

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 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/28/2019 12:54 pm
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/28/2019 Time: 12:54 pm  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SSM HEALTH ST. MARY'S HOSPITAL - STL ( 26-0091 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) KAREN REWERTS  
 Officer or Administrator of Provider(s)

SYSTEM VICE PRESIDENT, 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	285,001	-33,738	0	0	1.00
2.00 Subprovider - IPF	0	-48,210	24,432		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	236,791	-9,306	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 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 12:54 pm
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1.00	Hospital and Hospital Health Care Complex Address:		2.00	3.00	4.00			
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1.00	Street: 6420 CLAYTON ROAD		PO Box:	Zip Code: 63117-		County: ST. LOUIS			1.00
2.00	City: ST. LOUIS		State: MO						2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	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)					01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)					1				21.00

						1.00	2.00	3.00		
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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	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

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		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.	12,399	3,674	16,136	4,551	33,660	1,569	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural	S	Date of Geogr
						1.00		2.00
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:		Ending:
						1.00		2.00
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N		Y/N
						1.00		2.00
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					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
<b>Prospective Payment System (PPS)-Capital</b>								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
<b>Teaching Hospitals</b>								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
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		
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		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

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		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
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		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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) Teaching Hospitals that Claim Residents in Nonprovider Settings					0.00	62.01
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

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					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	
		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)					65.00
				0.00	0.00	0.000000
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010.					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	
		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)					67.00
				0.00	0.00	0.000000

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
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
		1.00				
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N			81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N			87.00
		V			XIX	
		1.00			2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 12:54 pm		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				2			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	11,244,698		357,850				118.01
						1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				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 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 12:54 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			
142.00	Street: 10101 WOODFIELD LANE	PO Box:					
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132			
				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			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				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)			09/30/2018	12/28/2018	170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 12:54 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	04/12/2019	Y	04/12/2019		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 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 12:54 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		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRIAN		SCHMEIDLER	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.	314-989-3524		BRIAN.SCHMEIDLER@SSMHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0091

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/28/2019 12:54 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 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	302	110,230	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)		302	110,230	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	52	18,980	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	38	13,870	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	108	39,420	0.00	0	8.02
8.03 INTERMEDIATE CARE UNIT	31.03	134	48,910	0.00	0	8.03
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)		634	231,410	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	42	15,330		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)		676				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 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	7,719	4,114	47,807			1.00
2.00 HMO and other (see instructions)	13,577	58,021				2.00
3.00 HMO IPF Subprovider	0	96				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,719	4,114	47,807			7.00
8.00 INTENSIVE CARE UNIT	4,893	1,759	12,633			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	17	667	9,369			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	2,123	30,750			8.02
8.03 INTERMEDIATE CARE UNIT	6,787	3,168	23,174			8.03
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		568	6,328			13.00
14.00 Total (see instructions)	19,416	12,399	130,061	196.68	2,677.29	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	6,756	3,735	13,534	1.14	76.89	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			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)				197.82	2,754.18	27.00
28.00 Observation Bed Days		448	8,635			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,973			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,569	1,670			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 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 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	3,602	2,730	28,259	1.00
2.00 HMO and other (see instructions)				2,477	10,581		2.00
3.00 HMO IPF Subprovider					26		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
8.03 INTERMEDIATE CARE UNIT							8.03
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		3,602	2,730	28,259	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		515	425	1,401	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 01/01/2018 To 12/31/2018	Worksheet S-3 Part II Date/Time Prepared: 5/28/2019 12:54 pm			
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	223,091,211	0	223,091,211	5,762,050.00	38.72	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		175,892	0	175,892	1,332.00	132.05	4.00
4.01	Physicians - Part A - Teaching		1,209,394	0	1,209,394	12,979.00	93.18	4.01
5.00	Physician and Non-Physician-Part B		17,778,395	0	17,778,395	235,071.00	75.63	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		291,631	0	291,631	6,240.00	46.74	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,924,618	1,924,618	65,489.00	29.39	7.00
7.01	Contracted interns and residents (in an approved programs)		13,742,541	0	13,742,541	367,601.00	37.38	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)		15,710,753	-216,200	15,494,553	348,017.00	44.52	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		19,190,017	0	19,190,017	452,343.00	42.42	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		3,770,688	0	3,770,688	27,699.00	136.13	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		27,156,648	0	27,156,648	780,900.00	34.78	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		29,346,337	0	29,346,337	199,236.00	147.29	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		79,212,184	0	79,212,184			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		6,684,553	0	6,684,553			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		20,528	0	20,528			22.00
22.01	Physician Part A - Teaching		197,960	0	197,960			22.01
23.00	Physician Part B		3,868,515	0	3,868,515			23.00
24.00	Wage-related costs (RHC/FQHC)		102,961	0	102,961			24.00
25.00	Interns & residents (in an approved program)		998,860	0	998,860			25.00
25.50	Home office wage-related (core)		8,812,047	0	8,812,047			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	160,074	0	160,074	8,912.00	17.96	26.00
27.00	Administrative & General	5.00	20,684,435	-1,186,260	19,498,175	578,026.00	33.73	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0091

