29.00	ENDOSCOPY	76.00	0	856,733	0	29.00	
30.00	CLINIC	90.00	0	351,979	0	30.00	
31.00	EMERGENCY	91.00	0	1,938,070	0	31.00	
32.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	22	0	32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,990	0	33.00	
				30,340,226			
B - CENTRAL SUPPLIES - IMPLANTABLES							
1.00	ADULTS & PEDIATRICS	30.00	0	74,970	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	681	0	2.00	
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	725	0	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	66	0	4.00	
5.00	OPERATING ROOM	50.00	0	10,246,097	0	5.00	
6.00	ANESTHESIOLOGY	53.00	0	5,732	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	689,988	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	2,745,535	0	8.00	
9.00	LABORATORY	60.00	0	673	0	9.00	
10.00	INTRAVENOUS THERAPY	64.00	0	3,992	0	10.00	
12.00	ENDOSCOPY	76.00	0	41,976	0	12.00	
13.00	CLINIC	90.00	0	175,412	0	13.00	
14.00	EMERGENCY	91.00	0	6,764	0	14.00	
				13,992,611			
C - PHARMACY DRUGS							
1.00	PHARMACY	15.00	0	34,119,947	0	1.00	
				34,119,947			
D - BLOOD PRODUCTS							
1.00	PHARMACY	15.00	0	2,851,550	0	1.00	
				2,851,550			
E - BEHAVIORAL ADMIN EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	243,413	87,197	0	1.00	
2.00	SUBPROVIDER - IPF	40.00	88,782	33,866	0	2.00	
3.00		0.00	0	0	0	3.00	
			332,195	121,063			
F - DIETARY - CAFETERIA							
1.00	DIETARY	10.00	3,359,845	4,960,344	0	1.00	
			3,359,845	4,960,344			
G - RX RESIDENT SALARY - SM							
1.00	PHARMACY	15.00	102,095	4,619	0	1.00	
			102,095	4,619			

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
5/21/2018 4:43 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
H - RX RESIDENT SALARY - CG							
1.00	PHARMACY	15.00	0	7,019	0		1.00
2.00	PARAMED ED PRGM-CG	23.01	31,340	0	0		2.00
	0		31,340	7,019			
I - AP PHYSICIANS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	495,827	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	0		0	495,827			
J - L&D - NURSERY - OB - NICU							
1.00	ADULTS & PEDIATRICS	30.00	6,874,326	337,925	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		6,874,326	337,925			
K - NETWORK							
1.00	ADMINISTRATIVE & GENERAL	5.00	579,784	1,575,435	0		1.00
	0		579,784	1,575,435			
L - INTERNS & RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,956,441	0	0		1.00
	0		1,956,441	0			
M - SLUH HLA BILLINGS							
1.00	KIDNEY ACQUISITION	105.00	0	171,492	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	171,492			
N - TRANSPLANT SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	41	0	0		1.00
2.00	PHARMACY	15.00	3,167	0	0		2.00
3.00	SOCIAL SERVICE	17.00	11,375	0	0		3.00
4.00	OPERATING ROOM	50.00	126,413	0	0		4.00
5.00	INTRAVENOUS THERAPY	64.00	1,304	0	0		5.00
6.00	CLINICAL NUTRITION	66.01	17,359	0	0		6.00
7.00	CLINIC	90.00	28,439	0	0		7.00
8.00	KIDNEY ACQUISITION	105.00	244,179	0	0		8.00
9.00	NONREIMBURSABLE COST CENTERS	194.00	1,930	0	0		9.00
	0		434,207	0			
O - OTHER TRANSPLANT EXPENSES							
1.00	KIDNEY ACQUISITION	105.00	0	141,908	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	141,908			
500.00	Grand Total: Decreases		13,670,233	89,119,966			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

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

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2018 4:43 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	18,198,205	901,542	0	901,542	0	1.00
2.00	Land Improvements	9,658,534	107,000	0	107,000	9,988	2.00
3.00	Buildings and Fixtures	421,247,845	15,807,978	0	15,807,978	1,010,063	3.00
4.00	Building Improvements	6,760,988	693,225	0	693,225	245,656	4.00
5.00	Fixed Equipment	49,200,095	827,819	0	827,819	5,495,246	5.00
6.00	Movable Equipment	177,943,842	10,336,980	0	10,336,980	11,936,801	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	683,009,509	28,674,544	0	28,674,544	18,697,754	8.00
9.00	Reconciling Items	-17,432,917	-5,168,482	0	-5,168,482	-6,048,087	9.00
10.00	Total (line 8 minus line 9)	700,442,426	33,843,026	0	33,843,026	24,745,841	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,099,747	0				1.00
2.00	Land Improvements	9,755,546	0				2.00
3.00	Buildings and Fixtures	436,045,760	0				3.00
4.00	Building Improvements	7,208,557	0				4.00
5.00	Fixed Equipment	44,532,668	0				5.00
6.00	Movable Equipment	176,344,021	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	692,986,299	0				8.00
9.00	Reconciling Items	-16,553,312	0				9.00
10.00	Total (line 8 minus line 9)	709,539,611	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,104,184	0	3,328,798	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,155,255	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,259,439	0	3,328,798	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	17,432,982				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	12,155,255				2.00
3.00	Total (sum of lines 1-2)	0	29,588,237				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet A-7 Part III Date/Time Prepared: 5/21/2018 4:43 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,104,184	0	14,104,184	0.537109	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,155,255	0	12,155,255	0.462891	0
3.00	Total (sum of lines 1-2)	26,259,439	0	26,259,439	1.000000	0
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL	
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	14,892,398	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,327,287	0
3.00	Total (sum of lines 1-2)	0	0	0	31,219,685	0
Cost Center Description		SUMMARY OF CAPITAL				
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)
		11.00	12.00	13.00	14.00	15.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,328,798	0	0	0	18,221,196
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-7,516,561	0	0	0	8,810,726
3.00	Total (sum of lines 1-2)	-4,187,763	0	0	0	27,031,922

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
5/21/2018 4:43 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	A	-4,188,036	NEW CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-42,015,143				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	-28,648,792				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00			31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
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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		
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0	32.00
33.00	MI SC REVENUE	B	-3,162,495	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	MI SC REVENUE	B	-367,217	OPERATION OF PLANT	7.00	0	33.01
33.02	MI SC REVENUE	B	-76,612	LAUNDRY & LINEN SERVICE	8.00	0	33.02
33.03	MI SC REVENUE	B	-26,431	HOUSEKEEPING	9.00	0	33.03
33.04	MI SC REVENUE	B	-4,082,236	DIETARY	10.00	0	33.04
33.05	MI SC REVENUE	B	-33,088	NURSING ADMINISTRATIVE	13.00	0	33.05
33.06	MI SC REVENUE	B	-504	CENTRAL SERVICES & SUPPLY	14.00	0	33.06
33.07	MI SC REVENUE	B	-21,316	PHARMACY	15.00	0	33.07
33.08	MI SC REVENUE	B	-1,087	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	MI SC REVENUE	B	-434,845	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.09
33.10	MI SC REVENUE	B	-343,899	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	MI SC REVENUE	B	13,635	INTENSIVE CARE UNIT	31.00	0	33.11
33.12	MI SC REVENUE	B	-3,814	NEONATAL INTENSIVE CARE UNIT	31.02	0	33.12
33.13	MI SC REVENUE	B	-6,526	SUBPROVIDER - I/PF	40.00	0	33.13
33.14	MI SC REVENUE	B	-24,793	OPERATING ROOM	50.00	0	33.14
33.15	MI SC REVENUE	B	-1,392	RECOVERY ROOM	51.00	0	33.15
33.16	MI SC REVENUE	B	-297,330	DELIVERY ROOM & LABOR ROOM	52.00	0	33.16
33.17	MI SC REVENUE	B	-4,074	ANESTHESIOLOGY	53.00	0	33.17
33.18	MI SC REVENUE	B	-173,301	RADIOLOGY-DIAGNOSTIC	54.00	0	33.18
33.19	MI SC REVENUE	B	-1,024,627	RADIOLOGY-THERAPEUTIC	55.00	0	33.19
33.20	MI SC REVENUE	B	260	RADIOISOTOPE	56.00	0	33.20
33.21	MI SC REVENUE	B	-35,179	CT SCAN	57.00	0	33.21
33.22	MI SC REVENUE	B	-2,838	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.22
33.23	MI SC REVENUE	B	-1,270	CARDIAC CATHETERIZATION	59.00	0	33.23
33.24	MI SC REVENUE	B	-2,172,337	LABORATORY	60.00	0	33.24
33.25	MI SC REVENUE	B	-4,842,280	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	33.25
33.26	MI SC REVENUE	B	-117,462	INTRAVENOUS THERAPY	64.00	0	33.26
33.27	MI SC REVENUE	B	-2,222	RESPIRATORY THERAPY	65.00	0	33.27
33.28	MI SC REVENUE	B	162	PHYSICAL THERAPY	66.00	0	33.28
33.29	MI SC REVENUE	B	-48,231	CLINICAL NUTRITION	66.01	0	33.29
33.30	MI SC REVENUE	B	-525	OCCUPATIONAL THERAPY	67.00	0	33.30
33.31	MI SC REVENUE	B	1,083	SPEECH PATHOLOGY	68.00	0	33.31
33.32	MI SC REVENUE	B	-39,420	ELECTROCARDIOLOGY	69.00	0	33.32
33.33	MI SC REVENUE	B	244	ELECTROENCEPHALOGRAPHY	70.00	0	33.33
33.34	MI SC REVENUE	B	456	RENAL DIALYSIS	74.00	0	33.34
33.35	MI SC REVENUE	B	428	ENDOSCOPY	76.00	0	33.35
33.36	MI SC REVENUE	B	-1,626,136	CLINIC	90.00	0	33.36
33.37	MI SC REVENUE	B	-25,342	EMERGENCY	91.00	0	33.37
34.00	CARDINAL GLENNON AAA WITH SLUH	A	-305,083	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.00
36.00	TV	A	-23,237	OPERATION OF PLANT	7.00	0	36.00
36.01	TV	A	-1,063	ADULTS & PEDIATRICS	30.00	0	36.01
36.02	TV	A	-3,393	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	36.02
36.03	TV	A	-560	NEONATAL INTENSIVE CARE UNIT	31.02	0	36.03
37.00	PATIENT TELEPHONES	A	-35,775	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	FRA EXPENSE MCR ADJUSTMENT	A	-5,836,457	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	LOBBYING EXPENSE	A	-59,587	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	PROVIDER BASED PHYSICIAN	A	-1,150,165	CLINIC	90.00	0	40.00
40.01	PROVIDER BASED PHYSICIAN	A	-34	EMERGENCY	91.00	0	40.01
41.00	NON MED TRANSPORTATION	A	-71,844	SOCIAL SERVICE	17.00	0	41.00
41.01	NON MED TRANSPORTATION	A	-26,560	SUBPROVIDER - I/PF	40.00	0	41.01
41.02	NON MED TRANSPORTATION	A	-198,713	CLINIC	90.00	0	41.02
42.00	ADVERTISING	A	-39,809	ADMINISTRATIVE & GENERAL	5.00	0	42.00
42.01	ADVERTISING	A	-105	PHARMACY	15.00	0	42.01
42.02	ADVERTISING	A	-550	PARAMEDICAL PRGM-CG	23.01	0	42.02
42.03	ADVERTISING	A	-6,750	ADULTS & PEDIATRICS	30.00	0	42.03
42.04	ADVERTISING	A	-12,954	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	42.04
42.05	ADVERTISING	A	-28,905	CLINIC	90.00	0	42.05
42.06	ADVERTISING	A	-1,539	EMERGENCY	91.00	0	42.06
42.07	ADVERTISING	A	-54,000	PHYSICIANS' PRIVATE OFFICES	192.00	0	42.07
42.08	ADVERTISING	A	-37,965	NONREIMBURSABLE COST CENTERS	194.00	0	42.08
43.00	ENTERTAINMENT	A	-49,747	ADMINISTRATIVE & GENERAL	5.00	0	43.00

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	
43.01 ENTERTAINMENT	A	-6,275	HOUSEKEEPING		9.00	0 43.01
43.02 ENTERTAINMENT	A	-78	INTENSIVE CARE UNIT		31.00	0 43.02
43.03 ENTERTAINMENT	A	-140	CLINIC		90.00	0 43.03
44.00 CONTRIBUTIONS	A	-84,398	ADMINISTRATIVE & GENERAL		5.00	0 44.00
44.01 CONTRIBUTIONS	A	-578	HOUSEKEEPING		9.00	0 44.01
44.02 CONTRIBUTIONS	A	-3,095	DIETARY		10.00	0 44.02
44.03 CONTRIBUTIONS	A	-15,417	NURSING ADMINISTRATION		13.00	0 44.03
44.04 CONTRIBUTIONS	A	-249	PHARMACY		15.00	0 44.04
44.05 CONTRIBUTIONS	A	-13,128	SOCIAL SERVICE		17.00	0 44.05
44.06 CONTRIBUTIONS	A	-1,766	I&R SERVICES-OTHER PRGM		22.00	0 44.06
			COSTS APPRVD			
44.07 CONTRIBUTIONS	A	-98	PARAMED ED PRGM-CG		23.01	0 44.07
44.08 CONTRIBUTIONS	A	-34,968	ADULTS & PEDIATRICS		30.00	0 44.08
44.09 CONTRIBUTIONS	A	-140	INTENSIVE CARE UNIT		31.00	0 44.09
44.10 CONTRIBUTIONS	A	-106	PEDIATRIC INTENSIVE CARE		31.01	0 44.10
			UNIT			
44.11 CONTRIBUTIONS	A	-4,236	NEONATAL INTENSIVE CARE UNIT		31.02	0 44.11
44.12 CONTRIBUTIONS	A	-252	SUBPROVIDER - IPF		40.00	0 44.12
44.13 CONTRIBUTIONS	A	-65	OPERATING ROOM		50.00	0 44.13
44.14 CONTRIBUTIONS	A	-61	DELIVERY ROOM & LABOR ROOM		52.00	0 44.14
44.15 CONTRIBUTIONS	A	-1,597	RADIOLOGY-DIAGNOSTIC		54.00	0 44.15
44.16 CONTRIBUTIONS	A	-175	CARDIAC CATHETERIZATION		59.00	0 44.16
44.17 CONTRIBUTIONS	A	-128	LABORATORY		60.00	0 44.17
44.18 CONTRIBUTIONS	A	-3,615	INTRAVENOUS THERAPY		64.00	0 44.18
44.19 CONTRIBUTIONS	A	-950	RESPIRATORY THERAPY		65.00	0 44.19
44.20 CONTRIBUTIONS	A	-127	ELECTROCARDIOLOGY		69.00	0 44.20
44.21 CONTRIBUTIONS	A	-401	ELECTROENCEPHALOGRAPHY		70.00	0 44.21
44.22 CONTRIBUTIONS	A	-3,386	CLINIC		90.00	0 44.22
44.23 CONTRIBUTIONS	A	-91	EMERGENCY		91.00	0 44.23
45.00 NURSE PRACTITIONER	A	-7,050	ADULTS & PEDIATRICS		30.00	0 45.00
45.01 NURSE PRACTITIONER	A	-43,074	NEONATAL INTENSIVE CARE UNIT		31.02	0 45.01
45.02 NURSE PRACTITIONER	A	-19,892	OPERATING ROOM		50.00	0 45.02
45.03 NURSE PRACTITIONER	A	-9,436	DELIVERY ROOM & LABOR ROOM		52.00	0 45.03
45.04 NURSE PRACTITIONER	A	-1,512	RADIOLOGY-DIAGNOSTIC		54.00	0 45.04
45.05 NURSE PRACTITIONER	A	-5,442	RADIOLOGY-THERAPEUTIC		55.00	0 45.05
45.06 NURSE PRACTITIONER	A	-1,886	RESPIRATORY THERAPY		65.00	0 45.06
45.07 NURSE PRACTITIONER	A	-3,924	ELECTROENCEPHALOGRAPHY		70.00	0 45.07
45.08 NURSE PRACTITIONER	A	-8,738	CLINIC		90.00	0 45.08
45.09 NURSE PRACTITIONER	A	-16,042	EMERGENCY		91.00	0 45.09
46.00 MD RECRUITMENT EXPENSES	A	-581,258	I&R SERVICES-OTHER PRGM		22.00	0 46.00
			COSTS APPRVD			
46.01 MD RECRUITMENT EXPENSES	A	-3,773	CLINIC		90.00	0 46.01
47.00 DANIS PEDIATRICS	A	-220,025	CLINIC		90.00	0 47.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-102,876,899				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: 26-0091

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

Worksheet A-8-1

Date/Time Prepared: 5/21/2018 4:43 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	788,214	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	4,172,032	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE - INTEREST	0	3,328,525
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	31,973,459	38,534,928
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	48,890,690	71,596,053
4.02	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,975,000
4.03	0.00		0	0	0
4.04	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-210,475	0
4.05	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	24,543,014	23,371,786
4.06	13.00	NURSING ADMINISTRATION	NETWORK--CORP 130	106,514	106,514
4.07	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	323,262	322,823
4.08	55.00	RADIOLOGY-THERAPEUTIC	NETWORK--CORP 130	93,295	93,168
4.09	0.00		0	0	0
4.10	0.00		0	0	0
4.11	0.00		0	0	0
4.12	0.00		0	0	0
4.13	0.00		0	0	0
5.00	0		0	110,680,005	139,328,797