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2019 12:54 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.)		1,662,977	0	1,662,977	24,378.00	68.22	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,216,544	0	3,216,544	97,664.00	32.93	30.00
31.00	Laundry & Linen Service	8.00	244,177	0	244,177	22,966.00	10.63	31.00
32.00	Housekeeping	9.00	4,598,483	0	4,598,483	354,862.00	12.96	32.00
33.00	Housekeeping under contract (see instructions)		629,672	0	629,672	22,008.00	28.61	33.00
34.00	Dietary	10.00	3,976,792	-3,013,429	963,363	100,690.00	9.57	34.00
35.00	Dietary under contract (see instructions)		1,642,729	0	1,642,729	57,139.00	28.75	35.00
36.00	Cafeteria	11.00	0	3,017,785	3,017,785	197,984.00	15.24	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,005,199	0	4,005,199	115,766.00	34.60	38.00
39.00	Central Services and Supply	14.00	525,882	665,009	1,190,891	70,294.00	16.94	39.00
40.00	Pharmacy	15.00	7,744,355	18,820	7,763,175	177,852.00	43.65	40.00
41.00	Medical Records & Medical Records Library	16.00	841,522	0	841,522	44,468.00	18.92	41.00
42.00	Social Service	17.00	1,330,537	118,872	1,449,409	25,086.00	57.78	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 01/01/2018 To 12/31/2018		Worksheet S-3 Part III Date/Time Prepared: 5/28/2019 12:54 pm		
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>									
1.00	Net salaries (see instructions)	194,004,628	-1,924,618	192,080,010	5,178,195.00	37.09			1.00
2.00	Excluded area salaries (see instructions)	15,710,753	-216,200	15,494,553	348,017.00	44.52			2.00
3.00	Subtotal salaries (line 1 minus line 2)	178,293,875	-1,708,418	176,585,457	4,830,178.00	36.56			3.00
4.00	Subtotal other wages & related costs (see inst.)	50,117,353	0	50,117,353	1,260,942.00	39.75			4.00
5.00	Subtotal wage-related costs (see inst.)	88,044,759	0	88,044,759	0.00	49.86			5.00
6.00	Total (sum of lines 3 thru 5)	316,455,987	-1,708,418	314,747,569	6,091,120.00	51.67			6.00
7.00	Total overhead cost (see instructions)	51,263,378	-379,203	50,884,175	1,898,095.00	26.81			7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2019 12:54 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			4,014,602 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			27,397,512 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			26,514,798 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			10,646,002 9.00
10.00	Dental, Hearing and Vision Plan			2,184,063 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			729,065 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)			852,377 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,666,956 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			15,576,896 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			179,867 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			490,739 22.00
23.00	Tuition Reimbursement			832,684 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			91,085,561 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/28/2019 12:54 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		19,190,017	91,085,561 1.00
2.00	Hospital		19,190,017	79,212,184 2.00
3.00	Subprovider - IPF		0	2,235,297 3.00
4.00	Subprovider - IRF			
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			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	9,638,080 18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-5

Date/Time Prepared:  
5/28/2019 12:54 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	11	4	0	1	0	3	1.00	
2.00	Number of times per week patient receives dialysis	3.00	4.00	0.00	0.00	0.00	7.00	2.00	
3.00	Average patient dialysis time including setup	6.00	6.00	0.00	13.00			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)	30.97	61.94					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		
<b>ESRD PPS</b>									
10.01	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)						Y		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	After 12/31	
							1.00	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
<b>TRANSPLANT INFORMATION</b>									
11.00	Number of patients on transplant list						6		11.00
12.00	Number of patients transplanted during the cost reporting period						4		12.00
<b>EPOETIN</b>									
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
<b>ARANESP</b>									
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	INITIAL METHOD	
							1.00	2.00	
<b>PHYSICIAN PAYMENT METHOD</b>									
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			
<b>ESAs</b>									
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	24,243	0	1,671	0			
22.01		PROCRIT 20,000	549	0	233	0	22.01		
22.02		PROCRIT 40,000	1,022	0	466	0	22.02		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet S-5 Date/Time Prepared: 5/28/2019 12:54 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)	262320	2,713	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/28/2019 12:54 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.262820	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			198,669,214	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			51,702,317	5.00	
6.00	Medicaid charges			824,678,975	6.00	
7.00	Medicaid cost (line 1 times line 6)			216,742,128	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)	53,516,313	7,101,485	60,617,798	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,065,157	7,101,485	21,166,642	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	98,939	859,968	958,907	22.00	
23.00	Cost of charity care (line 21 minus line 22)	13,966,218	6,241,517	20,207,735	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)			32,687,279	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,617,220	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,488,029	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			30,199,250	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			8,807,776	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			29,015,511	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			29,015,511	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/28/2019 12:54 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		17,706,251		17,706,251	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		12,580,265	5,738,207	18,318,472	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	160,074	59,508,628	0	59,668,702	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,684,435	149,540,371	-3,068,000	167,156,806	5.00
7.00	00700	OPERATION OF PLANT	3,216,544	18,021,258	0	21,237,802	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	244,177	1,340,969	-21,948	1,563,198	8.00
9.00	00900	HOUSEKEEPING	4,598,483	2,744,410	0	7,342,893	9.00
10.00	01000	DIETARY	3,976,792	6,491,958	-8,305,606	2,163,144	10.00
11.00	01100	CAFETERIA	0	0	8,314,318	8,314,318	11.00
13.00	01300	NURSING ADMINISTRATION	4,005,199	1,463,186	0	5,468,385	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	525,882	1,827,648	1,911,708	4,265,238	14.00
15.00	01500	PHARMACY	7,744,355	42,676,756	-42,319,016	8,102,095	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	841,522	361,996	0	1,203,518	16.00
17.00	01700	SOCIAL SERVICE	1,330,537	224,527	189,788	1,744,852	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,924,618	1,924,618	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,886,753	63,146,673	-1,924,618	64,108,808	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	268,897	18,099	127,594	414,590	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	326,788	14,733	11,672	353,193	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	26,214,220	4,158,400	-3,765,926	26,606,694	30.00
31.00	03100	INTENSIVE CARE UNIT	8,662,884	3,444,480	-2,713,120	9,394,244	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,019,312	1,579,442	-2,209,298	6,389,456	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	18,676,829	2,897,284	-1,680,950	19,893,163	31.02
31.03	02400	INTERMEDIATE CARE UNIT	9,247,061	920,700	1,399,216	11,566,977	31.03
40.00	04000	SUBPROVIDER - IPF	5,436,246	1,134,343	-73,383	6,497,206	40.00
43.00	04300	NURSERY	0	0	2,097,762	2,097,762	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,744,752	22,409,019	-18,590,840	13,562,931	50.00
51.00	05100	RECOVERY ROOM	2,709,414	178,152	-97,554	2,790,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,979,839	1,982,871	-1,929,481	9,033,229	52.00
53.00	05300	ANESTHESIOLOGY	709,763	5,806,774	-1,368,481	5,148,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,620,555	3,841,772	-2,793,493	7,668,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,315,969	3,719,451	-145,637	4,889,783	55.00
56.00	05600	RADIOISOTOPE	243,560	687,534	-8,915	922,179	56.00
57.00	05700	CT SCAN	1,148,521	815,261	-371,283	1,592,499	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	790,504	515,302	-391,973	913,833	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,695,449	7,542,787	-7,834,862	1,403,374	59.00
60.00	06000	LABORATORY	6,636,053	11,021,947	-1,130,615	16,527,385	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,575,256	2,905,197	4,668,720	9,149,173	62.00
64.00	06400	INTRAVENOUS THERAPY	2,804,994	1,168,395	-786,563	3,186,826	64.00
65.00	06500	RESPIRATORY THERAPY	5,607,132	4,239,275	-906,670	8,939,737	65.00
66.00	06600	PHYSICAL THERAPY	646,777	1,514,622	0	2,161,399	66.00
66.01	06601	CLINICAL NUTRITION	1,105,504	12,270	-39,868	1,077,906	66.01
67.00	06700	OCCUPATIONAL THERAPY	513,807	565,164	0	1,078,971	67.00
68.00	06800	SPEECH PATHOLOGY	721,228	504,735	0	1,225,963	68.00
69.00	06900	ELECTROCARDIOLOGY	2,460,963	600,778	-138,594	2,923,147	69.00
69.01	06901	CARDIAC REHAB	248,576	6,882	0	255,458	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	728,657	154,956	0	883,613	70.00
70.01	03320	ELECTROSHOCK THERAPY	108,819	6,033	0	114,852	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	29,819,264	29,819,264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	14,540,140	14,540,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	36,995,995	36,995,995	73.00
74.00	07400	RENAL DIALYSIS	522,031	1,560,480	-280,347	1,802,164	74.00
76.00	03330	ENDOSCOPY	1,828,055	1,411,408	-1,452,511	1,786,952	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	15,545,578	6,576,381	-1,683,985	20,437,974	90.00
91.00	09100	EMERGENCY	12,333,643	2,821,753	-1,315,687	13,839,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	320,535	468,078	-486,762	301,851	105.00
106.00	10600	HEART ACQUISITION	0	0	44,656	44,656	106.00
107.00	10700	LIVER ACQUISITION	0	0	51,414	51,414	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	213,732,924	474,839,654	-914	688,571,664	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76,129	297,242	800	374,171	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,460,422	1,077,277	0	3,537,699	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	1,737,359	662,881	0	2,400,240	194.00
194.02	07952	POISON CONTROL	2,136,272	454,536	0	2,590,808	194.02
194.03	07953	RETAIL PHARMACY	1,423,400	21,279,492	114	22,703,006	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	917,411	563,308	0	1,480,719	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/28/2019 12:54 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
		1.00	2.00	3.00	4.00	5.00
194.05	07955 RURAL HEALTH CLINIC - 5296	607,294	309,046	916,340	0	916,340
200.00	TOTAL (SUM OF LINES 118 through 199)	223,091,211	499,483,436	722,574,647	0	722,574,647