* 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	6.00
7.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	7.00
8.00	G	SSM INFO CENTER	100.00	FRAN SISTERS OF MARY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	CHURCH				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: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/21/2018 4:43 pm
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	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	788,214	9		1.00
2.00	4,172,032	9		2.00
3.00	-3,328,525	11		3.00
4.00	-6,561,469	0		4.00
4.01	-22,705,363	0		4.01
4.02	-1,975,000	0		4.02
4.03	0	0		4.03
4.04	-210,475	0		4.04
4.05	1,171,228	0		4.05
4.06	0	0		4.06
4.07	439	0		4.07
4.08	127	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
5.00	-28,648,792			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE		6.00
7.00	ST LOUIS NETWORK		7.00
8.00	DATA PROCESSING SERVICES		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0091

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2018 4:43 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	5,028,716	4,687,107	341,609	174,600	2,418	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,071,411	5,011,517	59,894	174,600	199	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,466,421	1,466,421	0	174,600	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	778,910	778,910	0	165,500	0	4.00
5.00	40.00	SUBPROVIDER - IPF	677,028	677,028	0	176,800	0	5.00
6.00	50.00	OPERATING ROOM	45,258	0	45,258	240,300	285	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	776,639	773,055	3,584	231,200	36	7.00
8.00	53.00	ANESTHESIOLOGY	4,062,023	3,980,000	82,023	233,500	427	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	5,740	5,740	0	265,200	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	116,793	108,543	8,250	265,200	66	10.00
11.00	59.00	CARDIAC CATHETERIZATION	20,247	0	20,247	192,700	88	11.00
12.00	60.00	LABORATORY	524,861	447,031	77,830	253,900	589	12.00
13.00	65.00	RESPIRATORY THERAPY	21,356	0	21,356	174,600	127	13.00
14.00	66.00	PHYSICAL THERAPY	4,824	4,824	0	174,600	0	14.00
15.00	67.00	OCCUPATIONAL THERAPY	0	0	0	174,600	0	15.00
16.00	68.00	SPEECH PATHOLOGY	0	0	0	174,600	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	192,928	188,288	4,640	192,700	46	17.00
18.00	69.01	CARDIAC REHAB	33,188	0	33,188	192,700	165	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	23,251	3,092	20,159	192,700	86	19.00
20.00	76.00	ENDOSCOPY	27,912	0	27,912	192,700	274	20.00
21.00	90.00	CLINIC	7,189,192	7,097,705	91,487	174,600	544	21.00
22.00	91.00	EMERGENCY	34,571	34,571	0	174,600	0	22.00
23.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,415,524	16,415,524	0	174,600	0	23.00
200.00			42,516,793	41,679,356	837,437		5,350	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	202,973	10,149	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	16,705	835	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	32,926	1,646	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	4,002	200	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	47,935	2,397	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	8,415	421	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	8,153	408	0	0	0	11.00
12.00	60.00	LABORATORY	71,898	3,595	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	10,661	533	0	0	0	13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	14.00
15.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	15.00
16.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	4,262	213	0	0	0	17.00
18.00	69.01	CARDIAC REHAB	15,286	764	0	0	0	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	7,967	398	0	0	0	19.00
20.00	76.00	ENDOSCOPY	25,385	1,269	0	0	0	20.00
21.00	90.00	CLINIC	45,665	2,283	0	0	0	21.00
22.00	91.00	EMERGENCY	0	0	0	0	0	22.00
23.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	23.00
200.00			502,233	25,111	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	5.00	ADMINISTRATIVE & GENERAL	0	202,973	138,636	4,825,743	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	16,705	43,189	5,054,706	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,466,421	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	778,910	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	677,028	5.00
6.00	50.00	OPERATING ROOM	0	32,926	12,332	12,332	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	4,002	0	773,055	7.00
8.00	53.00	ANESTHESIOLOGY	0	47,935	34,088	4,014,088	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	5,740	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	8,415	0	108,543	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	8,153	12,094	12,094	11.00
12.00	60.00	LABORATORY	0	71,898	5,932	452,963	12.00
13.00	65.00	RESPIRATORY THERAPY	0	10,661	10,695	10,695	13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0091

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2018 4:43 pm

	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		
14.00	66.00	PHYSICAL THERAPY	0	0	0	4,824		14.00
15.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0		15.00
16.00	68.00	SPEECH PATHOLOGY	0	0	0	0		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	4,262	378	188,666		17.00
18.00	69.01	CARDIAC REHAB	0	15,286	17,902	17,902		18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	0	7,967	12,192	15,284		19.00
20.00	76.00	ENDOSCOPY	0	25,385	2,527	2,527		20.00
21.00	90.00	CLINIC	0	45,665	45,822	7,143,527		21.00
22.00	91.00	EMERGENCY	0	0	0	34,571		22.00
23.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	16,415,524		23.00
200.00			0	502,233	335,787	42,015,143		200.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/21/2018 4:43 pm
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	18,221,196	18,221,196		1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	8,810,726		8,810,726	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	51,726,630	61,524	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	138,145,374	3,566,127	609,521	5.00
7.00 00700	OPERATION OF PLANT	18,034,493	2,291,554	557,104	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,606,256	49,454	0	8.00
9.00 00900	HOUSEKEEPING	7,585,004	134,518	22,747	9.00
10.00 01000	DIETARY	-1,966,442	382,198	23,161	10.00
11.00 01100	CAFETERIA	8,320,189	209,760	91,089	11.00
13.00 01300	NURSING ADMINISTRATION	5,388,978	46,059	501,300	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,825,129	437,356	169,894	14.00
15.00 01500	PHARMACY	9,594,818	128,864	7,258	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,473,477	182,499	2,509	16.00
17.00 01700	SOCIAL SERVICE	1,668,248	6,303	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,956,441	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	46,394,119	509,490	784	22.00
23.00 02300	PARAMED ED PRGM	423,870	3,308	0	23.00
23.01 02301	PARAMED ED PRGM-CG	341,745	3,133	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	33,477,898	3,304,442	398,348	30.00
31.00 03100	INTENSIVE CARE UNIT	9,043,073	218,410	89,069	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	4,423,350	603,654	207,824	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	18,749,572	83,966	231,159	31.02
40.00 04000	SUBPROVIDER - I/PF	5,741,074	242,600	14,400	40.00
43.00 04300	NURSERY	4,081,093	21,194	75,502	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	14,774,241	951,664	999,181	50.00
51.00 05100	RECOVERY ROOM	2,851,165	226,935	3,850	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,868,844	99,020	291,613	52.00
53.00 05300	ANESTHESIOLOGY	1,257,819	32,590	145,379	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,803,269	448,453	1,072,714	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,709,455	56,493	94,783	55.00
56.00 05600	RADIOISOTOPE	934,675	60,076	126,670	56.00
57.00 05700	CT SCAN	1,584,464	17,387	135,079	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	977,159	44,973	783,229	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,276,799	168,232	392,599	59.00
60.00 06000	LABORATORY	15,647,252	418,983	168,613	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,292,546	15,989	96,348	62.00
64.00 06400	INTRAVENOUS THERAPY	3,256,659	133,108	39,295	64.00
65.00 06500	RESPIRATORY THERAPY	8,782,847	131,797	258,655	65.00
66.00 06600	PHYSICAL THERAPY	2,062,064	86,338	2,330	66.00
66.01 06601	CLINICAL NUTRITION	976,007	4,219	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	913,999	0	357	67.00
68.00 06800	SPEECH PATHOLOGY	996,417	42,152	13,224	68.00
69.00 06900	ELECTROCARDIOLOGY	2,887,332	137,676	423,987	69.00
69.01 06901	CARDIAC REHAB	649,705	62,797	1,987	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	781,796	7,651	76,663	70.00
70.01 03320	ELECTROSHOCK THERAPY	117,110	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,129,751	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	13,992,611	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	34,119,947	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,653,095	35,336	4,702	74.00
76.00 03330	ENDOSCOPY	2,346,534	192,784	175,218	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	10,359,806	1,047,263	127,621	90.00
91.00 09100	EMERGENCY	13,819,826	479,233	211,453	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	213,992	961	1,698	105.00
106.00 10600	HEART ACQUISITION	103,421	961	0	106.00
107.00 10700	LIVER ACQUISITION	116,116	961	0	107.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	591,323,034	17,390,445	8,648,917	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	401,479	39,431	3,550	190.00
191.00 19100	RESEARCH	196,459	1,685	2,205	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,357,214	713,183	38,990	192.00
194.00 07950	NONREIMBURSABLE COST CENTERS	14,150,623	76,452	113,706	194.00
194.01 07951	RURAL HEALTH CLINIC - 5295	1,355,704	0	2,175	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.02 07952 RURAL HEALTH CLINIC - 5296	950,985	0	1,183	153,445	1,105,613	194.02
194.03 07953 RETAIL PHARMACY	9,281,023	0	0	50,864	9,331,887	194.03
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	621,016,521	18,221,196	8,810,726	51,788,154	621,016,521	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/21/2018 4:43 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	146,927,869				5.00
7.00	00700	OPERATION OF PLANT	6,675,974	28,279,181			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	532,062	113,681	2,367,477		8.00
9.00	00900	HOUSEKEEPING	2,731,563	309,224	0	11,880,024	9.00
10.00	01000	DIETARY	0	878,578	0	374,692	-111,542
11.00	01100	CAFETERIA	2,901,746	482,185	0	205,640	0
13.00	01300	NURSING ADMINISTRATION	2,131,952	105,877	0	45,154	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,757,925	1,005,372	0	428,767	0
15.00	01500	PHARMACY	3,530,943	296,226	0	126,333	0
16.00	01600	MEDICAL RECORDS & LIBRARY	578,554	419,519	0	178,915	0
17.00	01700	SOCIAL SERVICE	621,581	14,490	0	6,180	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	742,955	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,578,799	1,171,188	0	499,483	0
23.00	02300	PARAMED ED PRGM	160,406	7,604	0	3,243	0
23.01	02301	PARAMED ED PRGM-CG	129,469	7,202	0	3,071	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,123,609	7,596,082	893,455	3,239,546	0
31.00	03100	INTENSIVE CARE UNIT	3,504,656	502,069	16,566	214,120	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,924,806	1,387,648	108,838	591,798	0
31.02	02060	NEONATAL INTENSIVE CARE UNIT	7,189,510	193,017	98,452	82,317	0
40.00	04000	SUBPROVIDER - IPF	2,228,714	557,676	213,552	237,835	0
43.00	04300	NURSERY	1,561,292	48,721	9,724	20,778	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,843,676	2,187,635	156,333	932,973	0
51.00	05100	RECOVERY ROOM	1,147,221	521,666	108,159	222,478	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,725,479	227,621	86,242	97,075	0
53.00	05300	ANESTHESIOLOGY	504,750	74,917	0	31,950	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,340,845	1,030,880	205,451	439,645	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,622,411	129,864	24,551	55,384	0
56.00	05600	RADIOISOTOPE	364,737	138,099	0	58,896	0
57.00	05700	CT SCAN	614,738	39,969	0	17,046	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	615,717	103,381	0	44,089	0
59.00	05900	CARDIAC CATHETERIZATION	995,699	386,723	9,144	164,928	0
60.00	06000	LABORATORY	5,507,444	963,136	0	410,754	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,850,291	36,756	0	15,675	0
64.00	06400	INTRAVENOUS THERAPY	1,254,233	305,981	21,055	130,494	0
65.00	06500	RESPIRATORY THERAPY	3,233,666	302,969	14,528	129,209	0
66.00	06600	PHYSICAL THERAPY	712,389	198,469	4,423	84,642	0
66.01	06601	CLINICAL NUTRITION	374,835	9,698	0	4,136	0
67.00	06700	OCCUPATIONAL THERAPY	314,976	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	377,627	96,896	0	41,324	0
69.00	06900	ELECTROCARDIOLOGY	1,250,482	316,483	31,144	134,972	0
69.01	06901	CARDIAC REHAB	265,308	144,354	0	61,564	0
70.00	07000	ELECTROENCEPHALOGRAPHY	319,044	17,589	9,393	7,501	0
70.01	03320	ELECTROSHOCK THERAPY	44,472	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,310,907	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,324,095	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	10,543,985	0	0	0	0
74.00	07400	RENAL DIALYSIS	558,419	81,230	0	34,642	0
76.00	03330	ENDOSCOPY	973,889	443,162	6,925	188,998	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,638,935	2,407,394	105,890	1,026,695	0
91.00	09100	EMERGENCY	5,397,671	1,101,636	243,652	469,821	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	71,904	2,209	0	942	0
106.00	10600	HEART ACQUISITION	33,331	2,209	0	942	0
107.00	10700	LIVER ACQUISITION	39,768	2,209	0	942	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	136,779,460	26,369,494	2,367,477	11,065,589	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	144,943	90,641	0	38,656	0
191.00	19100	RESEARCH	61,913	3,874	0	1,652	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,441,071	1,639,428	0	699,176	0
194.00	07950	NONREIMBURSABLE COST CENTERS	4,794,025	175,744	0	74,951	0
194.01	07951	RURAL HEALTH CLINIC - 5295	480,988	0	0	0	0
194.02	07952	RURAL HEALTH CLINIC - 5296	341,664	0	0	0	0
194.03	07953	RETAIL PHARMACY	2,883,805	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	-111,542
202.00		TOTAL (sum lines 118 through 201)	146,927,869	28,279,181	2,367,477	11,880,024	-111,542

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/21/2018 4:43 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	12,979,513					11.00
13.00	01300	NURSING ADMINISTRATION	280,765	9,462,666				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	169,629	0	9,050,272			14.00
15.00	01500	PHARMACY	456,242	0	77,148	15,912,892		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	128,684	0	28	0	3,177,881	16.00
17.00	01700	SOCIAL SERVICE	116,985	0	0	3,949	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	187,176	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	95	0	0	22.00
23.00	02300	PARAMED PRGM	23,397	0	0	0	0	23.00
23.01	02301	PARAMED PRGM-CG	23,397	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,638,018	2,819,127	0	3,985	349,002	30.00
31.00	03100	INTENSIVE CARE UNIT	608,323	656,563	0	20	71,692	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	350,956	356,563	0	348	51,193	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,181,551	1,108,031	0	799	219,626	31.02
40.00	04000	SUBPROVIDER - I PF	0	402,017	0	0	37,021	40.00
43.00	04300	NURSERY	438,695	281,599	0	0	11,973	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	731,158	428,166	0	72	248,397	50.00
51.00	05100	RECOVERY ROOM	175,478	181,185	0	0	30,172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	526,434	372,322	0	634	76,456	52.00
53.00	05300	ANESTHESIOLOGY	70,191	69,915	0	8,167	83,262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	508,886	107,479	0	0	145,820	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	87,739	13,462	0	0	70,033	55.00
56.00	05600	RADIOISOTOPE	17,548	3	0	0	8,244	56.00
57.00	05700	CT SCAN	81,890	513	0	0	113,521	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46,794	17	0	0	58,835	58.00
59.00	05900	CARDIAC CATHETERIZATION	99,437	83,814	0	2,038	68,916	59.00
60.00	06000	LABORATORY	620,022	768	0	288	341,233	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	187,176	28,271	0	67	39,254	62.00
64.00	06400	INTRAVENOUS THERAPY	163,779	193,644	0	0	74,968	64.00
65.00	06500	RESPIRATORY THERAPY	473,790	11,763	0	720	116,940	65.00
66.00	06600	PHYSICAL THERAPY	35,096	0	0	0	15,169	66.00
66.01	06601	CLINICAL NUTRITION	99,437	0	0	0	785	66.01
67.00	06700	OCCUPATIONAL THERAPY	35,096	0	0	0	9,441	67.00
68.00	06800	SPEECH PATHOLOGY	52,643	9,250	0	0	11,905	68.00
69.00	06900	ELECTROCARDIOLOGY	228,121	127,106	0	16,574	97,604	69.00
69.01	06901	CARDIAC REHAB	40,945	39,498	0	0	1,767	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	52,643	116	0	18	9,512	70.00
70.01	03320	ELECTROSHOCK THERAPY	5,849	8,856	0	0	1,252	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,137,939	0	73,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,830,747	0	39,579	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,223,587	389,302	73.00
74.00	07400	RENAL DIALYSIS	35,096	36,207	0	0	14,841	74.00
76.00	03330	ENDOSCOPY	140,382	132,506	0	0	39,648	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	549,831	860,934	0	148,562	61,604	90.00
91.00	09100	EMERGENCY	1,006,073	859,851	0	4	192,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,849	9,092	0	0	65	105.00
106.00	10600	HEART ACQUISITION	0	1,765	0	0	134	106.00
107.00	10700	LIVER ACQUISITION	0	5,357	0	0	225	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,681,201	9,205,760	9,045,957	11,409,832	3,175,150	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	25,603	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	298,312	164,680	396	2,803,105	0	194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	0	38,051	2,680	86,295	4	194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	0	23,096	1,239	44,916	2	194.02
194.03	07953	RETAIL PHARMACY	0	5,476	0	1,568,744	2,725	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2018 4:43 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
202.00 TOTAL (sum lines 118 through 201)	12,979,513	9,462,666	9,050,272	15,912,892	3,177,881	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/21/2018 4:43 pm	
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-CG	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	2,774,599				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,334,305			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		63,426,303		22.00
23.00 02300	PARAMED PRGM	0			713,718	23.00
23.01 02301	PARAMED PRGM-CG	0				582,096
23.01 02301	PARAMED PRGM-CG	0				582,096
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,339,348	2,420,334	46,040,411	555,113	321,685
31.00 03100	INTENSIVE CARE UNIT	351,771	0	0	99,128	260,411
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	77,372	0	0	0	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	586,064	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	272,905	16,925	321,961	0	0
43.00 04300	NURSERY	117,146	0	0	9,913	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	321,583	6,117,258	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	29,993	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	118,478	2,253,727	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	101,552	1,931,766	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	16,925	321,961	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	50,776	965,883	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
66.01 06601	CLINICAL NUTRITION	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	33,851	643,922	0	0
69.01 06901	CARDIAC REHAB	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	135,403	2,575,687	0	0
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
76.00 03330	ENDOSCOPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	49,564	0
91.00 09100	EMERGENCY	0	118,478	2,253,727	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00 10600	HEART ACQUISITION	0	0	0	0	0
107.00 10700	LIVER ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,774,599	3,334,305	63,426,303	713,718	582,096
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00 19100	RESEARCH	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00 07950	NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951	RURAL HEALTH CLINIC - 5295	0	0	0	0	0
194.02 07952	RURAL HEALTH CLINIC - 5296	0	0	0	0	0
194.03 07953	RETAIL PHARMACY	0	0	0	0	0
200.00	Cross Foot Adjustments		0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/21/2018 4:43 pm	
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-CG	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	2,774,599	3,334,305	63,426,303	713,718	582,096	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/21/2018 4:43 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
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	128,043,193	-48,460,745	79,582,448	30.00
31.00	03100	17,626,256	0	17,626,256	31.00
31.01	02080	11,078,125	0	11,078,125	31.01
31.02	02060	33,924,358	0	33,924,358	31.02
40.00	04000	11,500,643	-338,886	11,161,757	40.00
43.00	04300	7,552,125	0	7,552,125	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	35,877,171	-6,438,841	29,438,330	50.00
51.00	05100	6,098,723	0	6,098,723	51.00
52.00	05200	12,961,805	0	12,961,805	52.00
53.00	05300	4,848,711	-2,372,205	2,476,506	53.00
54.00	05400	18,623,177	-2,033,318	16,589,859	54.00
55.00	05500	7,253,507	0	7,253,507	55.00
56.00	05600	2,106,690	-338,886	1,767,804	56.00
57.00	05700	2,856,946	0	2,856,946	57.00
58.00	05800	2,861,272	0	2,861,272	58.00
59.00	05900	5,032,744	0	5,032,744	59.00
60.00	06000	26,682,190	-1,016,659	25,665,531	60.00
62.00	06200	8,144,962	0	8,144,962	62.00
64.00	06400	6,202,806	0	6,202,806	64.00
65.00	06500	14,747,608	0	14,747,608	65.00
66.00	06600	3,355,451	0	3,355,451	66.00
66.01	06601	1,701,844	0	1,701,844	66.01
67.00	06700	1,378,765	0	1,378,765	67.00
68.00	06800	1,811,632	0	1,811,632	68.00
69.00	06900	6,926,773	-677,773	6,249,000	69.00
69.01	06901	1,411,962	0	1,411,962	69.01
70.00	07000	4,159,321	-2,711,090	1,448,231	70.00
70.01	03320	204,340	0	204,340	70.01
71.00	07100	45,652,088	0	45,652,088	71.00
72.00	07200	21,187,032	0	21,187,032	72.00
73.00	07300	56,276,821	0	56,276,821	73.00
74.00	07400	2,567,459	-77,424	2,490,035	74.00
76.00	03330	5,076,980	0	5,076,980	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	24,860,832	0	24,860,832	90.00
91.00	09100	29,109,846	-2,372,205	26,737,641	91.00
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	322,741	0	322,741	105.00
106.00	10600	146,239	0	146,239	106.00
107.00	10700	177,190	0	177,190	107.00
118.00		570,350,328	-66,838,032	503,512,296	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	743,271	0	743,271	190.00
191.00	19100	267,788	0	267,788	191.00
192.00	19200	8,468,530	0	8,468,530	192.00
194.00	07950	23,824,500	0	23,824,500	194.00
194.01	07951	2,164,479	0	2,164,479	194.01
194.02	07952	1,516,530	0	1,516,530	194.02
194.03	07953	13,792,637	0	13,792,637	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2018 4:43 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	-111,542	0	-111,542	201.00
202.00	TOTAL (sum lines 118 through 201)	621,016,521	-66,838,032	554,178,489	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
GENERAL SERVICE COST CENTERS								
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,524	0	61,524	61,524	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	4,987,226	3,566,127	609,521	9,162,874	5,475	5.00	
7.00 00700	OPERATION OF PLANT	0	2,291,554	557,104	2,848,658	856	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	23,550	49,454	0	73,004	78	8.00	
9.00 00900	HOUSEKEEPING	0	134,518	22,747	157,265	1,304	9.00	
10.00 01000	DIETARY	9,902	382,198	23,161	415,261	233	10.00	
11.00 01100	CAFETERIA	0	209,760	91,089	300,849	914	11.00	
13.00 01300	NURSING ADMINISTRATION	0	46,059	501,300	547,359	1,144	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	204,655	437,356	169,894	811,905	305	14.00	
15.00 01500	PHARMACY	724,284	128,864	7,258	860,406	2,015	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	0	182,499	2,509	185,008	254	16.00	
17.00 01700	SOCIAL SERVICE	41	6,303	0	6,344	400	17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	532	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	509,490	784	510,274	324	22.00	
23.00 02300	PARAMED PRGM	0	3,308	0	3,308	109	23.00	
23.01 02301	PARAMED PRGM-CG	0	3,133	0	3,133	88	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	42,523	3,304,442	398,348	3,745,313	10,103	30.00	
31.00 03100	INTENSIVE CARE UNIT	13	218,410	89,069	307,492	2,366	31.00	
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	603,654	207,824	811,478	1,181	31.01	
31.02 02060	NEONATAL INTENSIVE CARE UNIT	103,607	83,966	231,159	418,732	4,992	31.02	
40.00 04000	SUBPROVIDER - I PF	13	242,600	14,400	257,013	1,443	40.00	
43.00 04300	NURSERY	0	21,194	75,502	96,696	1,039	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	791,408	951,664	999,181	2,742,253	2,597	50.00	
51.00 05100	RECOVERY ROOM	6	226,935	3,850	230,791	749	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	160,760	99,020	291,613	551,393	1,854	52.00	
53.00 05300	ANESTHESIOLOGY	95,039	32,590	145,379	273,008	235	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	295,199	448,453	1,072,714	1,816,366	1,767	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	82,144	56,493	94,783	233,420	463	55.00	
56.00 05600	RADIOISOTOPE	0	60,076	126,670	186,746	70	56.00	
57.00 05700	CT SCAN	65,937	17,387	135,079	218,403	300	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	40,180	44,973	783,229	868,382	222	58.00	
59.00 05900	CARDIAC CATHETERIZATION	71,550	168,232	392,599	632,381	457	59.00	
60.00 06000	LABORATORY	198,419	418,983	168,613	786,015	1,886	60.00	
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	838	15,989	96,348	113,175	692	62.00	
64.00 06400	INTRAVENOUS THERAPY	229,825	133,108	39,295	402,228	748	64.00	
65.00 06500	RESPIRATORY THERAPY	73,712	131,797	258,655	464,164	1,534	65.00	
66.00 06600	PHYSICAL THERAPY	0	86,338	2,330	88,668	184	66.00	
66.01 06601	CLINICAL NUTRITION	0	4,219	0	4,219	277	66.01	
67.00 06700	OCCUPATIONAL THERAPY	0	0	357	357	125	67.00	
68.00 06800	SPEECH PATHOLOGY	0	42,152	13,224	55,376	202	68.00	
69.00 06900	ELECTROCARDIOLOGY	69,975	137,676	423,987	631,638	710	69.00	
69.01 06901	CARDIAC REHAB	0	62,797	1,987	64,784	171	69.01	
70.00 07000	ELECTROENCEPHALOGRAPHY	0	7,651	76,663	84,314	198	70.00	
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	32	70.01	
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	350	35,336	4,702	40,388	135	74.00	
76.00 03330	ENDOSCOPY	309,316	192,784	175,218	677,318	519	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	1,399,441	1,047,263	127,621	2,574,325	4,132	90.00	
91.00 09100	EMERGENCY	57,156	479,233	211,453	747,842	3,514	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500	KIDNEY ACQUISITION	0	961	1,698	2,659	19	105.00	
106.00 10600	HEART ACQUISITION	0	961	0	961	4	106.00	
107.00 10700	LIVER ACQUISITION	0	961	0	961	14	107.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,037,069	17,390,445	8,648,917	36,076,431	58,965	118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,431	3,550	42,981	29	190.00	
191.00 19100	RESEARCH	0	1,685	2,205	3,890	0	191.00	
192.00 19200	PHYSICIANS' PRIVATE OFFICES	134,879	713,183	38,990	887,052	658	192.00	
194.00 07950	NONREIMBURSABLE COST CENTERS	102,038	76,452	113,706	292,196	1,394	194.00	
194.01 07951	RURAL HEALTH CLINIC - 5295	110,072	0	2,175	112,247	236	194.01	
194.02 07952	RURAL HEALTH CLINIC - 5296	57,458	0	1,183	58,641	182	194.02	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	2A	4.00		
194.03 07953 RETAIL PHARMACY	0	0	0	0	60	194.03	
200.00 Cross Foot Adjustments				0		200.00	
201.00 Negative Cost Centers		0	0	0	0	201.00	
202.00 TOTAL (sum lines 118 through 201)	10,441,516	18,221,196	8,810,726	37,473,438	61,524	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,168,349				5.00
7.00	00700	OPERATION OF PLANT	416,575	3,266,089			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,200	13,130	119,412		8.00
9.00	00900	HOUSEKEEPING	170,447	35,714	0	364,730	9.00
10.00	01000	DIETARY	0	101,471	0	11,503	528,468 10.00
11.00	01100	CAFETERIA	181,066	55,690	0	6,313	0 11.00
13.00	01300	NURSING ADMINISTRATION	133,032	12,228	0	1,386	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	109,693	116,115	0	13,164	0 14.00
15.00	01500	PHARMACY	220,328	34,212	0	3,879	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,101	48,452	0	5,493	0 16.00
17.00	01700	SOCIAL SERVICE	38,786	1,674	0	190	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	46,360	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	909,888	135,266	0	15,335	0 22.00
23.00	02300	PARAMED ED PRGM	10,009	878	0	100	0 23.00
23.01	02301	PARAMED ED PRGM-CG	8,079	832	0	94	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	881,300	877,304	45,065	99,456	0 30.00
31.00	03100	INTENSIVE CARE UNIT	218,687	57,986	836	6,574	0 31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	120,106	160,266	5,490	18,169	0 31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	448,619	22,292	4,966	2,527	0 31.02
40.00	04000	SUBPROVIDER - IPF	139,070	64,408	10,771	7,302	0 40.00
43.00	04300	NURSERY	97,423	5,627	490	638	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	364,640	252,660	7,885	28,643	0 50.00
51.00	05100	RECOVERY ROOM	71,586	60,250	5,455	6,830	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	170,067	26,289	4,350	2,980	0 52.00
53.00	05300	ANESTHESIOLOGY	31,496	8,653	0	981	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	208,466	119,061	10,363	13,498	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	101,237	14,999	1,238	1,700	0 55.00
56.00	05600	RADIOISOTOPE	22,759	15,950	0	1,808	0 56.00
57.00	05700	CT SCAN	38,359	4,616	0	523	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38,420	11,940	0	1,354	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	62,131	44,664	461	5,063	0 59.00
60.00	06000	LABORATORY	343,659	111,237	0	12,611	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	115,456	4,245	0	481	0 62.00
64.00	06400	INTRAVENOUS THERAPY	78,263	35,339	1,062	4,006	0 64.00
65.00	06500	RESPIRATORY THERAPY	201,778	34,991	733	3,967	0 65.00
66.00	06600	PHYSICAL THERAPY	44,452	22,922	223	2,599	0 66.00
66.01	06601	CLINICAL NUTRITION	23,389	1,120	0	127	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	19,654	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	23,564	11,191	0	1,269	0 68.00
69.00	06900	ELECTROCARDIOLOGY	78,029	36,552	1,571	4,144	0 69.00
69.01	06901	CARDIAC REHAB	16,555	16,672	0	1,890	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	19,908	2,031	474	230	0 70.00
70.01	03320	ELECTROSHOCK THERAPY	2,775	0	0	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	580,992	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	269,820	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	657,935	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	34,845	9,382	0	1,064	0 74.00
76.00	03330	ENDOSCOPY	60,770	51,183	349	5,802	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	289,465	278,041	5,341	31,521	0 90.00
91.00	09100	EMERGENCY	336,810	127,233	12,289	14,424	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,487	255	0	29	0 105.00
106.00	10600	HEART ACQUISITION	2,080	255	0	29	0 106.00
107.00	10700	LIVER ACQUISITION	2,482	255	0	29	0 107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,535,098	3,045,531	119,412	339,725	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,044	10,469	0	1,187	0 190.00
191.00	19100	RESEARCH	3,863	447	0	51	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	89,921	189,345	0	21,466	0 192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	299,143	20,297	0	2,301	0 194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	30,013	0	0	0	0 194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	21,320	0	0	0	0 194.02
194.03	07953	RETAIL PHARMACY	179,947	0	0	0	0 194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	528,468 201.00
202.00		TOTAL (sum lines 118 through 201)	9,168,349	3,266,089	119,412	364,730	528,468 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	544,832					11.00
13.00	01300	NURSING ADMINISTRATION	11,785	706,934				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,120	0	1,058,302			14.00
15.00	01500	PHARMACY	19,151	0	9,022	1,149,013		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,402	0	3	0	280,713	16.00
17.00	01700	SOCIAL SERVICE	4,911	0	0	285	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,857	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	11	0	0	22.00
23.00	02300	PARAMED ED PRGM	982	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CG	982	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	110,734	210,611	0	288	30,851	30.00
31.00	03100	INTENSIVE CARE UNIT	25,535	49,050	0	1	6,337	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	14,732	26,638	0	25	4,525	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	49,597	82,778	0	58	19,414	31.02
40.00	04000	SUBPROVIDER - I PF	0	30,034	0	0	3,273	40.00
43.00	04300	NURSERY	18,415	21,038	0	0	1,058	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,691	31,987	0	5	21,958	50.00
51.00	05100	RECOVERY ROOM	7,366	13,536	0	0	2,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,098	27,815	0	46	6,759	52.00
53.00	05300	ANESTHESIOLOGY	2,946	5,223	0	590	7,360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,361	8,030	0	0	12,890	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,683	1,006	0	0	6,191	55.00
56.00	05600	RADIOISOTOPE	737	0	0	0	729	56.00
57.00	05700	CT SCAN	3,437	38	0	0	10,035	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,964	1	0	0	5,201	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,174	6,262	0	147	6,092	59.00
60.00	06000	LABORATORY	26,026	57	0	21	30,164	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,857	2,112	0	5	3,470	62.00
64.00	06400	INTRAVENOUS THERAPY	6,875	14,467	0	0	6,627	64.00
65.00	06500	RESPIRATORY THERAPY	19,888	879	0	52	10,337	65.00
66.00	06600	PHYSICAL THERAPY	1,473	0	0	0	1,341	66.00
66.01	06601	CLINICAL NUTRITION	4,174	0	0	0	69	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,473	0	0	0	835	67.00
68.00	06800	SPEECH PATHOLOGY	2,210	691	0	0	1,052	68.00
69.00	06900	ELECTROCARDIOLOGY	9,576	9,496	0	1,197	8,628	69.00
69.01	06901	CARDIAC REHAB	1,719	2,951	0	0	156	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,210	9	0	1	841	70.00
70.01	03320	ELECTROSHOCK THERAPY	246	662	0	0	111	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	717,739	0	6,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	331,023	0	3,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	810,420	34,209	73.00
74.00	07400	RENAL DIALYSIS	1,473	2,705	0	0	1,312	74.00
76.00	03330	ENDOSCOPY	5,893	9,899	0	0	3,505	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	23,080	64,318	0	10,727	5,446	90.00
91.00	09100	EMERGENCY	42,231	64,237	0	0	16,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	246	679	0	0	6	105.00
106.00	10600	HEART ACQUISITION	0	132	0	0	12	106.00
107.00	10700	LIVER ACQUISITION	0	400	0	0	20	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	532,310	687,741	1,057,798	823,868	280,472	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,913	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	12,522	12,303	46	202,399	0	194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	0	2,843	313	6,231	0	194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	0	1,725	145	3,243	0	194.02
194.03	07953	RETAIL PHARMACY	0	409	0	113,272	241	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
202.00	TOTAL (sum lines 118 through 201)	544,832	706,934	1,058,302	1,149,013	280,713		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 pm				
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-CG			
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
		17.00	21.00			22.00	23.00	23.01
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL				5.00		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION				13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00		
15.00	01500	PHARMACY				15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00		
17.00	01700	SOCIAL SERVICE	52,590			17.00		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	54,749		21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,571,098		22.00		
23.00	02300	PARAMED PRGM	0		15,386	23.00		
23.01	02301	PARAMED PRGM-CG	0		13,208	23.01		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,386			30.00		
31.00	03100	INTENSIVE CARE UNIT	6,668			31.00		
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,467			31.01		
31.02	02060	NEONATAL INTENSIVE CARE UNIT	11,108			31.02		
40.00	04000	SUBPROVIDER - IPF	5,173			40.00		
43.00	04300	NURSERY	2,220			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	568			52.00		
53.00	05300	ANESTHESIOLOGY	0			53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0			55.00		
56.00	05600	RADIOISOTOPE	0			56.00		
57.00	05700	CT SCAN	0			57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			58.00		
59.00	05900	CARDIAC CATHETERIZATION	0			59.00		
60.00	06000	LABORATORY	0			60.00		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0			62.00		
64.00	06400	INTRAVENOUS THERAPY	0			64.00		
65.00	06500	RESPIRATORY THERAPY	0			65.00		
66.00	06600	PHYSICAL THERAPY	0			66.00		
66.01	06601	CLINICAL NUTRITION	0			66.01		
67.00	06700	OCCUPATIONAL THERAPY	0			67.00		
68.00	06800	SPEECH PATHOLOGY	0			68.00		
69.00	06900	ELECTROCARDIOLOGY	0			69.00		
69.01	06901	CARDIAC REHAB	0			69.01		
70.00	07000	ELECTROENCEPHALOGRAPHY	0			70.00		
70.01	03320	ELECTROSHOCK THERAPY	0			70.01		
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		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0			90.00		
91.00	09100	EMERGENCY	0			91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			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		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,590	0	0	118.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			190.00		
191.00	19100	RESEARCH	0			191.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			192.00		
194.00	07950	NONREIMBURSABLE COST CENTERS	0			194.00		
194.01	07951	RURAL HEALTH CLINIC - 5295	0			194.01		
194.02	07952	RURAL HEALTH CLINIC - 5296	0			194.02		
194.03	07953	RETAIL PHARMACY	0			194.03		
200.00		Cross Foot Adjustments		54,749	1,571,098	15,386	13,208	200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 pm	
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-CG	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	52,590	54,749	1,571,098	15,386	13,208	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 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 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500 ADMINISTRATIVE & GENERAL				5.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300 PARAMED ED PRGM				23.00
23.01	02301 PARAMED ED PRGM-CG				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	6,036,411	0	6,036,411	30.00
31.00	03100 INTENSIVE CARE UNIT	681,532	0	681,532	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	1,164,077	0	1,164,077	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	1,065,083	0	1,065,083	31.02
40.00	04000 SUBPROVIDER - IPF	518,487	0	518,487	40.00
43.00	04300 NURSERY	244,644	0	244,644	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	3,483,319	0	3,483,319	50.00
51.00	05100 RECOVERY ROOM	399,230	0	399,230	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	814,219	0	814,219	52.00
53.00	05300 ANESTHESIOLOGY	330,492	0	330,492	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,211,802	0	2,211,802	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	363,937	0	363,937	55.00
56.00	05600 RADIOISOTOPE	228,799	0	228,799	56.00
57.00	05700 CT SCAN	275,711	0	275,711	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	927,484	0	927,484	58.00
59.00	05900 CARDIAC CATHETERIZATION	761,832	0	761,832	59.00
60.00	06000 LABORATORY	1,311,676	0	1,311,676	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	247,493	0	247,493	62.00
64.00	06400 INTRAVENOUS THERAPY	549,615	0	549,615	64.00
65.00	06500 RESPIRATORY THERAPY	738,323	0	738,323	65.00
66.00	06600 PHYSICAL THERAPY	161,862	0	161,862	66.00
66.01	06601 CLINICAL NUTRITION	33,375	0	33,375	66.01
67.00	06700 OCCUPATIONAL THERAPY	22,444	0	22,444	67.00
68.00	06800 SPEECH PATHOLOGY	95,555	0	95,555	68.00
69.00	06900 ELECTROCARDIOLOGY	781,541	0	781,541	69.00
69.01	06901 CARDIAC REHAB	104,898	0	104,898	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	110,216	0	110,216	70.00
70.01	03320 ELECTROSHOCK THERAPY	3,826	0	3,826	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,305,227	0	1,305,227	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	604,342	0	604,342	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,502,564	0	1,502,564	73.00
74.00	07400 RENAL DIALYSIS	91,304	0	91,304	74.00
76.00	03330 ENDOSCOPY	815,238	0	815,238	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3,286,396	0	3,286,396	90.00
91.00	09100 EMERGENCY	1,365,576	0	1,365,576	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	8,380	0	8,380	105.00
106.00	10600 HEART ACQUISITION	3,473	0	3,473	106.00
107.00	10700 LIVER ACQUISITION	4,161	0	4,161	107.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	32,654,544	0	32,654,544	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	63,710	0	63,710	190.00
191.00	19100 RESEARCH	8,251	0	8,251	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,190,355	0	1,190,355	192.00
194.00	07950 NONREIMBURSABLE COST CENTERS	842,601	0	842,601	194.00
194.01	07951 RURAL HEALTH CLINIC - 5295	151,883	0	151,883	194.01
194.02	07952 RURAL HEALTH CLINIC - 5296	85,256	0	85,256	194.02
194.03	07953 RETAIL PHARMACY	293,929	0	293,929	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/21/2018 4:43 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	1,654,441	0	1,654,441	200.00
201.00	Negative Cost Centers	528,468	0	528,468	201.00
202.00	TOTAL (sum lines 118 through 201)	37,473,438	0	37,473,438	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/21/2018 4: 43 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,459,800				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		12,155,253			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,929	0	226,296,191		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	285,702	840,894	20,130,332	-146,927,869	475,453,464
7.00 00700	OPERATION OF PLANT	183,589	768,579	3,146,396	0	21,603,207
8.00 00800	LAUNDRY & LINEN SERVICE	3,962	0	288,502	0	1,721,734
9.00 00900	HOUSEKEEPING	10,777	31,382	4,793,370	0	8,839,237
10.00 01000	DIETARY	30,620	31,953	857,636	1,364,812	0
11.00 01100	CAFETERIA	16,805	125,666	3,359,845	0	9,389,942
13.00 01300	NURSING ADMINISTRATION	3,690	691,593	4,206,146	0	6,898,918
14.00 01400	CENTRAL SERVICES & SUPPLY	35,039	234,385	1,119,507	0	5,688,579
15.00 01500	PHARMACY	10,324	10,013	7,406,830	0	11,426,000
16.00 01600	MEDICAL RECORDS & LIBRARY	14,621	3,461	933,778	0	1,872,181
17.00 01700	SOCIAL SERVICE	505	0	1,471,974	0	2,011,414
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,956,441	0	2,404,174
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	1,081	1,190,055	0	47,176,738
23.00 02300	PARAMED ED PRGM	265	0	401,527	0	519,068
23.01 02301	PARAMED ED PRGM-CG	251	0	323,698	0	418,957
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	264,737	549,560	37,241,471	0	45,703,478
31.00 03100	INTENSIVE CARE UNIT	17,498	122,879	8,697,295	0	11,340,937
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	48,362	286,713	4,342,453	0	6,228,603
31.02 02060	NEONATAL INTENSIVE CARE UNIT	6,727	318,906	18,353,836	0	23,264,991
40.00 04000	SUBPROVIDER - I PF	19,436	19,866	5,304,598	0	7,212,037
43.00 04300	NURSERY	1,698	104,163	3,821,240	0	5,052,284
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	76,243	1,378,468	9,546,971	0	18,909,920
51.00 05100	RECOVERY ROOM	18,181	5,311	2,754,690	0	3,712,364
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,933	402,308	6,816,975	0	8,819,549
53.00 05300	ANESTHESIOLOGY	2,611	200,564	863,294	0	1,633,354
54.00 05400	RADIOLOGY-DIAGNOSTIC	35,928	1,479,914	6,495,131	0	10,810,853
55.00 05500	RADIOLOGY-THERAPEUTIC	4,526	130,763	1,701,246	0	5,250,063
56.00 05600	RADIOISOTOPE	4,813	174,753	257,181	0	1,180,277
57.00 05700	CT SCAN	1,393	186,354	1,102,635	0	1,989,269
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	1,080,541	817,465	0	1,992,439
59.00 05900	CARDIAC CATHETERIZATION	13,478	541,628	1,679,760	0	3,222,045
60.00 06000	LABORATORY	33,567	232,618	6,934,811	0	17,821,886
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,281	132,922	2,545,714	0	5,987,472
64.00 06400	INTRAVENOUS THERAPY	10,664	54,211	2,751,092	0	4,058,652
65.00 06500	RESPIRATORY THERAPY	10,559	356,840	5,640,019	0	10,464,023
66.00 06600	PHYSICAL THERAPY	6,917	3,215	675,248	0	2,305,263
66.01 06601	CLINICAL NUTRITION	338	0	1,016,935	0	1,212,953
67.00 06700	OCCUPATIONAL THERAPY	0	493	458,361	0	1,019,252
68.00 06800	SPEECH PATHOLOGY	3,377	18,244	743,689	0	1,221,987
69.00 06900	ELECTROCARDIOLOGY	11,030	584,931	2,610,954	0	4,046,514
69.01 06901	CARDIAC REHAB	5,031	2,741	629,393	0	858,526
70.00 07000	ELECTROENCEPHALOGRAPHY	613	105,764	726,696	0	1,032,415
70.01 03320	ELECTROSHOCK THERAPY	0	0	117,109	0	143,911
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	30,129,751
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	13,992,611
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	34,119,947
74.00 07400	RENAL DIALYSIS	2,831	6,487	497,663	0	1,807,024
76.00 03330	ENDOSCOPY	15,445	241,730	1,909,250	0	3,151,470
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	83,902	176,065	15,192,126	0	15,011,423
91.00 09100	EMERGENCY	38,394	291,720	12,917,370	0	17,466,665
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	77	2,342	70,041	0	232,680
106.00 10600	HEART ACQUISITION	77	0	15,191	0	107,858
107.00 10700	LIVER ACQUISITION	77	0	50,740	0	128,689
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,393,244	11,932,021	216,884,680	-145,563,057	442,613,584
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	4,898	107,368	0	469,031
191.00 19100	RESEARCH	135	3,042	0	0	200,349
192.00 19200	PHYSICIANS' PRIVATE OFFICES	57,137	53,791	2,420,197	0	4,663,252
194.00 07950	NONREIMBURSABLE COST CENTERS	6,125	156,868	5,123,449	0	15,513,287
194.01 07951	RURAL HEALTH CLINIC - 5295	0	3,001	867,737	0	1,556,461