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A  
Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	891,233	18,597,484	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	735,450	19,053,922	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,675,481	52,993,221	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,894,867	149,261,939	5.00
7.00	00700	OPERATION OF PLANT	-2,040,150	19,197,652	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-8,324	1,554,874	8.00
9.00	00900	HOUSEKEEPING	-2,686	7,340,207	9.00
10.00	01000	DIETARY	-2,326	2,160,818	10.00
11.00	01100	CAFETERIA	-1,115,542	7,198,776	11.00
13.00	01300	NURSING ADMINISTRATION	-13,429	5,454,956	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-189	4,265,049	14.00
15.00	01500	PHARMACY	-208,992	7,893,103	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,444	1,200,074	16.00
17.00	01700	SOCIAL SERVICE	-65,345	1,679,507	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,924,618	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-27,724,672	36,384,136	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	-140	414,450	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0	353,193	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-5,741,200	20,865,494	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,524,152	7,870,092	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-100	6,389,356	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-4,375,401	15,517,762	31.02
31.03	02400	INTERMEDIATE CARE UNIT	-1,932	11,565,045	31.03
40.00	04000	SUBPROVIDER - I PF	-576,602	5,920,604	40.00
43.00	04300	NURSERY	0	2,097,762	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-772,910	12,790,021	50.00
51.00	05100	RECOVERY ROOM	-57	2,789,955	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-654,389	8,378,840	52.00
53.00	05300	ANESTHESIOLOGY	-4,235,879	912,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-426,744	7,242,090	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-29,422	4,860,361	55.00
56.00	05600	RADIOISOTOPE	-2,447	919,732	56.00
57.00	05700	CT SCAN	-6,280	1,586,219	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-1,913	911,920	58.00
59.00	05900	CARDIAC CATHETERIZATION	-809	1,402,565	59.00
60.00	06000	LABORATORY	-10,559,737	5,967,648	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-1,503,693	7,645,480	62.00
64.00	06400	INTRAVENOUS THERAPY	-32,282	3,154,544	64.00
65.00	06500	RESPIRATORY THERAPY	-97,907	8,841,830	65.00
66.00	06600	PHYSICAL THERAPY	-4,686	2,156,713	66.00
66.01	06601	CLINICAL NUTRITION	-5,807	1,072,099	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,078,971	67.00
68.00	06800	SPEECH PATHOLOGY	-191	1,225,772	68.00
69.00	06900	ELECTROCARDIOLOGY	-181,555	2,741,592	69.00
69.01	06901	CARDIAC REHAB	-97	255,361	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-263,849	619,764	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	114,852	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,055,241	28,764,023	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,540,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,995,995	73.00
74.00	07400	RENAL DIALYSIS	-248	1,801,916	74.00
76.00	03330	ENDOSCOPY	-183	1,786,769	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-9,129,919	11,308,055	90.00
91.00	09100	EMERGENCY	-1,059,757	12,779,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	301,851	105.00
106.00	10600	HEART ACQUISITION	0	44,656	106.00
107.00	10700	LIVER ACQUISITION	0	51,414	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-98,298,911	590,272,753	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	374,171	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,537,699	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0	2,400,240	194.00
194.02	07952	POISON CONTROL	0	2,590,808	194.02
194.03	07953	RETAIL PHARMACY	0	22,703,006	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	1,480,719	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	916,340	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-98,298,911	624,275,736	200.00