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/21/2018 4:43 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
194.02 07952 RURAL HEALTH CLINIC - 5296	0	1,632	670,502	0	1,105,613	194.02	
194.03 07953 RETAIL PHARMACY	0	0	222,258	0	9,331,887	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)	18,221,196	8,810,726	51,788,154		146,927,869	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	12.481981	0.724849	0.228851		0.309027	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			61,524		9,168,349	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000272		0.019283	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	985,580				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,962	142,912			8.00
9.00	00900	HOUSEKEEPING	10,777	0	970,841		9.00
10.00	01000	DIETARY	30,620	0	30,620	421,073	10.00
11.00	01100	CAFETERIA	16,805	0	16,805	0	2,219
13.00	01300	NURSING ADMINISTRATION	3,690	0	3,690	0	48
14.00	01400	CENTRAL SERVICES & SUPPLY	35,039	0	35,039	0	29
15.00	01500	PHARMACY	10,324	0	10,324	0	78
16.00	01600	MEDICAL RECORDS & LIBRARY	14,621	0	14,621	0	22
17.00	01700	SOCIAL SERVICE	505	0	505	0	20
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	32
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	0	40,818	0	0
23.00	02300	PARAMED ED PRGM	265	0	265	0	4
23.01	02301	PARAMED ED PRGM-CG	251	0	251	0	4
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	264,737	53,933	264,737	203,259	451
31.00	03100	INTENSIVE CARE UNIT	17,498	1,000	17,498	53,385	104
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	48,362	6,570	48,362	11,742	60
31.02	02060	NEONATAL INTENSIVE CARE UNIT	6,727	5,943	6,727	88,941	202
40.00	04000	SUBPROVIDER - I/PF	19,436	12,891	19,436	41,416	0
43.00	04300	NURSERY	1,698	587	1,698	17,778	75
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,243	9,437	76,243	0	125
51.00	05100	RECOVERY ROOM	18,181	6,529	18,181	0	30
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,933	5,206	7,933	4,552	90
53.00	05300	ANESTHESIOLOGY	2,611	0	2,611	0	12
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,928	12,402	35,928	0	87
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	1,482	4,526	0	15
56.00	05600	RADIOISOTOPE	4,813	0	4,813	0	3
57.00	05700	CT SCAN	1,393	0	1,393	0	14
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	0	3,603	0	8
59.00	05900	CARDIAC CATHETERIZATION	13,478	552	13,478	0	17
60.00	06000	LABORATORY	33,567	0	33,567	0	106
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,281	0	1,281	0	32
64.00	06400	INTRAVENOUS THERAPY	10,664	1,271	10,664	0	28
65.00	06500	RESPIRATORY THERAPY	10,559	877	10,559	0	81
66.00	06600	PHYSICAL THERAPY	6,917	267	6,917	0	6
66.01	06601	CLINICAL NUTRITION	338	0	338	0	17
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	6
68.00	06800	SPEECH PATHOLOGY	3,377	0	3,377	0	9
69.00	06900	ELECTROCARDIOLOGY	11,030	1,880	11,030	0	39
69.01	06901	CARDIAC REHAB	5,031	0	5,031	0	7
70.00	07000	ELECTROENCEPHALOGRAPHY	613	567	613	0	9
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	1
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,831	0	2,831	0	6
76.00	03330	ENDOSCOPY	15,445	418	15,445	0	24
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	83,902	6,392	83,902	0	94
91.00	09100	EMERGENCY	38,394	14,708	38,394	0	172
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	77	0	77	0	1
106.00	10600	HEART ACQUISITION	77	0	77	0	0
107.00	10700	LIVER ACQUISITION	77	0	77	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	919,024	142,912	904,285	421,073	2,168
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	0	3,159	0	0
191.00	19100	RESEARCH	135	0	135	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,137	0	57,137	0	0
194.00	07950	NONREIMBURSABLE COST CENTERS	6,125	0	6,125	0	51
194.01	07951	RURAL HEALTH CLINIC - 5295	0	0	0	0	0
194.02	07952	RURAL HEALTH CLINIC - 5296	0	0	0	0	0
194.03	07953	RETAIL PHARMACY	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	28,279,181	2,367,477	11,880,024	-111,542	12,979,513	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.692933	16.565978	12.236838	0.000000	5,849.262280	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,266,089	119,412	364,730	528,468	544,832	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.313875	0.835563	0.375685	1.255051	245.530419	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,858,098					13.00
14.00	01400	0	44,736,129				14.00
15.00	01500	0	381,350	48,472,693			15.00
16.00	01600	0	139	0	1,950,400,835		16.00
17.00	01700	0	0	12,029	0	150,328	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	471	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	851,487	0	12,140	214,242,894	72,566	30.00
31.00	03100	198,308	0	60	44,009,890	19,059	31.00
31.01	02080	107,696	0	1,060	31,425,906	4,192	31.01
31.02	02060	334,669	0	2,433	134,822,631	31,753	31.02
40.00	04000	121,425	0	0	22,725,977	14,786	40.00
43.00	04300	85,054	0	0	7,349,967	6,347	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	129,323	0	220	152,484,552	0	50.00
51.00	05100	54,725	0	0	18,521,513	0	51.00
52.00	05200	112,456	0	1,932	46,934,565	1,625	52.00
53.00	05300	21,117	0	24,877	51,112,103	0	53.00
54.00	05400	32,463	0	0	89,514,952	0	54.00
55.00	05500	4,066	0	0	42,991,591	0	55.00
56.00	05600	1	0	0	5,060,768	0	56.00
57.00	05700	155	0	0	69,687,815	0	57.00
58.00	05800	5	0	0	36,117,413	0	58.00
59.00	05900	25,315	0	6,208	42,305,537	0	59.00
60.00	06000	232	0	876	209,473,950	0	60.00
62.00	06200	8,539	0	203	24,096,705	0	62.00
64.00	06400	58,488	0	0	46,020,608	0	64.00
65.00	06500	3,553	0	2,193	71,786,224	0	65.00
66.00	06600	0	0	0	9,311,989	0	66.00
66.01	06601	0	0	0	481,955	0	66.01
67.00	06700	0	0	0	5,795,872	0	67.00
68.00	06800	2,794	0	0	7,308,078	0	68.00
69.00	06900	38,391	0	50,485	59,916,389	0	69.00
69.01	06901	11,930	0	0	1,084,706	0	69.01
70.00	07000	35	0	54	5,838,932	0	70.00
70.01	03320	2,675	0	0	768,552	0	70.01
71.00	07100	0	30,340,226	0	45,114,063	0	71.00
72.00	07200	0	13,992,611	0	24,296,509	0	72.00
73.00	07300	0	0	34,188,494	238,567,065	0	73.00
74.00	07400	10,936	0	0	9,110,536	0	74.00
76.00	03330	40,022	0	0	24,339,048	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	260,036	0	452,538	37,817,147	0	90.00
91.00	09100	259,709	0	11	118,028,197	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	2,746	0	0	40,000	0	105.00
106.00	10600	533	0	0	82,000	0	106.00
107.00	10700	1,618	0	0	138,000	0	107.00
118.00		2,780,502	44,714,797	34,755,813	1,948,724,599	150,328	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	7,733	0	0	0	0	192.00
194.00	07950	49,740	1,959	8,538,607	0	0	194.00
194.01	07951	11,493	13,248	262,865	2,289	0	194.01
194.02	07952	6,976	6,125	136,819	980	0	194.02
194.03	07953	1,654	0	4,778,589	1,672,967	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/21/2018 4:43 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
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)	9,462,666	9,050,272	15,912,892	3,177,881	2,774,599	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.310826	0.202303	0.328286	0.001629	18.456967	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	706,934	1,058,302	1,149,013	280,713	52,590	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.247344	0.023657	0.023704	0.000144	0.349835	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-CG (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	197				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		197			22.00
23.00 02300 PARAMED PRGM			72		23.00
23.01 02301 PARAMED PRGM-CG				76	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	143	143	56	42	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	10	34	31.00
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.02
40.00 04000 SUBPROVIDER - I PF	1	1	0	0	40.00
43.00 04300 NURSERY	0	0	1	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	19	19	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	7	7	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6	6	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1	1	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	3	3	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
66.01 06601 CLINICAL NUTRITION	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2	2	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	8	8	0	0	70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	70.01
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	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	5	0	90.00
91.00 09100 EMERGENCY	7	7	0	0	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	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	107.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	197	197	72	76	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950 NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951 RURAL HEALTH CLINIC - 5295	0	0	0	0	194.01
194.02 07952 RURAL HEALTH CLINIC - 5296	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/21/2018 4:43 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-CG (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
	21.00	22.00	23.00	23.01			
194.03 07953 RETAIL PHARMACY	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)	3,334,305	63,426,303	713,718	582,096		202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	16,925.406091	321,960.928934	9,912.750000	7,659.157895		203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	54,749	1,571,098	15,386	13,208		204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	277.913706	7,975.116751	213.694444	173.789474		205.00	
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0		206.00	
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000		207.00	