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2019 12:54 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DRUG, SUPPLY, IMPLANT, IV, &amp; BLOOD</b>					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	4,678,961	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	29,819,264	2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,540,140	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	36,995,995	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
	<b>0</b>		<b>0</b>	<b>86,034,360</b>	
<b>B - DIETARY</b>					
1.00	CAFETERIA	11.00	3,017,785	5,296,533	1.00
	<b>0</b>		<b>3,017,785</b>	<b>5,296,533</b>	
<b>C - EQUIPMENT LEASE</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,738,207	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
	<b>TOTALS</b>		<b>0</b>	<b>5,738,207</b>	
<b>D - BEHAVIORAL HEALTH ADMINISTRATION</b>					
1.00	SOCIAL SERVICE	17.00	130,240	82,284	1.00
2.00	EMERGENCY	91.00	390,720	246,850	2.00
	<b>0</b>		<b>520,960</b>	<b>329,134</b>	
<b>E - INTERN &amp; RESIDENT</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,924,618	0	1.00
	<b>0</b>		<b>1,924,618</b>	<b>0</b>	
<b>F - PHARMACY RESIDENCY</b>					
1.00	PHARMACY	15.00	41,595	0	1.00
2.00	PARAMED ED - PHARMACY RESIDENCY	23.00	20,289	108,099	2.00
3.00	PARAMED ED - PHARMACY RESIDENCY - CG	23.01	0	54,072	3.00
	<b>0</b>		<b>61,884</b>	<b>162,171</b>	

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:  
5/28/2019 12:54 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>G - INPATIENT &amp; L&amp;D</b>					
1.00	NEONATAL INTENSIVE CARE UNIT	31.02	57,717	24,595	1.00
2.00	INTERMEDIATE CARE UNIT	31.03	1,706,285	440,011	2.00
3.00	NURSERY	43.00	1,510,695	587,067	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	<b>O</b>		<b>3,274,697</b>	<b>1,051,673</b>	
<b>H - ORGAN TRANSPLANT</b>					
1.00	DIETARY	10.00	4,356	4,356	1.00
2.00	ADULTS & PEDIATRICS	30.00	105,611	105,611	2.00
3.00	CLINIC	90.00	243,721	243,721	3.00
4.00	HEART ACQUISITION	106.00	22,328	22,328	4.00
5.00	LIVER ACQUISITION	107.00	25,707	25,707	5.00
6.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	400	400	6.00
7.00	RETAIL PHARMACY	194.03	57	57	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	<b>O</b>		<b>402,180</b>	<b>402,180</b>	
<b>I - CENTRAL DISTRIBUTION</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	665,009	1,442,406	1.00
	<b>O</b>		<b>665,009</b>	<b>1,442,406</b>	
500.00	<b>Grand Total: Increases</b>		<b>9,867,133</b>	<b>100,456,664</b>	<b>500.00</b>

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2019 12:54 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
<b>A - DRUG, SUPPLY, IMPLANT, IV, &amp; BLOOD</b>							
1.00	PHARMACY	15.00	0	41,503,972	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	2,129,793	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	1,732,778	0	3.00	
4.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	1,348,304	0	4.00	
5.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	1,759,304	0	5.00	
6.00	INTERMEDIATE CARE UNIT	31.03	0	747,080	0	6.00	
7.00	SUBPROVIDER - IPF	40.00	0	73,383	0	7.00	
8.00	OPERATING ROOM	50.00	0	17,520,217	0	8.00	
9.00	RECOVERY ROOM	51.00	0	97,554	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	897,160	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0	1,271,789	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,542,718	0	12.00	
13.00	RADIOISOTOPE	56.00	0	8,915	0	13.00	
14.00	CT SCAN	57.00	0	296,821	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	157,161	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	7,834,862	0	16.00	
17.00	LABORATORY	60.00	0	1,075,046	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	486,854	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	881,298	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	66,669	0	20.00	
21.00	RENAL DIALYSIS	74.00	0	280,347	0	21.00	
22.00	ENDOSCOPY	76.00	0	954,042	0	22.00	
23.00	CLINIC	90.00	0	476,671	0	23.00	
24.00	EMERGENCY	91.00	0	1,891,622	0	24.00	
	<b>O</b>			<b>86,034,360</b>			
<b>B - DIETARY</b>							
1.00	DIETARY	10.00	3,017,785	5,296,533	0	1.00	
	<b>O</b>		<b>3,017,785</b>	<b>5,296,533</b>			
<b>C - EQUIPMENT LEASE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	109,909	10	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	0	21,948	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	195,707	0	3.00	
4.00	PHARMACY	15.00	0	669,207	0	4.00	
5.00	PARAMED - PHARMACY RESIDENCY	23.00	0	794	0	5.00	
6.00	PARAMED - PHARMACY RESIDENCY - CG	23.01	0	795	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	161,096	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	3,958	0	8.00	
9.00	OPERATING ROOM	50.00	0	828,175	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	229,065	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0	96,692	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	250,775	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	145,637	0	13.00	
14.00	CT SCAN	57.00	0	74,462	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	234,812	0	15.00	
16.00	LABORATORY	60.00	0	55,569	0	16.00	
17.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	10,241	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	299,185	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	25,372	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	71,925	0	20.00	
21.00	ENDOSCOPY	76.00	0	498,469	0	21.00	
22.00	CLINIC	90.00	0	1,694,756	0	22.00	
23.00	EMERGENCY	91.00	0	59,658	0	23.00	
	<b>TOTALS</b>		<b>0</b>	<b>5,738,207</b>			
<b>D - BEHAVIORAL HEALTH ADMINISTRATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	520,960	329,134	0	1.00	
2.00		0.00	0	0	0	2.00	
	<b>O</b>		<b>520,960</b>	<b>329,134</b>			
<b>E - INTERN &amp; RESIDENT</b>							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,924,618	0	0	1.00	
	<b>O</b>		<b>1,924,618</b>	<b>0</b>			
<b>F - PHARMACY RESIDENCY</b>							
1.00	PHARMACY	15.00	20,289	162,171	0	1.00	
2.00	PARAMED - PHARMACY RESIDENCY - CG	23.01	41,595	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	<b>O</b>		<b>61,884</b>	<b>162,171</b>			

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:  
5/28/2019 12:54 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>G - INPATIENT &amp; L&amp;D</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,196,997	489,262	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	745,756	234,586	0	2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	681,024	173,512	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	649,504	153,752	0	4.00
5.00	EMERGENCY	91.00	1,416	561	0	5.00
			3,274,697	1,051,673		
<b>H - ORGAN TRANSPLANT</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	291	291	0	1.00
2.00	PHARMACY	15.00	2,486	2,486	0	2.00
3.00	SOCIAL SERVICE	17.00	11,368	11,368	0	3.00
4.00	PARAMED - PHARMACY RESIDENCY - CG	23.01	5	5	0	4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	3,229	3,229	0	5.00
6.00	OPERATING ROOM	50.00	121,224	121,224	0	6.00
7.00	INTRAVENOUS THERAPY	64.00	262	262	0	7.00
8.00	CLINICAL NUTRITION	66.01	19,934	19,934	0	8.00
9.00	KIDNEY ACQUISITION	105.00	243,381	243,381	0	9.00
			402,180	402,180		
<b>I - CENTRAL DISTRIBUTION</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	665,009	1,442,406	0	1.00
			665,009	1,442,406		
500.00	Grand Total: Decreases		9,867,133	100,456,664		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	19,099,747	730,046	13,025	743,071	0	1.00
2.00	Land Improvements	9,755,546	46,855	0	46,855	0	2.00
3.00	Buildings and Fixtures	568,225,919	19,181,485	-3,188,441	15,993,044	9,972,289	3.00
4.00	Building Improvements	3,104,684	-54,890	0	-54,890	165,747	4.00
5.00	Fixed Equipment	29,282,732	384,979	26,492	411,471	76,251	5.00
6.00	Movable Equipment	80,423,851	5,671,554	1,392,724	7,064,278	6,488,517	6.00
7.00	HIT designated Assets	429,114	-218,566	43,692	-174,874	0	7.00
8.00	Subtotal (sum of lines 1-7)	710,321,593	25,741,463	-1,712,508	24,028,955	16,702,804	8.00
9.00	Reconciling Items	21,114,526	6,529,466	-15,634,774	-9,105,308	1,906,953	9.00
10.00	Total (line 8 minus line 9)	689,207,067	19,211,997	13,922,266	33,134,263	14,795,851	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	19,842,818	0				1.00
2.00	Land Improvements	9,802,401	0				2.00
3.00	Buildings and Fixtures	574,246,674	0				3.00
4.00	Building Improvements	2,884,047	0				4.00
5.00	Fixed Equipment	29,617,952	0				5.00
6.00	Movable Equipment	80,999,612	0				6.00
7.00	HIT designated Assets	254,240	0				7.00
8.00	Subtotal (sum of lines 1-7)	717,647,744	0				8.00
9.00	Reconciling Items	10,102,265	0				9.00
10.00	Total (line 8 minus line 9)	707,545,479	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,051,937	0	3,654,314	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,580,265	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,632,202	0	3,654,314	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	17,706,251				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	12,580,265				2.00
3.00	Total (sum of lines 1-2)	0	30,286,516				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet A-7 Part III Date/Time Prepared: 5/28/2019 12:54 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	596,673,675	0	596,673,675	0.843301	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	110,871,804	0	110,871,804	0.156699	0	2.00
3.00	Total (sum of lines 1-2)	707,545,479	0	707,545,479	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	14,943,170	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,932,082	5,738,207	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,875,252	5,738,207	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,654,314	0	0	0	18,597,484	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-3,616,367	0	0	0	19,053,922	2.00
3.00	Total (sum of lines 1-2)	37,947	0	0	0	37,651,406	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:  
5/28/2019 12:54 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)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		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	-52,300,147				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	-19,052,998				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			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW 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