	Description	Worksheet		Amount	
		CODE	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-77,424	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/21/2018 4:43 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		79,582,448	43,189	79,625,637	30.00
31.00	03100 INTENSIVE CARE UNIT		17,626,256	0	17,626,256	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		11,078,125	0	11,078,125	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		33,924,358	0	33,924,358	31.02
40.00	04000 SUBPROVIDER - IPF		11,161,757	0	11,161,757	40.00
43.00	04300 NURSERY		7,552,125	0	7,552,125	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		29,438,330	12,332	29,450,662	50.00
51.00	05100 RECOVERY ROOM		6,098,723	0	6,098,723	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		12,961,805	0	12,961,805	52.00
53.00	05300 ANESTHESIOLOGY		2,476,506	34,088	2,510,594	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,589,859	0	16,589,859	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		7,253,507	0	7,253,507	55.00
56.00	05600 RADIOISOTOPE		1,767,804	0	1,767,804	56.00
57.00	05700 CT SCAN		2,856,946	0	2,856,946	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,861,272	0	2,861,272	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,032,744	12,094	5,044,838	59.00
60.00	06000 LABORATORY		25,665,531	5,932	25,671,463	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		8,144,962	0	8,144,962	62.00
64.00	06400 INTRAVENOUS THERAPY		6,202,806	0	6,202,806	64.00
65.00	06500 RESPIRATORY THERAPY	0	14,747,608	10,695	14,758,303	65.00
66.00	06600 PHYSICAL THERAPY	0	3,355,451	0	3,355,451	66.00
66.01	06601 CLINICAL NUTRITION	0	1,701,844	0	1,701,844	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,378,765	0	1,378,765	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,811,632	0	1,811,632	68.00
69.00	06900 ELECTROCARDIOLOGY		6,249,000	378	6,249,378	69.00
69.01	06901 CARDIAC REHAB		1,411,962	17,902	1,429,864	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		1,448,231	12,192	1,460,423	70.00
70.01	03320 ELECTROSHOCK THERAPY		204,340	0	204,340	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		45,652,088	0	45,652,088	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		21,187,032	0	21,187,032	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		56,276,821	0	56,276,821	73.00
74.00	07400 RENAL DIALYSIS		2,490,035	0	2,490,035	74.00
76.00	03330 ENDOSCOPY		5,076,980	2,527	5,079,507	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		24,860,832	45,822	24,906,654	90.00
91.00	09100 EMERGENCY		26,737,641	0	26,737,641	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,427,993	0	8,427,993	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		322,741		322,741	105.00
106.00	10600 HEART ACQUISITION		146,239		146,239	106.00
107.00	10700 LIVER ACQUISITION		177,190		177,190	107.00
200.00	Subtotal (see instructions)	0	511,940,289	197,151	512,137,440	200.00
201.00	Less Observation Beds		8,427,993		8,427,993	201.00
202.00	Total (see instructions)	0	503,512,296	197,151	503,709,447	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/21/2018 4:43 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	209,784,480		209,784,480				30.00
31.00	03100	INTENSIVE CARE UNIT	43,573,150		43,573,150				31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	31,066,768		31,066,768				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	133,511,162		133,511,162				31.02
40.00	04000	SUBPROVIDER - IPF	22,698,383		22,698,383				40.00
43.00	04300	NURSERY	7,349,967		7,349,967				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	59,239,340	88,113,832	147,353,172	0.199781	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,859,285	14,143,350	18,002,635	0.338768	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,941,638	25,766,418	46,708,056	0.277507	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	21,587,011	27,982,705	49,569,716	0.049960	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,008,048	66,995,258	87,003,306	0.190681	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	800,544	40,973,996	41,774,540	0.173635	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,483,075	3,477,385	4,960,460	0.356379	0.000000		56.00
57.00	05700	CT SCAN	25,248,133	43,041,622	68,289,755	0.041836	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,348,348	25,370,523	34,718,871	0.082413	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,591,047	23,527,317	41,118,364	0.122397	0.000000		59.00
60.00	06000	LABORATORY	117,064,804	89,047,639	206,112,443	0.124522	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,119,534	5,716,979	23,836,513	0.341701	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	1,104,867	44,313,905	45,418,772	0.136569	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	50,647,591	20,250,518	70,898,109	0.208011	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,998,805	2,114,178	9,112,983	0.368206	0.000000		66.00
66.01	06601	CLINICAL NUTRITION	1,301	465,775	467,076	3.643613	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	4,542,258	1,173,494	5,715,752	0.241222	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,775,788	4,374,754	7,150,542	0.253356	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	21,521,009	36,991,186	58,512,195	0.106798	0.000000		69.00
69.01	06901	CARDIAC REHAB	0	1,053,750	1,053,750	1.339940	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,089,467	3,636,313	5,725,780	0.252932	0.000000		70.00
70.01	03320	ELECTROSHOCK THERAPY	247,920	501,005	748,925	0.272844	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,624,024	12,490,039	45,114,063	1.011926	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,194,160	11,102,349	24,296,509	0.872020	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,786,641	142,206,339	231,992,980	0.242580	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,115,988	4,829,529	8,945,517	0.278356	0.000000		74.00
76.00	03330	ENDOSCOPY	3,945,944	19,508,303	23,454,247	0.216463	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	150,232	36,903,298	37,053,530	0.670944	0.000000		90.00
91.00	09100	EMERGENCY	32,893,644	83,246,792	116,140,436	0.230218	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,424,427	31,426,246	33,850,673	0.248976	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	40,000	0	40,000				105.00
106.00	10600	HEART ACQUISITION	82,000	0	82,000				106.00
107.00	10700	LIVER ACQUISITION	138,000	0	138,000				107.00
200.00		Subtotal (see instructions)	1,032,598,783	910,744,797	1,943,343,580				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,032,598,783	910,744,797	1,943,343,580				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/21/2018 4:43 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.199864		50.00
51.00	05100 RECOVERY ROOM	0.338768		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.277507		52.00
53.00	05300 ANESTHESIOLOGY	0.050648		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190681		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.173635		55.00
56.00	05600 RADIOISOTOPE	0.356379		56.00
57.00	05700 CT SCAN	0.041836		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082413		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.122691		59.00
60.00	06000 LABORATORY	0.124551		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341701		62.00
64.00	06400 INTRAVENOUS THERAPY	0.136569		64.00
65.00	06500 RESPIRATORY THERAPY	0.208162		65.00
66.00	06600 PHYSICAL THERAPY	0.368206		66.00
66.01	06601 CLINICAL NUTRITION	3.643613		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.241222		67.00
68.00	06800 SPEECH PATHOLOGY	0.253356		68.00
69.00	06900 ELECTROCARDIOLOGY	0.106805		69.00
69.01	06901 CARDIAC REHAB	1.356929		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255061		70.00
70.01	03320 ELECTROSHOCK THERAPY	0.272844		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.011926		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.872020		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.242580		73.00
74.00	07400 RENAL DIALYSIS	0.278356		74.00
76.00	03330 ENDOSCOPY	0.216571		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.672180		90.00
91.00	09100 EMERGENCY	0.230218		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.248976		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
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: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/21/2018 4:43 pm		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Dissallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		79,582,448	79,582,448	43,189	79,625,637	30.00
31.00	03100 INTENSIVE CARE UNIT		17,626,256	17,626,256	0	17,626,256	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		11,078,125	11,078,125	0	11,078,125	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		33,924,358	33,924,358	0	33,924,358	31.02
40.00	04000 SUBPROVIDER - IPF		11,161,757	11,161,757	0	11,161,757	40.00
43.00	04300 NURSERY		7,552,125	7,552,125	0	7,552,125	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		29,438,330	29,438,330	12,332	29,450,662	50.00
51.00	05100 RECOVERY ROOM		6,098,723	6,098,723	0	6,098,723	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		12,961,805	12,961,805	0	12,961,805	52.00
53.00	05300 ANESTHESIOLOGY		2,476,506	2,476,506	34,088	2,510,594	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,589,859	16,589,859	0	16,589,859	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		7,253,507	7,253,507	0	7,253,507	55.00
56.00	05600 RADIOISOTOPE		1,767,804	1,767,804	0	1,767,804	56.00
57.00	05700 CT SCAN		2,856,946	2,856,946	0	2,856,946	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,861,272	2,861,272	0	2,861,272	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,032,744	5,032,744	12,094	5,044,838	59.00
60.00	06000 LABORATORY		25,665,531	25,665,531	5,932	25,671,463	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		8,144,962	8,144,962	0	8,144,962	62.00
64.00	06400 INTRAVENOUS THERAPY		6,202,806	6,202,806	0	6,202,806	64.00
65.00	06500 RESPIRATORY THERAPY	0	14,747,608	14,747,608	10,695	14,758,303	65.00
66.00	06600 PHYSICAL THERAPY	0	3,355,451	3,355,451	0	3,355,451	66.00
66.01	06601 CLINICAL NUTRITION	0	1,701,844	1,701,844	0	1,701,844	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,378,765	1,378,765	0	1,378,765	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,811,632	1,811,632	0	1,811,632	68.00
69.00	06900 ELECTROCARDIOLOGY		6,249,000	6,249,000	378	6,249,378	69.00
69.01	06901 CARDIAC REHAB		1,411,962	1,411,962	17,902	1,429,864	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		1,448,231	1,448,231	12,192	1,460,423	70.00
70.01	03320 ELECTROSHOCK THERAPY		204,340	204,340	0	204,340	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		45,652,088	45,652,088	0	45,652,088	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		21,187,032	21,187,032	0	21,187,032	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		56,276,821	56,276,821	0	56,276,821	73.00
74.00	07400 RENAL DIALYSIS		2,490,035	2,490,035	0	2,490,035	74.00
76.00	03330 ENDOSCOPY		5,076,980	5,076,980	2,527	5,079,507	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		24,860,832	24,860,832	45,822	24,906,654	90.00
91.00	09100 EMERGENCY		26,737,641	26,737,641	0	26,737,641	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,427,993	8,427,993	0	8,427,993	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		322,741	322,741		322,741	105.00
106.00	10600 HEART ACQUISITION		146,239	146,239		146,239	106.00
107.00	10700 LIVER ACQUISITION		177,190	177,190		177,190	107.00
200.00	Subtotal (see instructions)	0	511,940,289	511,940,289	197,151	512,137,440	200.00
201.00	Less Observation Beds		8,427,993	8,427,993		8,427,993	201.00
202.00	Total (see instructions)	0	503,512,296	503,512,296	197,151	503,709,447	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/21/2018 4:43 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	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	209,784,480		209,784,480			30.00
31.00	03100	INTENSIVE CARE UNIT	43,573,150		43,573,150			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	31,066,768		31,066,768			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	133,511,162		133,511,162			31.02
40.00	04000	SUBPROVIDER - IPF	22,698,383		22,698,383			40.00
43.00	04300	NURSERY	7,349,967		7,349,967			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,239,340	88,113,832	147,353,172	0.199781	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,859,285	14,143,350	18,002,635	0.338768	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,941,638	25,766,418	46,708,056	0.277507	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	21,587,011	27,982,705	49,569,716	0.049960	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,008,048	66,995,258	87,003,306	0.190681	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	800,544	40,973,996	41,774,540	0.173635	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,483,075	3,477,385	4,960,460	0.356379	0.000000	56.00
57.00	05700	CT SCAN	25,248,133	43,041,622	68,289,755	0.041836	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,348,348	25,370,523	34,718,871	0.082413	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,591,047	23,527,317	41,118,364	0.122397	0.000000	59.00
60.00	06000	LABORATORY	117,064,804	89,047,639	206,112,443	0.124522	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,119,534	5,716,979	23,836,513	0.341701	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	1,104,867	44,313,905	45,418,772	0.136569	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	50,647,591	20,250,518	70,898,109	0.208011	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,998,805	2,114,178	9,112,983	0.368206	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	1,301	465,775	467,076	3.643613	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,542,258	1,173,494	5,715,752	0.241222	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,775,788	4,374,754	7,150,542	0.253356	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,521,009	36,991,186	58,512,195	0.106798	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	1,053,750	1,053,750	1.339940	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,089,467	3,636,313	5,725,780	0.252932	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	247,920	501,005	748,925	0.272844	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,624,024	12,490,039	45,114,063	1.011926	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,194,160	11,102,349	24,296,509	0.872020	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,786,641	142,206,339	231,992,980	0.242580	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,115,988	4,829,529	8,945,517	0.278356	0.000000	74.00
76.00	03330	ENDOSCOPY	3,945,944	19,508,303	23,454,247	0.216463	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	150,232	36,903,298	37,053,530	0.670944	0.000000	90.00
91.00	09100	EMERGENCY	32,893,644	83,246,792	116,140,436	0.230218	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,424,427	31,426,246	33,850,673	0.248976	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	40,000	0	40,000			105.00
106.00	10600	HEART ACQUISITION	82,000	0	82,000			106.00
107.00	10700	LIVER ACQUISITION	138,000	0	138,000			107.00
200.00		Subtotal (see instructions)	1,032,598,783	910,744,797	1,943,343,580			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,032,598,783	910,744,797	1,943,343,580			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/21/2018 4:43 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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT			31.02
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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	CLINICAL NUTRITION	0.000000		66.01
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
69.01	06901	CARDIAC REHAB	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
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
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
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
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: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/21/2018 4:43 pm
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,036,411	0	6,036,411	81,156	74.38	30.00	
31.00	INTENSIVE CARE UNIT	681,532		681,532	19,059	35.76	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	1,164,077		1,164,077	4,192	277.69	31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	1,065,083		1,065,083	31,753	33.54	31.02	
40.00	SUBPROVIDER - IPF	518,487	0	518,487	14,786	35.07	40.00	
43.00	NURSERY	244,644		244,644	6,347	38.54	43.00	
200.00	Total (lines 30 through 199)	9,710,234		9,710,234	157,293		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	15,334	1,140,543					30.00
31.00	INTENSIVE CARE UNIT	5,066	181,160					31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	8	2,222					31.01
31.02	NEONATAL INTENSIVE CARE UNIT	0	0					31.02
40.00	SUBPROVIDER - IPF	7,083	248,401					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	27,491	1,572,326					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/21/2018 4:43 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,483,319	147,353,172	0.023639	13,099,116	309,650	50.00
51.00	05100	RECOVERY ROOM	399,230	18,002,635	0.022176	889,940	19,735	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	814,219	46,708,056	0.017432	196,057	3,418	52.00
53.00	05300	ANESTHESIOLOGY	330,492	49,569,716	0.006667	2,681,525	17,878	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,211,802	87,003,306	0.025422	3,066,978	77,969	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	363,937	41,774,540	0.008712	341,275	2,973	55.00
56.00	05600	RADIOISOTOPE	228,799	4,960,460	0.046125	370,673	17,097	56.00
57.00	05700	CT SCAN	275,711	68,289,755	0.004037	6,050,259	24,425	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	927,484	34,718,871	0.026714	1,726,941	46,134	58.00
59.00	05900	CARDIAC CATHETERIZATION	761,832	41,118,364	0.018528	2,760,675	51,150	59.00
60.00	06000	LABORATORY	1,311,676	206,112,443	0.006364	21,102,475	134,296	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	247,493	23,836,513	0.010383	2,175,161	22,585	62.00
64.00	06400	INTRAVENOUS THERAPY	549,615	45,418,772	0.012101	14,152	171	64.00
65.00	06500	RESPIRATORY THERAPY	738,323	70,898,109	0.010414	4,914,213	51,177	65.00
66.00	06600	PHYSICAL THERAPY	161,862	9,112,983	0.017762	1,842,433	32,725	66.00
66.01	06601	CLINICAL NUTRITION	33,375	467,076	0.071455	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	22,444	5,715,752	0.003927	732,763	2,878	67.00
68.00	06800	SPEECH PATHOLOGY	95,555	7,150,542	0.013363	555,498	7,423	68.00
69.00	06900	ELECTROCARDIOLOGY	781,541	58,512,195	0.013357	5,286,750	70,615	69.00
69.01	06901	CARDIAC REHAB	104,898	1,053,750	0.099547	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	110,216	5,725,780	0.019249	344,559	6,632	70.00
70.01	03320	ELECTROSHOCK THERAPY	3,826	748,925	0.005109	2,066	11	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,305,227	45,114,063	0.028932	6,196,710	179,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	604,342	24,296,509	0.024874	2,804,672	69,763	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,564	231,992,980	0.006477	17,677,727	114,499	73.00
74.00	07400	RENAL DIALYSIS	91,304	8,945,517	0.010207	2,272,315	23,194	74.00
76.00	03330	ENDOSCOPY	815,238	23,454,247	0.034759	909,870	31,626	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,286,396	37,053,530	0.088693	2,465	219	90.00
91.00	09100	EMERGENCY	1,365,576	116,140,436	0.011758	4,122,462	48,472	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	638,926	33,850,673	0.018875	1,065,044	20,103	92.00
200.00		Total (lines 50 through 199)	23,567,222	1,495,099,670		103,204,774	1,386,101	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/21/2018 4:43 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	876,798	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	359,539	0	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.02	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	9,913	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	1,246,250	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	876,798	81,156	10.80	15,334	30.00	
31.00	03100	INTENSIVE CARE UNIT		359,539	19,059	18.86	5,066	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	4,192	0.00	8	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31,753	0.00	0	31.02	
40.00	04000	SUBPROVIDER - IPF	0	0	14,786	0.00	7,083	40.00	
43.00	04300	NURSERY		9,913	6,347	1.56	0	43.00	
200.00		Total (lines 30 through 199)		1,246,250	157,293		27,491	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	165,607						30.00
31.00	03100	INTENSIVE CARE UNIT	95,545						31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0						31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0						31.02
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	261,152						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/21/2018 4:43 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	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
66.01 06601 CLINICAL NUTRITION	0	0	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	49,564	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92,809	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	142,373	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/21/2018 4:43 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	147,353,172	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,002,635	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	46,708,056	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	49,569,716	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,003,306	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	41,774,540	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,960,460	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	68,289,755	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	34,718,871	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,118,364	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	206,112,443	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	23,836,513	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	45,418,772	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	70,898,109	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,112,983	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	467,076	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,715,752	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,150,542	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	58,512,195	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,053,750	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,725,780	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	748,925	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	45,114,063	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	24,296,509	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	231,992,980	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,945,517	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	23,454,247	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	49,564	49,564	37,053,530	0.001338	90.00
91.00	09100	EMERGENCY	0	0	0	116,140,436	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92,809	92,809	33,850,673	0.002742	92.00
200.00		Total (lines 50 through 199)	0	142,373	142,373	1,495,099,670		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/21/2018 4:43 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	13,099,116	0	22,776,790	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	889,940	0	2,928,207	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	196,057	0	1,389	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	2,681,525	0	3,007,337	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,066,978	0	6,745,310	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	341,275	0	16,701,238	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	370,673	0	1,537,169	0	56.00	
57.00	05700 CT SCAN	0.000000	6,050,259	0	7,468,955	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,726,941	0	2,944,721	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,760,675	0	3,273,491	0	59.00	
60.00	06000 LABORATORY	0.000000	21,102,475	0	8,835,856	0	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	2,175,161	0	275,373	0	62.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	14,152	0	1,173,817	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,914,213	0	536,030	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,842,433	0	122,486	0	66.00	
66.01	06601 CLINICAL NUTRITION	0.000000	0	0	0	0	66.01	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	732,763	0	63,349	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	555,498	0	31,932	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,286,750	0	5,559,019	0	69.00	
69.01	06901 CARDIAC REHAB	0.000000	0	0	381,095	0	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	344,559	0	564,597	0	70.00	
70.01	03320 ELECTROSHOCK THERAPY	0.000000	2,066	0	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	6,196,710	0	4,164,256	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	2,804,672	0	2,818,931	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,677,727	0	42,436,788	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	2,272,315	0	299,780	0	74.00	
76.00	03330 ENDOSCOPY	0.000000	909,870	0	2,779,122	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.001338	2,465	3	3,728,646	4,989	90.00	
91.00	09100 EMERGENCY	0.000000	4,122,462	0	8,292,323	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.002742	1,065,044	2,920	6,598,566	18,093	92.00	
200.00	Total (lines 50 through 199)		103,204,774	2,923	156,046,573	23,082	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/21/2018 4:43 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	0.199781	22,776,790	0	0	4,550,370	50.00
51.00	05100 RECOVERY ROOM	0.338768	2,928,207	0	0	991,983	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.277507	1,389	0	0	385	52.00
53.00	05300 ANESTHESIOLOGY	0.049960	3,007,337	0	0	150,247	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190681	6,745,310	0	0	1,286,202	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.173635	16,701,238	0	0	2,899,919	55.00
56.00	05600 RADIOISOTOPE	0.356379	1,537,169	0	0	547,815	56.00
57.00	05700 CT SCAN	0.041836	7,468,955	0	0	312,471	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082413	2,944,721	0	0	242,683	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.122397	3,273,491	0	0	400,665	59.00
60.00	06000 LABORATORY	0.124522	8,835,856	0	0	1,100,258	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341701	275,373	0	0	94,095	62.00
64.00	06400 INTRAVENOUS THERAPY	0.136569	1,173,817	0	0	160,307	64.00
65.00	06500 RESPIRATORY THERAPY	0.208011	536,030	0	0	111,500	65.00
66.00	06600 PHYSICAL THERAPY	0.368206	122,486	0	0	45,100	66.00
66.01	06601 CLINICAL NUTRITION	3.643613	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.241222	63,349	0	0	15,281	67.00
68.00	06800 SPEECH PATHOLOGY	0.253356	31,932	0	0	8,090	68.00
69.00	06900 ELECTROCARDIOLOGY	0.106798	5,559,019	0	0	593,692	69.00
69.01	06901 CARDIAC REHAB	1.339940	381,095	0	0	510,644	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.252932	564,597	0	0	142,805	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.272844	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.011926	4,164,256	0	0	4,213,919	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.872020	2,818,931	0	0	2,458,164	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.242580	42,436,788	5,639	513,678	10,294,316	73.00
74.00	07400 RENAL DIALYSIS	0.278356	299,780	0	0	83,446	74.00
76.00	03330 ENDOSCOPY	0.216463	2,779,122	0	0	601,577	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.670944	3,728,646	0	0	2,501,713	90.00
91.00	09100 EMERGENCY	0.230218	8,292,323	0	0	1,909,042	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.248976	6,598,566	0	0	1,642,885	92.00
200.00	Subtotal (see instructions)		156,046,573	5,639	513,678	37,869,574	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		156,046,573	5,639	513,678	37,869,574	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/21/2018 4:43 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
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 CLINICAL NUTRITION	0	0		66.01
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
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,368	124,608		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
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)	1,368	124,608		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,368	124,608		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/21/2018 4:43 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,483,319	147,353,172	0.023639	16,398	388	50.00
51.00	05100 RECOVERY ROOM	399,230	18,002,635	0.022176	2,265	50	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	814,219	46,708,056	0.017432	0	0	52.00
53.00	05300 ANESTHESIOLOGY	330,492	49,569,716	0.006667	47,296	315	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,211,802	87,003,306	0.025422	39,251	998	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	363,937	41,774,540	0.008712	24,749	216	55.00
56.00	05600 RADIOISOTOPE	228,799	4,960,460	0.046125	2,762	127	56.00
57.00	05700 CT SCAN	275,711	68,289,755	0.004037	136,823	552	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	927,484	34,718,871	0.026714	20,800	556	58.00
59.00	05900 CARDIAC CATHETERIZATION	761,832	41,118,364	0.018528	0	0	59.00
60.00	06000 LABORATORY	1,311,676	206,112,443	0.006364	939,152	5,977	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	247,493	23,836,513	0.010383	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	549,615	45,418,772	0.012101	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	738,323	70,898,109	0.010414	160,659	1,673	65.00
66.00	06600 PHYSICAL THERAPY	161,862	9,112,983	0.017762	89,203	1,584	66.00
66.01	06601 CLINICAL NUTRITION	33,375	467,076	0.071455	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	22,444	5,715,752	0.003927	5,068	20	67.00
68.00	06800 SPEECH PATHOLOGY	95,555	7,150,542	0.013363	10,355	138	68.00
69.00	06900 ELECTROCARDIOLOGY	781,541	58,512,195	0.013357	43,599	582	69.00
69.01	06901 CARDIAC REHAB	104,898	1,053,750	0.099547	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	110,216	5,725,780	0.019249	4,372	84	70.00
70.01	03320 ELECTROSHOCK THERAPY	3,826	748,925	0.005109	131,848	674	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,305,227	45,114,063	0.028932	17,960	520	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	604,342	24,296,509	0.024874	1,523	38	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,502,564	231,992,980	0.006477	1,647,173	10,669	73.00
74.00	07400 RENAL DIALYSIS	91,304	8,945,517	0.010207	82,754	845	74.00
76.00	03330 ENDOSCOPY	815,238	23,454,247	0.034759	9,024	314	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,286,396	37,053,530	0.088693	6,755	599	90.00
91.00	09100 EMERGENCY	1,365,576	116,140,436	0.011758	459,473	5,402	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	33,850,673	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	22,928,296	1,495,099,670		3,899,262	32,321	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/21/2018 4:43 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	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	49,564	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	49,564	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/21/2018 4:43 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	147,353,172	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,002,635	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	46,708,056	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	49,569,716	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,003,306	0.000000 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	41,774,540	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,960,460	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	68,289,755	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	34,718,871	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,118,364	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	206,112,443	0.000000 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	23,836,513	0.000000 62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	45,418,772	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	70,898,109	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,112,983	0.000000 66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	467,076	0.000000 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,715,752	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,150,542	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	58,512,195	0.000000 69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,053,750	0.000000 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,725,780	0.000000 70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	748,925	0.000000 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	45,114,063	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	24,296,509	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	231,992,980	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,945,517	0.000000 74.00
76.00	03330	ENDOSCOPY	0	0	0	23,454,247	0.000000 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	49,564	49,564	37,053,530	0.001338 90.00
91.00	09100	EMERGENCY	0	0	0	116,140,436	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	33,850,673	0.000000 92.00
200.00		Total (lines 50 through 199)	0	49,564	49,564	1,495,099,670	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/21/2018 4:43 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	16,398	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,265	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	47,296	0	71,973	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	39,251	0	461	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	24,749	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	2,762	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	136,823	0	1,500	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	20,800	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	67	0	59.00
60.00	06000 LABORATORY	0.000000	939,152	0	5,626	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	160,659	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	89,203	0	0	0	66.00
66.01	06601 CLINICAL NUTRITION	0.000000	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	5,068	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	10,355	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	43,599	0	1,447	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,372	0	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000	131,848	0	231,392	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	17,960	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	1,523	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,647,173	0	28,762	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	82,754	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	9,024	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.001338	6,755	9	5,252,991	7,029	90.00
91.00	09100 EMERGENCY	0.000000	459,473	0	1,602	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)		3,899,262	9	5,595,821	7,029	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/21/2018 4:43 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.199781	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.338768	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.277507	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.049960	71,973	0	0	3,596	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.190681	461	0	0	88	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.173635	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.356379	0	0	0	0	56.00
57.00 05700 CT SCAN	0.041836	1,500	0	0	63	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082413	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.122397	67	0	0	8	59.00
60.00 06000 LABORATORY	0.124522	5,626	0	0	701	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341701	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.136569	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.208011	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.368206	0	0	0	0	66.00
66.01 06601 CLINICAL NUTRITION	3.643613	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.241222	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.253356	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.106798	1,447	0	0	155	69.00
69.01 06901 CARDIAC REHAB	1.339940	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.252932	0	0	0	0	70.00
70.01 03320 ELECTROSHOCK THERAPY	0.272844	231,392	0	0	63,134	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.011926	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.872020	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.242580	28,762	0	0	6,977	73.00
74.00 07400 RENAL DIALYSIS	0.278356	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.216463	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.670944	5,252,991	0	0	3,524,463	90.00
91.00 09100 EMERGENCY	0.230218	1,602	0	0	369	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.248976	0	0	0	0	92.00
200.00	Subtotal (see instructions)	5,595,821	0	0	3,599,554	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 - line 201)	5,595,821	0	0	3,599,554	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/21/2018 4:43 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 CLINICAL NUTRITION	0	0	66.01
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
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
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 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/21/2018 4:43 pm
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		Title XIX		Hospital		Cost	
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	0.199781	0	3,697,065	0	0	50.00
51.00	05100 RECOVERY ROOM	0.338768	0	487,918	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.277507	0	3,329,773	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049960	0	1,184,368	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190681	0	4,955,815	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.173635	0	2,283,776	0	0	55.00
56.00	05600 RADIOISOTOPE	0.356379	0	252,022	0	0	56.00
57.00	05700 CT SCAN	0.041836	0	3,869,404	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082413	0	1,431,050	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.122397	0	1,086,575	0	0	59.00
60.00	06000 LABORATORY	0.124522	0	9,571,505	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341701	0	742,393	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.136569	0	3,209,686	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.208011	0	1,083,947	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.368206	0	57,206	0	0	66.00
66.01	06601 CLINICAL NUTRITION	3.643613	0	28,110	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.241222	0	35,696	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.253356	0	132,202	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.106798	0	2,130,160	0	0	69.00
69.01	06901 CARDIAC REHAB	1.339940	0	95,676	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.252932	0	224,623	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.272844	0	29,957	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.011926	0	833,215	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.872020	0	445,627	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.242580	0	13,431,939	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.278356	0	84,410	0	0	74.00
76.00	03330 ENDOSCOPY	0.216463	0	827,409	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.670944	0	1,809,435	0	0	90.00
91.00	09100 EMERGENCY	0.230218	0	10,076,841	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.248976	0	1,571,623	0	0	92.00
200.00	Subtotal (see instructions)		0	68,999,426	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	68,999,426	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/21/2018 4:43 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	738,603	0		50.00
51.00 05100 RECOVERY ROOM	165,291	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	924,035	0		52.00
53.00 05300 ANESTHESIOLOGY	59,171	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	944,980	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	396,543	0		55.00
56.00 05600 RADIOISOTOPE	89,815	0		56.00
57.00 05700 CT SCAN	161,880	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	117,937	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	132,994	0		59.00
60.00 06000 LABORATORY	1,191,863	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	253,676	0		62.00
64.00 06400 INTRAVENOUS THERAPY	438,344	0		64.00
65.00 06500 RESPIRATORY THERAPY	225,473	0		65.00
66.00 06600 PHYSICAL THERAPY	21,064	0		66.00
66.01 06601 CLINICAL NUTRITION	102,422	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	8,611	0		67.00
68.00 06800 SPEECH PATHOLOGY	33,494	0		68.00
69.00 06900 ELECTROCARDIOLOGY	227,497	0		69.00
69.01 06901 CARDIAC REHAB	128,200	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	56,814	0		70.00
70.01 03320 ELECTROSHOCK THERAPY	8,174	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	843,152	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	388,596	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,258,320	0		73.00
74.00 07400 RENAL DIALYSIS	23,496	0		74.00
76.00 03330 ENDOSCOPY	179,103	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	1,214,030	0		90.00
91.00 09100 EMERGENCY	2,319,870	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	391,296	0		92.00
200.00 Subtotal (see instructions)	15,044,744	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	15,044,744	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		81,156	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		81,156	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.		68,577	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,989	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)		15,334	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)		14,474	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)		79,625,637	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)		79,625,637	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		212,203,657	28.00
29.00	Private room charges (excluding swing-bed charges)		208,304,000	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,899,657	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.375232	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		3,037.52	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		977.60	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		2,059.92	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		772.95	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		53,006,592	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		26,619,045	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)		981.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,044,801	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,044,801	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	17,626,256	19,059	924.83	5,066	4,685,189	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	11,078,125	4,192	2,642.68	8	21,141	0	43.01
43.02 NEONATAL INTENSIVE CARE UNIT	33,924,358	31,753	1,068.38	0	0	0	43.02
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,715,595	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					45,466,726	0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,585,077	0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,389,024	0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,974,101	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)					42,492,625	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)						8,590	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						981.14	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						8,427,993	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 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	6,036,411	79,625,637	0.075810	8,427,993	638,926	90.00
91.00	Nursing School cost	0	79,625,637	0.000000	8,427,993	0	91.00
92.00	Allied health cost	876,798	79,625,637	0.011012	8,427,993	92,809	92.00
93.00	All other Medical Education	0	79,625,637	0.000000	8,427,993	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 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)			14,786 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			14,786 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.			1,065 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			13,721 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)			7,083 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)			11,161,757 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)			11,161,757 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			22,703,634 28.00
29.00	Private room charges (excluding swing-bed charges)			1,631,251 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			21,072,383 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.491629 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,531.69 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,535.78 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)			11,161,757 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)			754.89 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,346,886 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			5,346,886 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 26-S091		Date/Time Prepared: 5/21/2018 4:43 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
43.02 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					809,877		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,156,763		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)					248,401		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					32,330		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					280,731		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,876,032		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: 26-0091 Component CCN: 26-S091		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 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	518,487	11,161,757	0.046452	0	0	90.00
91.00	Nursing School cost	0	11,161,757	0.000000	0	0	91.00
92.00	Allied health cost	0	11,161,757	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,161,757	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			81,156 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			81,156 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.			68,577 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,989 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)			9,251 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)			6,347 15.00
16.00	Nursery days (title V or XIX only)			540 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)			79,582,448 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)			79,582,448 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			212,203,657 28.00
29.00	Private room charges (excluding swing-bed charges)			208,304,000 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			3,899,657 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.375029 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			3,037.52 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			977.60 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			2,059.92 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			772.53 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			52,977,790 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			26,604,658 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)			327.82 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,032,663 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)			3,032,663 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX			1.00	2.00	3.00	4.00	5.00	
Hospital			7,552,125	6,347	1,189.87	540	642,530	
Cost								
42.00	NURSERY (title V & XIX only)		7,552,125	6,347	1,189.87	540	642,530	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		17,626,256	19,059	924.83	3,105	2,871,597	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT		11,078,125	4,192	2,642.68	779	2,058,648	43.01
43.02	NEONATAL INTENSIVE CARE UNIT		33,924,358	31,753	1,068.38	3,607	3,853,647	43.02
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						17,526,060	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						29,985,145	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)						8,590	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						980.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						8,423,440	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 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	6,036,411	79,582,448	0.075851	8,423,440	638,926	90.00
91.00	Nursing School cost	0	79,582,448	0.000000	8,423,440	0	91.00
92.00	Allied health cost	0	79,582,448	0.000000	8,423,440	0	92.00
93.00	All other Medical Education	0	79,582,448	0.000000	8,423,440	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 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)			14,786 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			14,786 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.			1,065 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			13,721 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)			4,649 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)			6,347 15.00
16.00	Nursery days (title V or XIX only)			540 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)			11,161,757 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)			11,161,757 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			22,703,634 28.00
29.00	Private room charges (excluding swing-bed charges)			1,631,251 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			21,072,383 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.491629 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,531.69 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,535.78 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)			11,161,757 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)			754.89 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,509,484 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)			3,509,484 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1		
				Component CCN: 26-S091		Date/Time Prepared: 5/21/2018 4:43 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	
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
43.02 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.02	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						573,558		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,083,042		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)								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: 26-0091 Component CCN: 26-S091		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/21/2018 4:43 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	518,487	11,161,757	0.046452	0	0	90.00
91.00	Nursing School cost	0	11,161,757	0.000000	0	0	91.00
92.00	Allied health cost	0	11,161,757	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,161,757	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		29,443,764	30.00
31.00	03100	INTENSIVE CARE UNIT		14,951,610	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		48,536	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199864	13,099,116	50.00
51.00	05100	RECOVERY ROOM	0.338768	889,940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277507	196,057	52.00
53.00	05300	ANESTHESIOLOGY	0.050648	2,681,525	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190681	3,066,978	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173635	341,275	55.00
56.00	05600	RADIOISOTOPE	0.356379	370,673	56.00
57.00	05700	CT SCAN	0.041836	6,050,259	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082413	1,726,941	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122691	2,760,675	59.00
60.00	06000	LABORATORY	0.124551	21,102,475	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341701	2,175,161	62.00
64.00	06400	INTRAVENOUS THERAPY	0.136569	14,152	64.00
65.00	06500	RESPIRATORY THERAPY	0.208162	4,914,213	65.00
66.00	06600	PHYSICAL THERAPY	0.368206	1,842,433	66.00
66.01	06601	CLINICAL NUTRITION	3.643613	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.241222	732,763	67.00
68.00	06800	SPEECH PATHOLOGY	0.253356	555,498	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106805	5,286,750	69.00
69.01	06901	CARDIAC REHAB	1.356929	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255061	344,559	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.272844	2,066	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.011926	6,196,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.872020	2,804,672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242580	17,677,727	73.00
74.00	07400	RENAL DIALYSIS	0.278356	2,272,315	74.00
76.00	03330	ENDOSCOPY	0.216571	909,870	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.672180	2,465	90.00
91.00	09100	EMERGENCY	0.230218	4,122,462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.248976	1,065,044	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		103,204,774	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)		103,204,774	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/21/2018 4:43 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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
40.00	04000	SUBPROVIDER - IPF		10,892,744	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199864	16,398	50.00
51.00	05100	RECOVERY ROOM	0.338768	2,265	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277507	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050648	47,296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190681	39,251	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173635	24,749	55.00
56.00	05600	RADIOISOTOPE	0.356379	2,762	56.00
57.00	05700	CT SCAN	0.041836	136,823	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082413	20,800	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122691	0	59.00
60.00	06000	LABORATORY	0.124551	939,152	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341701	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.136569	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.208162	160,659	65.00
66.00	06600	PHYSICAL THERAPY	0.368206	89,203	66.00
66.01	06601	CLINICAL NUTRITION	3.643613	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.241222	5,068	67.00
68.00	06800	SPEECH PATHOLOGY	0.253356	10,355	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106805	43,599	69.00
69.01	06901	CARDIAC REHAB	1.356929	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255061	4,372	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.272844	131,848	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.011926	17,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.872020	1,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242580	1,647,173	73.00
74.00	07400	RENAL DIALYSIS	0.278356	82,754	74.00
76.00	03330	ENDOSCOPY	0.216571	9,024	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.672180	6,755	90.00
91.00	09100	EMERGENCY	0.230218	459,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.248976	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,899,262	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)		3,899,262	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/21/2018 4:43 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		20,973,256	30.00
31.00	03100	INTENSIVE CARE UNIT		7,117,735	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		4,163,788	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		14,206,741	31.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		580,890	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199781	5,051,728	50.00
51.00	05100	RECOVERY ROOM	0.338768	332,737	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277507	1,233,780	52.00
53.00	05300	ANESTHESIOLOGY	0.049960	1,596,632	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190681	2,614,827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173635	122,561	55.00
56.00	05600	RADIOISOTOPE	0.356379	233,606	56.00
57.00	05700	CT SCAN	0.041836	3,558,515	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082413	1,268,805	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122397	1,869,637	59.00
60.00	06000	LABORATORY	0.124522	14,782,105	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341701	2,368,407	62.00
64.00	06400	INTRAVENOUS THERAPY	0.136569	95,866	64.00
65.00	06500	RESPIRATORY THERAPY	0.208011	7,484,091	65.00
66.00	06600	PHYSICAL THERAPY	0.368206	726,673	66.00
66.01	06601	CLINICAL NUTRITION	3.643613	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.241222	493,185	67.00
68.00	06800	SPEECH PATHOLOGY	0.253356	272,635	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106798	2,682,448	69.00
69.01	06901	CARDIAC REHAB	1.339940	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.252932	236,411	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.272844	8,264	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.011926	4,242,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.872020	953,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242580	11,789,068	73.00
74.00	07400	RENAL DIALYSIS	0.278356	563,501	74.00
76.00	03330	ENDOSCOPY	0.216463	521,029	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.670944	11,039	90.00
91.00	09100	EMERGENCY	0.230218	6,719,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.248976	256,746	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		72,090,292	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)		72,090,292	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/21/2018 4:43 pm	
Cost Center Description		Title XIX	Subprovider - IPF	Cost	
		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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
40.00	04000	SUBPROVIDER - IPF		7,128,862	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199781	56,921	50.00
51.00	05100	RECOVERY ROOM	0.338768	3,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277507	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049960	34,500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190681	41,778	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173635	0	55.00
56.00	05600	RADIOISOTOPE	0.356379	0	56.00
57.00	05700	CT SCAN	0.041836	94,020	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082413	7,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122397	31,252	59.00
60.00	06000	LABORATORY	0.124522	1,117,435	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341701	4,520	62.00
64.00	06400	INTRAVENOUS THERAPY	0.136569	28	64.00
65.00	06500	RESPIRATORY THERAPY	0.208011	51,751	65.00
66.00	06600	PHYSICAL THERAPY	0.368206	16,085	66.00
66.01	06601	CLINICAL NUTRITION	3.643613	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.241222	1,620	67.00
68.00	06800	SPEECH PATHOLOGY	0.253356	3,097	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106798	38,076	69.00
69.01	06901	CARDIAC REHAB	1.339940	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.252932	1,093	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.272844	56,815	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.011926	15,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.872020	2,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242580	888,560	73.00
74.00	07400	RENAL DIALYSIS	0.278356	1,302	74.00
76.00	03330	ENDOSCOPY	0.216463	4,796	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.670944	178	90.00
91.00	09100	EMERGENCY	0.230218	561,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.248976	5,251	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,038,002	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)		3,038,002	202.00