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00	FRA	A	-4,263,363	ADMINISTRATIVE & GENERAL	5.00		0 33.00
34.00	BAD DEBT	A		ADMINISTRATIVE & GENERAL	5.00		0 34.00
35.00	MI D-LEVEL	A	-135,817	ADULTS & PEDIATRICS	30.00		0 35.00
35.01	MI D-LEVEL	A	-3,588,025	NEONATAL INTENSIVE CARE UNIT	31.02		0 35.01
35.02	MI D-LEVEL	A	-765,967	OPERATING ROOM	50.00		0 35.02
35.03	MI D-LEVEL	A	-298,336	RADIOLOGY-DIAGNOSTIC	54.00		0 35.03
35.04	MI D-LEVEL	A	-96,674	RESPIRATORY THERAPY	65.00		0 35.04
35.05	MI D-LEVEL	A	-244,285	ELECTROENCEPHALOGRAPHY	70.00		0 35.05
35.06	MI D-LEVEL	A	-194,093	CLINIC	90.00		0 35.06
35.07	MI D-LEVEL	A	-982,677	EMERGENCY	91.00		0 35.07
36.00	NON-MEDICAL TRANSPORT	A		ADMINISTRATIVE & GENERAL	5.00		0 36.00
36.01	NON-MEDICAL TRANSPORT	A	-65,225	SOCIAL SERVICE	17.00		0 36.01
36.02	NON-MEDICAL TRANSPORT	A	-18,154	SUBPROVIDER - IPF	40.00		0 36.02
36.03	NON-MEDICAL TRANSPORT	A	-659	DELIVERY ROOM & LABOR ROOM	52.00		0 36.03
36.04	NON-MEDICAL TRANSPORT	A	-257,141	CLINIC	90.00		0 36.04
37.00	LOBBYING	A	-57,033	ADMINISTRATIVE & GENERAL	5.00		0 37.00
38.00	MARKETING	A	-30,835	ADMINISTRATIVE & GENERAL	5.00		0 38.00
38.01	MARKETING	A		ADULTS & PEDIATRICS	30.00		0 38.01
38.02	MARKETING	A	-566	NEONATAL INTENSIVE CARE UNIT	31.02		0 38.02
38.03	MARKETING	A	-936	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0 38.03
38.04	MARKETING	A	-24,911	CLINIC	90.00		0 38.04
38.05	MARKETING	A		EMERGENCY	91.00		0 38.05
39.00	GI FT	A	-225,236	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 39.00
39.01	GI FT	A	-587,948	ADMINISTRATIVE & GENERAL	5.00		0 39.01
39.02	GI FT	A	-94	OPERATION OF PLANT	7.00		0 39.02
39.03	GI FT	A	-2,233	DIETARY	10.00		0 39.03
39.04	GI FT	A	-10,601	NURSING ADMINISTRATION	13.00		0 39.04
39.05	GI FT	A	-386	PHARMACY	15.00		0 39.05
39.06	GI FT	A	-120	SOCIAL SERVICE	17.00		0 39.06
39.07	GI FT	A		IT & R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 39.07
39.08	GI FT	A	-140	PARAMEDIC - PHARMACY RESIDENCY	23.00		0 39.08
39.09	GI FT	A	-31,609	ADULTS & PEDIATRICS	30.00		0 39.09
39.10	GI FT	A	-54	INTENSIVE CARE UNIT	31.00		0 39.10
39.11	GI FT	A	-100	PEDIATRIC INTENSIVE CARE UNIT	31.01		0 39.11
39.12	GI FT	A	-7,900	NEONATAL INTENSIVE CARE UNIT	31.02		0 39.12
39.13	GI FT	A	-1,844	INTERMEDIATE CARE UNIT	31.03		0 39.13
39.14	GI FT	A	-210	SUBPROVIDER - IPF	40.00		0 39.14
39.15	GI FT	A	-57	RECOVERY ROOM	51.00		0 39.15
39.16	GI FT	A	-453	RADIOLOGY-DIAGNOSTIC	54.00		0 39.16
39.17	GI FT	A	-165	CT SCAN	57.00		0 39.17
39.18	GI FT	A	-539	CARDIAC CATHETERIZATION	59.00		0 39.18
39.19	GI FT	A	-61	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0 39.19
39.20	GI FT	A	-800	INTRAVENOUS THERAPY	64.00		0 39.20
39.21	GI FT	A	-270	RESPIRATORY THERAPY	65.00		0 39.21
39.22	GI FT	A	-97	CARDIAC REHAB	69.01		0 39.22
39.23	GI FT	A	-5,434	CLINIC	90.00		0 39.23
39.24	GI FT	A	-718	EMERGENCY	91.00		0 39.24
40.00	ENTERTAINMENT	A	-2,015	ADMINISTRATIVE & GENERAL	5.00		0 40.00
40.01	ENTERTAINMENT	A	-83	HOUSEKEEPING	9.00		0 40.01
40.02	ENTERTAINMENT	A		IT & R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 40.02
40.03	ENTERTAINMENT	A	-422	INTENSIVE CARE UNIT	31.00		0 40.03
40.04	ENTERTAINMENT	A	-129	RADIOLOGY-DIAGNOSTIC	54.00		0 40.04
40.05	ENTERTAINMENT	A	-13	CLINIC	90.00		0 40.05
41.00	TELEPHONE	A	-15,641	ADMINISTRATIVE & GENERAL	5.00		0 41.00
41.01	TELEPHONE	A	-1,662	OPERATION OF PLANT	7.00		0 41.01
41.02	TELEPHONE	A	-93	DIETARY	10.00		0 41.02
41.03	TELEPHONE	A	-31	PHARMACY	15.00		0 41.03
41.04	TELEPHONE	A	-393	IT & R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 41.04
41.05	TELEPHONE	A	-32	ADULTS & PEDIATRICS	30.00		0 41.05
41.06	TELEPHONE	A	-1,696	DELIVERY ROOM & LABOR ROOM	52.00		0 41.06