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

Provider CCN: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/21/2018 4:43 pm

Cost Center Description		Kidney		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	0	981.14	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	21,758	924.83	6	5,549	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,642.68	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,068.38	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		21,758		6	5,549	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	0.199781	25,764	5,147	8.00	
9.00	RECOVERY ROOM	51.00	0.338768	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.277507	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.049960	5,957	298	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.190681	25,114	4,789	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.173635	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.356379	0	0	14.00	
15.00	CT SCAN	57.00	0.041836	3,480	146	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.082413	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.122397	0	0	17.00	
18.00	LABORATORY	60.00	0.124522	102,070	12,710	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.341701	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.136569	158	22	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.208011	8,878	1,847	23.00	
24.00	PHYSICAL THERAPY	66.00	0.368206	0	0	24.00	
24.01	CLINICAL NUTRITION	66.01	3.643613	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.241222	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.253356	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.106798	13,226	1,413	27.00	
27.01	CARDIAC REHAB	69.01	1.339940	0	0	27.01	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.252932	1,000	253	28.00	
28.01	ELECTROSHOCK THERAPY	70.01	0.272844	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.011926	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.872020	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.242580	402	98	31.00	
32.00	RENAL DIALYSIS	74.00	0.278356	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.216463	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.670944	474	318	37.00	
38.00	EMERGENCY	91.00	0.230218	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.248976	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			186,523	27,041	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: 26-0091

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

Worksheet D-4

Date/Time Prepared: 5/21/2018 4:43 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	6		0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0		0	43.02
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
48.00	TOTAL (sum of lines 42 through 47)			6		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	474	0.000000		0	51.00
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)		474			0	55.00
Cost Center Description		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	32,590		208,281			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)	322,741		339,528			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)	355,331		547,809			61.00
62.00	Total Usable Organs (see instructions)		15				62.00
63.00	Medicare Usable Organs (see instructions)		14				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.933333				64.00
65.00	Medicare Cost/Charges (see instructions)	331,642		511,288			65.00
66.00	Revenue for Organs Sold	50,857		50,857			66.00
67.00	Subtotal (line 65 minus line 66)	280,785		460,431			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	280,785	0	460,431	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	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	1			73.00
74.00	Total (sum of lines 70 through 73)		0	15			74.00
75.00	Organs Transplanted		0	1	173,992		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	14	50,857		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	15			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: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/21/2018 4:43 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)	PPS
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	981.14	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,681	924.83	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,642.68	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,068.38	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		12,681		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.199781	12,882	2,574	8.00	
9.00	RECOVERY ROOM	51.00	0.338768	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.277507	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.049960	1,313	66	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.190681	3,170	604	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.173635	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.356379	0	0	14.00	
15.00	CT SCAN	57.00	0.041836	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.082413	3,200	264	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.122397	0	0	17.00	
18.00	LABORATORY	60.00	0.124522	16,808	2,093	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.341701	111	38	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.136569	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.208011	4,327	900	23.00	
24.00	PHYSICAL THERAPY	66.00	0.368206	0	0	24.00	
24.01	CLINICAL NUTRITION	66.01	3.643613	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.241222	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.253356	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.106798	3,564	381	27.00	
27.01	CARDIAC REHAB	69.01	1.339940	0	0	27.01	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.252932	0	0	28.00	
28.01	ELECTROSHOCK THERAPY	70.01	0.272844	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.011926	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.872020	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.242580	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.278356	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.216463	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.670944	0	0	37.00	
38.00	EMERGENCY	91.00	0.230218	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.248976	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			45,375	6,920	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: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/21/2018 4:43 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0		0	43.02
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
48.00	TOTAL (sum of lines 42 through 47)			0		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
52.00	EMERGENCY	24.00	0	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0			0	55.00
Cost Center Description		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	6,920		58,056			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)	177,190		186,466			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)	184,110		244,522			61.00
62.00	Total Usable Organs (see instructions)		9				62.00
63.00	Medicare Usable Organs (see instructions)		7				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.777778				64.00
65.00	Medicare Cost/Charges (see instructions)	143,197		190,184			65.00
66.00	Revenue for Organs Sold	29,933		29,933			66.00
67.00	Subtotal (line 65 minus line 66)	113,264		160,251			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	113,264	0	160,251	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	7			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	2			73.00
74.00	Total (sum of lines 70 through 73)		0	9			74.00
75.00	Organs Transplanted		0	2	1,629,551		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	7	29,933		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	9			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: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/21/2018 4:43 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	0	981.14	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	8,782	924.83	1	925	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,642.68	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,068.38	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		8,782		1	925	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	0.199781	5,764	1,152	8.00	
9.00	RECOVERY ROOM	51.00	0.338768	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.277507	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.049960	707	35	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.190681	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.173635	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.356379	0	0	14.00	
15.00	CT SCAN	57.00	0.041836	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.082413	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.122397	0	0	17.00	
18.00	LABORATORY	60.00	0.124522	27,322	3,402	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.341701	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.136569	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.208011	2,493	519	23.00	
24.00	PHYSICAL THERAPY	66.00	0.368206	0	0	24.00	
24.01	CLINICAL NUTRITION	66.01	3.643613	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.241222	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.253356	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.106798	13,709	1,464	27.00	
27.01	CARDIAC REHAB	69.01	1.339940	0	0	27.01	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.252932	0	0	28.00	
28.01	ELECTROSHOCK THERAPY	70.01	0.272844	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.011926	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.872020	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.242580	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.278356	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.216463	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.670944	158	106	37.00	
38.00	EMERGENCY	91.00	0.230218	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.248976	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			50,153	6,678	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: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/21/2018 4:43 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	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1		0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0		0	43.02
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
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	158	0.000000		0	51.00
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)		158			0	55.00
Cost Center Description		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	7,603		58,935			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)	146,239		152,753			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)	153,842		211,688			61.00
62.00	Total Usable Organs (see instructions)		5				62.00
63.00	Medicare Usable Organs (see instructions)		4				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.800000				64.00
65.00	Medicare Cost/Charges (see instructions)	123,074		169,350			65.00
66.00	Revenue for Organs Sold	23,452		23,452			66.00
67.00	Subtotal (line 65 minus line 66)	99,622		145,898			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	99,622	0	145,898	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	4			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	1			73.00
74.00	Total (sum of lines 70 through 73)		0	5			74.00
75.00	Organs Transplanted		0	1	381,129		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	4	23,452		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	5			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: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/21/2018 4:43 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)		23,929,499	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,257,330	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)		722,136	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		22,266,796	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		527.47	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)		141.25	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		31.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		172.25	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		195.97	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.33	11.00
12.00	Current year allowable FTE (see instructions)		173.58	12.00
13.00	Total allowable FTE count for the prior year.		172.25	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.		172.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.		172.69	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		172.69	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.327393	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.318846	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.318846	21.00
22.00	IME payment adjustment (see instructions)		5,153,884	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,565,448	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).		1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		23.72	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)		1.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001896	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000506	27.00
28.00	IME add-on adjustment amount (see instructions)		16,287	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		11,267	28.01
29.00	Total IME payment (sum of lines 22 and 28)		5,170,171	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,576,715	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.07	30.00
31.00	Percentage of Medicaid patient days (see instructions)		54.00	31.00
32.00	Sum of lines 30 and 31		64.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		42.07	33.00
34.00	Disproportionate share adjustment (see instructions)		3,385,250	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/21/2018 4:43 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)	0.001951055	0.001608903	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	11,662,400	10,886,955	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	8,722,834	2,744,111	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	11,466,945		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)	52,931,331		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)		56,508,046	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,383,602	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,761,277	52.00
53.00	Nursing and Allied Health Managed Care payment		123,496	53.00
54.00	Special add-on payments for new technologies		6,626	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)		493,671	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).		261,152	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		2,923	58.00
59.00	Total (sum of amounts on lines 49 through 58)		63,540,793	59.00
60.00	Primary payer payments		93,450	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		63,447,343	61.00
62.00	Deductibles billed to program beneficiaries		3,258,808	62.00
63.00	Coinurance billed to program beneficiaries		322,875	63.00
64.00	Allowable bad debts (see instructions)		1,698,586	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,104,081	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,300,160	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		60,969,741	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		14,753	70.93
70.94	HRR adjustment amount (see instructions)		-84,196	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/21/2018 4:43 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)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			60,900,298	71.00
71.01	Sequestration adjustment (see instructions)			1,218,006	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			58,565,955	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,116,337	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0091

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2018 4:43 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,929,499	0	23,929,499		23,929,499	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,257,330	0		8,257,330	8,257,330	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	722,136	0	548,284	173,852	722,136	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	22,266,796	0	16,948,945	5,317,851	22,266,796	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.318846	0.318846	0.318846	0.318846		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,153,884	0	3,831,687	1,322,197	5,153,884	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,565,448	0	3,565,448	0	3,565,448	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	0.000506	0.000506	0.000506	0.000506		7.00
8.00	IME adjustment (see instructions)	28.00	16,287	0	12,109	4,178	16,287	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	11,267	0	8,576	2,691	11,267	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,170,171	0	3,843,796	1,326,375	5,170,171	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,576,715	0	3,574,024	2,691	3,576,715	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4207	0.4207	0.4207	0.4207		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,385,250	0	2,516,785	868,465	3,385,250	11.00
11.01	Uncompensated care payments	36.00	11,466,945	0	8,722,834	2,744,111	11,466,945	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	52,931,331	0	39,561,198	13,370,133	52,931,331	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	56,508,046	0	43,135,222	13,372,824	56,508,046	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,383,602	0	2,512,106	871,496	3,383,602	16.00
17.00	Special add-on payments for new technologies	54.00	6,626	0	6,626	0	6,626	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0091

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2018 4:43 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	45,653,954	14,244,320	59,898,274	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,589,596	0	1,922,295	667,301	2,589,596	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	56,489	0	42,341	14,148	56,489	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1463	0.1463	0.1463	0.1463		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	378,858	0	281,232	97,626	378,858	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1385	0.1385	0.1385	0.1385		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	358,659	0	266,238	92,421	358,659	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,383,602	0	2,512,106	871,496	3,383,602	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0091		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2018 4:43 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,929,499	23,929,499		23,929,499	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,257,330		8,257,330	8,257,330	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	722,136	548,284	173,852	722,136	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	22,266,796	16,948,945	5,317,851	22,266,796	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.318846	0.318846	0.318846		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,153,884	3,831,687	1,322,197	5,153,884	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,565,448	2,713,932	851,516	3,565,448	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	0.000506	0.000506	0.000506		7.00
8.00	IME adjustment (see instructions)	28.00	16,287	12,109	4,178	16,287	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	11,267	8,576	2,691	11,267	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,170,171	3,843,796	1,326,375	5,170,171	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,576,715	2,722,508	854,207	3,576,715	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4207	0.4207	0.4207		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,385,250	2,516,785	868,465	3,385,250	11.00
11.01	Uncompensated care payments	36.00	11,466,945	8,722,834	2,744,111	11,466,945	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	52,931,331	39,561,198	13,370,133	52,931,331	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	56,508,046	42,283,706	14,224,340	56,508,046	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,383,602	2,512,106	871,496	3,383,602	16.00
17.00	Special add-on payments for new technologies	54.00	6,626	6,626	0	6,626	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			44,802,438	15,095,836	59,898,274	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2018 4:43 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,589,596	1,922,295	667,301	2,589,596	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	56,489	42,341	14,148	56,489	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	0.1463	0.1463	0.1463		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	378,858	281,232	97,626	378,858	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1385	0.1385	0.1385		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	358,659	266,238	92,421	358,659	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,383,602	2,512,106	871,496	3,383,602	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	14,753	32,240	-17,487	14,753	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	-84,196	-71,810	-12,386	-84,196	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		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/21/2018 4:43 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		125,976	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,846,492	2.00
3.00	OPPS payments		31,614,281	3.00
4.00	Outlier payment (see instructions)		148,260	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		23,082	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		125,976	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		519,317	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)		519,317	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)		519,317	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		393,341	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)		125,976	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)		31,785,623	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		84	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,843,542	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)		26,067,973	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,207,006	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)		28,274,979	30.00
31.00	Primary payer payments		14,066	31.00
32.00	Subtotal (line 30 minus line 31)		28,260,913	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		1,691	33.00
34.00	Allowable bad debts (see instructions)		740,333	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		481,216	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		346,086	36.00
37.00	Subtotal (see instructions)		28,743,820	37.00
38.00	MSP-LCC reconciliation amount from PS&R		45	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)		28,743,775	40.00
40.01	Sequestration adjustment (see instructions)		574,876	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		27,748,302	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		420,597	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: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/21/2018 4:43 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			3,592,525 2.00
3.00	OPPS payments			947,234 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			7,029 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)			954,263 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)			190,822 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)			763,441 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)			763,441 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			763,441 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			763,441 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			763,441 40.00
40.01	Sequestration adjustment (see instructions)			15,269 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
41.00	Interim payments			741,266 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			6,906 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0091

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2018 4:43 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		53,698,296		25,501,096	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		4,834,259		2,247,206	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	08/02/2017	33,400		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)		33,400		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)		58,565,955		27,748,302	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,116,337		420,597	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		59,682,292		28,168,899	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: 26-0091
Component CCN: 26-S091

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2018 4:43 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,208,508		741,266	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)		77,937		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,286,445		741,266	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,079		6,906	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,298,524		748,172	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: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/21/2018 4:43 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/21/2018 4:43 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)			5,872,950 1.00
2.00	Net IPF PPS Outlier Payments			5,810 2.00
3.00	Net IPF PPS ECT Payments			39,739 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.82 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)			1.37 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.82 8.00
9.00	Average Daily Census (see instructions)			40.509589 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.			0.010374 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			60,926 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,979,425 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)			5,979,425 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			5,979,425 18.00
19.00	Deductibles			435,288 19.00
20.00	Subtotal (line 18 minus line 19)			5,544,137 20.00
21.00	Coinsurance			227,052 21.00
22.00	Subtotal (line 20 minus line 21)			5,317,085 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			137,789 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			89,563 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			36,451 25.00
26.00	Subtotal (sum of lines 22 and 24)			5,406,648 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)			9 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)			5,406,657 31.00
31.01	Sequestration adjustment (see instructions)			108,133 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			5,286,445 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)			12,079 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			5,810 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/21/2018 4:43 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.			141.30	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			36.50	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)			177.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			197.41	6.00
7.00	Enter the lesser of line 5 or line 6			177.80	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	121.51	61.95	183.46	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.	109.44	55.80	165.24	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.33		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	109.44	57.13		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	118.51	60.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	114.59	56.76		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	114.18	58.02		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	114.18	58.02		17.00
18.00	Per resident amount	104,908.15	104,908.15		18.00
19.00	Approved amount for resident costs	11,978,413	6,086,771	18,065,184	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)			1.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			19.61	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.93	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			103,653.85	23.00
24.00	Multiply line 22 time line 23			96,398	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			18,161,582	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	27,491	13,854		26.00
27.00	Total Inpatient Days (see instructions)	143,981	143,981		27.00
28.00	Ratio of inpatient days to total inpatient days	0.190935	0.096221		28.00
29.00	Program direct GME amount	3,467,682	1,747,526		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		246,925		30.00
31.00	Net Program direct GME amount			4,968,283	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/21/2018 4:43 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		8,945,517	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)		51,623,489	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		493,671	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		93,450	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		52,023,710	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		41,595,104	42.00
43.00	Primary payer payments (see instructions)		14,066	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		41,581,038	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		93,604,748	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.555781	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.444219	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,968,283	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,761,277	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,207,006	50.00

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

Provider CCN: 26-0091

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

Worksheet G

Date/Time Prepared:
5/21/2018 4:43 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	154,865,550	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	118,870,905	0	0	0	4.00
5.00	Other receivable	8,488,991	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,122,208	0	0	0	7.00
8.00	Prepaid expenses	9,011,429	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	301,359,083	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,099,747	0	0	0	12.00
13.00	Land improvements	9,755,546	0	0	0	13.00
14.00	Accumulated depreciation	-8,427,931	0	0	0	14.00
15.00	Buildings	457,160,285	0	0	0	15.00
16.00	Accumulated depreciation	-279,829,384	0	0	0	16.00
17.00	Leasehold improvements	3,894,478	0	0	0	17.00
18.00	Accumulated depreciation	-2,845,004	0	0	0	18.00
19.00	Fixed equipment	44,532,668	0	0	0	19.00
20.00	Accumulated depreciation	-39,091,182	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	173,712,956	0	0	0	23.00
24.00	Accumulated depreciation	-127,713,541	0	0	0	24.00
25.00	Minor equipment depreciable	1,736,799	0	0	0	25.00
26.00	Accumulated depreciation	-4,613	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	251,980,824	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	99,213,509	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	-29,260,046	0	20,060,731	19,559,743	34.00
35.00	Total other assets (sum of lines 31-34)	69,953,463	0	20,060,731	19,559,743	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	623,293,370	0	20,060,731	19,559,743	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	49,108,988	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,660,447	0	0	0	38.00
39.00	Payroll taxes payable	1,910,552	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,711,096	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	20,486,749	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	92,877,832	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	35,109,492	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	35,109,492	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	127,987,324	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	495,306,046	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	20,060,731	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	19,559,743	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	495,306,046	0	20,060,731	19,559,743	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	623,293,370	0	20,060,731	19,559,743	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0091

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

Worksheet G-1

Date/Time Prepared:
5/21/2018 4:43 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		442,464,883		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,227,455				2.00
3.00	Total (sum of line 1 and line 2)		467,692,338		0		3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)	26,764,849		0		1,018,134	4.00
5.00	CORPORATE OFFICE	0		0		0	5.00
6.00	GAIN ON INVESTMENTS	0		0		0	6.00
7.00	TRANSFER FROM OTHER RELATED ORGANIZA	848,870		0		0	7.00
8.00	TRANSFERS FROM OTHER FUNDS	0		0		0	8.00
9.00	DONATIONS	0		0		0	9.00
10.00	Total additions (sum of line 4-9)		27,613,719		0		10.00
11.00	Subtotal (line 3 plus line 10)		495,306,057		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	11		0		0	12.00
13.00	CORPORATE OFFICE	0		0		0	13.00
14.00	LOSS ON INVESTMENTS	0		0		588,436	14.00
15.00	TRANSFER TO OTHER RELATED ORGANIZATI	0		0		0	15.00
16.00	TRANSFER TO OTHER FUNDS	0		0		0	16.00
17.00	TRANSFER OF DEBT TO CORPORATE OFFICE	0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		11		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		495,306,046		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	19,631,033		18,729,251			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)	19,631,033		18,729,251			3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)		830,492				4.00
5.00	CORPORATE OFFICE		0				5.00
6.00	GAIN ON INVESTMENTS		0				6.00
7.00	TRANSFER FROM OTHER RELATED ORGANIZA		0				7.00
8.00	TRANSFERS FROM OTHER FUNDS		0				8.00
9.00	DONATIONS		0				9.00
10.00	Total additions (sum of line 4-9)	1,018,134		830,492			10.00
11.00	Subtotal (line 3 plus line 10)	20,649,167		19,559,743			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)		0				12.00
13.00	CORPORATE OFFICE		0				13.00
14.00	LOSS ON INVESTMENTS		0				14.00
15.00	TRANSFER TO OTHER RELATED ORGANIZATI		0				15.00
16.00	TRANSFER TO OTHER FUNDS		0				16.00
17.00	TRANSFER OF DEBT TO CORPORATE OFFICE		0				17.00
18.00	Total deductions (sum of lines 12-17)	588,436		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	20,060,731		19,559,743			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0091

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2018 4:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	221,600,043		221,600,043	1.00
2.00	SUBPROVIDER - IPF	22,725,977		22,725,977	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)	244,326,020		244,326,020	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	44,009,890		44,009,890	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	31,425,906		31,425,906	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	134,822,631		134,822,631	11.02
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	210,258,427		210,258,427	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	454,584,447		454,584,447	17.00
18.00	Ancillary services	556,773,179	781,268,810	1,338,041,989	18.00
19.00	Outpatient services	35,854,629	153,841,387	189,696,016	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	NON-REIMBURSEABLE	6,405,484	40,031,257	46,436,741	27.00
27.01	TRANSPLANTS	260,000	0	260,000	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,053,877,739	975,141,454	2,029,019,193	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		723,893,420		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		723,893,420		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/21/2018 4:43 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,029,019,193	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,352,650,142	2.00
3.00	Net patient revenues (line 1 minus line 2)	676,369,051	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	723,893,420	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-47,524,369	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	18,295,166	6.00
7.00	Income from investments	2,843,246	7.00
8.00	Revenues from telephone and other miscellaneous communication services	6	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	36,797	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	76,612	13.00
14.00	Revenue from meals sold to employees and guests	4,130,467	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	27,338,288	17.00
18.00	Revenue from sale of medical records and abstracts	1,087	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,819,035	22.00
23.00	Governmental appropriations	2,379,844	23.00
24.00	OTHER	15,831,276	24.00
25.00	Total other income (sum of lines 6-24)	72,751,824	25.00
26.00	Total (line 5 plus line 25)	25,227,455	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,227,455	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-0091
Component CCN: 26-2320

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

Worksheet 1-1
Date/Time Prepared:
5/21/2018 4:43 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	454,165	HOURS OF SERVICE	11,124.00	5.35	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	43,498	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	497,663				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	12,226	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	24,602	REQUISITIONS			14.00
15.00	DRUGS	7	REQUISITIONS			15.00
16.00	OTHER	1,118,597	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,653,095				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	35,336	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	4,702	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	113,891	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	558,419	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	115,872	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	86,144	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,567,459				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	ENDOSCOPY		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,567,459				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part 1, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet 1-2
		Component CCN: 26-2320		Date/Time Prepared: 5/21/2018 4:43 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	151,208	16,928	454,165	0	113,891	-77,417	1.00
MAINTENANCE								
2.00	Hemodialysis	51,098	5,721	130,923	0	32,831	-22,317	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	173	19	443	0	111	-76	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	37,771	0	9,472	-6,438	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	28,973	0	7,266	-4,939	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	99,937	11,188	256,055	0	64,211	-43,647	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						77,424	14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	151,208	16,928	454,165	0	113,891	-77,417	16.00
17.00	Medical Educational Program Costs							17.00
18.00	Total Renal Costs (line 17 + line 18)							18.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	24,602	0	683,377	1,806,658	2,490,035		1.00
MAINTENANCE								
2.00	Hemodialysis	7,092	0	205,348	542,883	748,231		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	24	0	694	1,835	2,529		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	2,046	0	42,851	113,286	156,137		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	1,570	0	32,870	86,899	119,769		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	13,870	0	401,614	1,061,755	1,463,369		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	24,602	0	683,377	1,806,658	2,490,035		16.00
17.00	Medical Educational Program Costs					0		17.00
18.00	Total Renal Costs (line 17 + line 18)					2,490,035		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091
Component CCN: 26-2320

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

Worksheet 1-3
Date/Time Prepared:
5/21/2018 4:43 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	151,208	16,928	454,165	0	113,891	1.00
MAINTENANCE							
2.00	Hemodialysis	55,188	6,324.00	130,923.00	0.00	36,989	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	187	21.00	443.00	0.00	125	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	37,771.00	0.00	10,671	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	28,973.00	0.00	8,186	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	2,312	107,935	12,368.00	256,055.00	0.00	72,343
13.00	Method II Home Patient	0	0.00	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	163,310	18,713.00	454,165.00	0.00	128,314	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.925896	0.904612	1.000000	0.000000	0.887596	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	-77,417	24,602	0	683,377	1,806,658	1.00
MAINTENANCE							
2.00	Hemodialysis	-22,317	7,092	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	-76	24	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	-6,438	2,046	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	-4,939	1,570	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	-43,647	13,871	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						
15.00							
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	-77,417	24,603	0		683,377	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	0.999959	0.000000		2.643721	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-0091

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

Worksheet 1-4

Component CCN: 26-2320

Date/Time Prepared:
5/21/2018 4:43 pm

		Rate 0			Renal Dialysis		
	Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
1.00	Maintenance - Hemodialysis	1,182	748,231	633.02	601	380,445	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	4	2,529	632.25	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	341	156,137	457.88	21	9,615	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	262	119,769	457.13	51	23,314	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,527	1,026,666		622	413,374	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,313					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	175,338	291.74				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	6,098	290.38				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	37,380	732.94				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	218,816					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet 1-5 Date/Time Prepared: 5/21/2018 4:43 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	413,374		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	218,816	203,472	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	218,816	203,472	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	549	511	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	549	511	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	43,653	40,592	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	43,653	40,592	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	2,602	2,602	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	2,602	2,602	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	1,691		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,930		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	38,501	8.00
9.00	Program payment (see instructions)	174,614	162,369	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	1,691		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,104,090		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,026,666		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.929875		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0091	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/21/2018 4:43 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,589,596	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		56,489	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)		359.02	3.00
4.00	Number of interns & residents (see instructions)		173.69	4.00
5.00	Indirect medical education percentage (see instructions)		14.63	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)		378,858	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.07	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		54.00	8.00
9.00	Sum of lines 7 and 8		64.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		13.85	10.00
11.00	Disproportionate share adjustment (see instructions)		358,659	11.00
12.00	Total prospective capital payments (see instructions)		3,383,602	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