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00		3.00	4.00
41.07	TELEPHONE	A		0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	41.07
41.08	TELEPHONE	A	-120	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	41.08
41.09	TELEPHONE	A	-76	0	INTRAVENOUS THERAPY	64.00	0	41.09
41.10	TELEPHONE	A	0	0	ENDOSCOPY	76.00	0	41.10
41.11	TELEPHONE	A	-6,166	0	CLINIC	90.00	0	41.11
41.12	TELEPHONE	A	-436	0	EMERGENCY	91.00	0	41.12
42.00	TELEVISION	A	-34,196	9	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	42.00
43.00	MI SCCELLANEOUS REVENUE	B	0	0	ADMINISTRATIVE & GENERAL	5.00	0	43.00
43.01	MI SCCELLANEOUS REVENUE	B	-41,394	0	OPERATION OF PLANT	7.00	0	43.01
43.02	MI SCCELLANEOUS REVENUE	B	-8,324	0	LAUNDRY & LINEN SERVICE	8.00	0	43.02
43.03	MI SCCELLANEOUS REVENUE	B	-2,603	0	HOUSEKEEPING	9.00	0	43.03
43.04	MI SCCELLANEOUS REVENUE	B	-1,115,542	0	CAFETERIA	11.00	0	43.04
43.05	MI SCCELLANEOUS REVENUE	B	-2,828	0	NURSING ADMINISTRATION	13.00	0	43.05
43.06	MI SCCELLANEOUS REVENUE	B	-189	0	CENTRAL SERVICES & SUPPLY	14.00	0	43.06
43.07	MI SCCELLANEOUS REVENUE	B	-46,404	0	PHARMACY	15.00	0	43.07
43.08	MI SCCELLANEOUS REVENUE	B	-3,444	0	MEDICAL RECORDS & LIBRARY	16.00	0	43.08
43.09	MI SCCELLANEOUS REVENUE	B	-210,154	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	43.09
43.10	MI SCCELLANEOUS REVENUE	B	-274,100	0	ADULTS & PEDIATRICS	30.00	0	43.10
43.11	MI SCCELLANEOUS REVENUE	B	0	0	INTENSIVE CARE UNIT	31.00	0	43.11
43.12	MI SCCELLANEOUS REVENUE	B	0	0	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	43.12
43.13	MI SCCELLANEOUS REVENUE	B	0	0	NEONATAL INTENSIVE CARE UNIT	31.02	0	43.13
43.14	MI SCCELLANEOUS REVENUE	B	-88	0	INTERMEDIATE CARE UNIT	31.03	0	43.14
43.15	MI SCCELLANEOUS REVENUE	B	-6,943	0	OPERATING ROOM	50.00	0	43.15
43.16	MI SCCELLANEOUS REVENUE	B	-55,729	0	DELIVERY ROOM & LABOR ROOM	52.00	0	43.16
43.17	MI SCCELLANEOUS REVENUE	B	-879	0	ANESTHESIOLOGY	53.00	0	43.17
43.18	MI SCCELLANEOUS REVENUE	B	-25,624	0	RADIOLOGY-DIAGNOSTIC	54.00	0	43.18
43.19	MI SCCELLANEOUS REVENUE	B	-29,115	0	RADIOLOGY-THERAPEUTIC	55.00	0	43.19
43.20	MI SCCELLANEOUS REVENUE	B	-2,447	0	RADIOISOTOPE	56.00	0	43.20
43.21	MI SCCELLANEOUS REVENUE	B	-6,115	0	CT SCAN	57.00	0	43.21
43.22	MI SCCELLANEOUS REVENUE	B	-1,913	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	43.22
43.23	MI SCCELLANEOUS REVENUE	B	-270	0	CARDIAC CATHETERIZATION	59.00	0	43.23
43.24	MI SCCELLANEOUS REVENUE	B	-10,139,586	0	LABORATORY	60.00	0	43.24
43.25	MI SCCELLANEOUS REVENUE	B	-1,502,576	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	43.25
43.26	MI SCCELLANEOUS REVENUE	B	-31,406	0	INTRAVENOUS THERAPY	64.00	0	43.26
43.27	MI SCCELLANEOUS REVENUE	B	-963	0	RESPIRATORY THERAPY	65.00	0	43.27
43.28	MI SCCELLANEOUS REVENUE	B	-6	0	PHYSICAL THERAPY	66.00	0	43.28
43.29	MI SCCELLANEOUS REVENUE	B	-5,807	0	CLINICAL NUTRITION	66.01	0	43.29
43.30	MI SCCELLANEOUS REVENUE	B	0	0	OCCUPATIONAL THERAPY	67.00	0	43.30
43.31	MI SCCELLANEOUS REVENUE	B	-191	0	SPEECH PATHOLOGY	68.00	0	43.31
43.32	MI SCCELLANEOUS REVENUE	B	-3,156	0	ELECTROCARDIOLOGY	69.00	0	43.32
43.33	MI SCCELLANEOUS REVENUE	B	-58	0	ELECTROENCEPHALOGRAPHY	70.00	0	43.33
43.34	MI SCCELLANEOUS REVENUE	B	-248	0	RENAL DIALYSIS	74.00	0	43.34
43.35	MI SCCELLANEOUS REVENUE	B	-183	0	ENDOSCOPY	76.00	0	43.35
43.36	MI SCCELLANEOUS REVENUE	B	-700,540	0	CLINIC	90.00	0	43.36
43.37	MI SCCELLANEOUS REVENUE	B	-28,632	0	EMERGENCY	91.00	0	43.37
44.00	INTEREST INCOME	A	-733,339	0	ADMINISTRATIVE & GENERAL	5.00	0	44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-98,298,911					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 01/01/2018 To 12/31/2018

Worksheet A-8-1

Date/Time Prepared: 5/28/2019 12:54 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	891,233	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	4,386,013	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE - INTEREST	37,927	3,654,294
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	32,117,320	38,567,565
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	54,795,690	66,640,828
4.02	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,997,000
4.03	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-1,055,241	0
4.04	0.00		0	0	0
4.05	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	23,616,161	22,981,086
4.06	13.00	NURSING ADMINISTRATION	NETWORK--CORP 130	262,401	262,401
4.07	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	347,299	348,320
4.08	55.00	RADIOLOGY-THERAPEUTIC	NETWORK--CORP 130	104,459	104,766
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	115,503,262	134,556,260

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the 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 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/28/2019 12:54 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	891,233	9		1.00
2.00	4,386,013	9		2.00
3.00	-3,616,367	11		3.00
4.00	-6,450,245	0		4.00
4.01	-11,845,138	0		4.01
4.02	-1,997,000	0		4.02
4.03	-1,055,241	0		4.03
4.04	0	0		4.04
4.05	635,075	0		4.05
4.06	0	0		4.06
4.07	-1,021	0		4.07
4.08	-307	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	-19,052,998			5.00

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the 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 01/01/2018  
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:  
5/28/2019 12:54 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	3,946,580	0	3,946,580	211,500	29,031	1.00
2.00	15.00	PHARMACY	162,171	162,171	0	0	0	2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,924,618	1,924,618	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	47,772,978	18,426,641	29,346,337	211,500	199,236	4.00
5.00	30.00	ADULTS & PEDIATRICS	5,298,621	5,298,621	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	1,523,676	1,523,676	0	0	0	6.00
7.00	31.02	NEONATAL INTENSIVE CARE UNIT	778,910	778,910	0	0	0	7.00
8.00	40.00	SUBPROVIDER - IPF	558,238	558,238	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	596,305	596,305	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	4,235,000	4,235,000	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	102,202	102,202	0	0	0	11.00
12.00	60.00	LABORATORY	420,151	420,151	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	4,680	4,680	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	178,399	178,399	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	19,506	19,506	0	0	0	15.00
16.00	90.00	CLINIC	7,941,621	7,941,621	0	0	0	16.00
17.00	91.00	EMERGENCY	47,294	47,294	0	0	0	17.00
200.00			75,510,950	42,218,033	33,292,917		228,267	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	2,951,950	147,598	0	0	0	1.00
2.00	15.00	PHARMACY	0	0	0	0	0	2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,258,853	1,012,943	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
200.00			23,210,803	1,160,541	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	2,951,950	994,630	994,630	1.00
2.00	15.00	PHARMACY	0	0	0	162,171	2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,924,618	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	20,258,853	9,087,484	27,514,125	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,298,621	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,523,676	6.00
7.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	778,910	7.00
8.00	40.00	SUBPROVIDER - IPF	0	0	0	558,238	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	596,305	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	4,235,000	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	102,202	11.00
12.00	60.00	LABORATORY	0	0	0	420,151	12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	4,680	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	178,399	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	19,506	15.00
16.00	90.00	CLINIC	0	0	0	7,941,621	16.00
17.00	91.00	EMERGENCY	0	0	0	47,294	17.00
200.00			0	23,210,803	10,082,114	52,300,147	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	18,597,484	18,597,484			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	19,053,922		19,053,922		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	52,993,221	61,850	0	53,055,071	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	149,261,939	3,653,119	1,743,639	4,640,351	159,299,048
7.00 00700	OPERATION OF PLANT	19,197,652	2,303,697	1,975,447	765,502	24,242,298
8.00 00800	LAUNDRY & LINEN SERVICE	1,554,874	49,716	0	58,111	1,662,701
9.00 00900	HOUSEKEEPING	7,340,207	135,231	35,544	1,094,388	8,605,370
10.00 01000	DIETARY	2,160,818	384,223	246,869	229,270	3,021,180
11.00 01100	CAFETERIA	7,198,776	210,884	0	718,200	8,127,860
13.00 01300	NURSING ADMINISTRATION	5,454,956	46,303	1,244,019	953,193	7,698,471
14.00 01400	CENTRAL SERVICES & SUPPLY	4,265,049	439,674	360,675	283,419	5,348,817
15.00 01500	PHARMACY	7,893,103	129,547	17,244	1,847,550	9,887,444
16.00 01600	MEDICAL RECORDS & LIBRARY	1,200,074	183,466	1,810	200,273	1,585,623
17.00 01700	SOCIAL SERVICE	1,679,507	6,337	0	344,943	2,030,787
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	458,038	458,038
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,384,136	512,189	2,098	228,978	37,127,401
23.00 02300	PARAMED ED - PHARMACY RESIDENCY	414,450	3,325	0	68,823	486,598
23.01 02301	PARAMED ED - PHARMACY RESIDENCY - CG	353,193	3,150	0	67,872	424,215
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	20,865,494	2,350,000	684,670	5,978,873	29,879,037
31.00 03100	INTENSIVE CARE UNIT	7,870,092	219,580	217,880	1,884,189	10,191,741
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	6,389,356	360,470	443,412	1,507,674	8,700,912
31.02 02060	NEONATAL INTENSIVE CARE UNIT	15,517,762	659,630	1,520,142	4,458,616	22,156,150
31.03 02400	INTERMEDIATE CARE UNIT	11,565,045	676,557	332,011	2,606,776	15,180,389
40.00 04000	SUBPROVIDER - I/PF	5,920,604	243,885	25,278	1,293,767	7,483,534
43.00 04300	NURSERY	2,097,762	21,307	0	359,529	2,478,598
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	12,790,021	956,706	1,928,439	2,290,294	17,965,460
51.00 05100	RECOVERY ROOM	2,789,955	228,137	4,447	644,811	3,667,350
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,378,840	258,165	751,430	1,982,528	11,370,963
53.00 05300	ANESTHESIOLOGY	912,177	32,763	281,832	168,916	1,395,688
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,242,090	450,829	2,172,534	1,575,619	11,441,072
55.00 05500	RADIOLOGY-THERAPEUTIC	4,860,361	56,793	68,520	313,186	5,298,860
56.00 05600	RADIOISOTOPE	919,732	60,394	264,326	57,965	1,302,417
57.00 05700	CT SCAN	1,586,219	17,480	284,156	273,335	2,161,190
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	911,920	45,211	436,515	188,131	1,581,777
59.00 05900	CARDIAC CATHETERIZATION	1,402,565	169,124	448,498	403,498	2,423,685
60.00 06000	LABORATORY	5,967,648	421,203	311,404	1,579,308	8,279,563
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,645,480	17,768	117,499	374,894	8,155,641
64.00 06400	INTRAVENOUS THERAPY	3,154,544	133,813	126,267	667,495	4,082,119
65.00 06500	RESPIRATORY THERAPY	8,841,830	132,496	470,746	1,334,436	10,779,508
66.00 06600	PHYSICAL THERAPY	2,156,713	86,795	9,887	153,926	2,407,321
66.01 06601	CLINICAL NUTRITION	1,072,099	4,241	0	258,354	1,334,694
67.00 06700	OCCUPATIONAL THERAPY	1,078,971	19,550	744	122,280	1,221,545
68.00 06800	SPEECH PATHOLOGY	1,225,772	42,375	26,639	171,644	1,466,430
69.00 06900	ELECTROCARDIOLOGY	2,741,592	138,406	824,140	585,682	4,289,820
69.01 06901	CARDIAC REHAB	255,361	63,130	6,005	59,158	383,654
70.00 07000	ELECTROENCEPHALOGRAPHY	619,764	7,692	137,924	173,412	938,792
70.01 03320	ELECTROSHOCK THERAPY	114,852	0	0	25,898	140,750
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,764,023	0	0	0	28,764,023
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,540,140	0	0	0	14,540,140
73.00 07300	DRUGS CHARGED TO PATIENTS	36,995,995	0	0	0	36,995,995
74.00 07400	RENAL DIALYSIS	1,801,916	35,524	35,161	124,238	1,996,839
76.00 03330	ENDOSCOPY	1,786,769	193,806	359,701	435,057	2,775,333
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	11,308,055	1,052,813	392,702	3,757,679	16,511,249
91.00 09100	EMERGENCY	12,779,952	481,773	479,662	3,027,921	16,769,308
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	301,851	966	214	18,362	321,393
106.00 10600	HEART ACQUISITION	44,656	966	0	5,314	50,936
107.00 10700	LIVER ACQUISITION	51,414	966	0	6,118	58,498
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	590,272,753	17,764,025	18,790,130	50,827,794	586,948,225
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	374,171	39,640	5,197	18,213	437,221
191.00 19100	RESEARCH	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,537,699	716,962	16,129	585,553	4,856,343
194.00 07950	NONREIMBURSABLE COST CENTERS	2,400,240	65,438	148,202	413,472	3,027,352

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B  
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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 POI SON CONTROL	2,590,808	0	59,646	508,409	3,158,863	194.02
194.03 07953 RETAIL PHARMACY	22,703,006	11,419	18,422	338,767	23,071,614	194.03
194.04 07954 RURAL HEALTH CLINIC - 5295	1,480,719	0	13,480	218,334	1,712,533	194.04
194.05 07955 RURAL HEALTH CLINIC - 5296	916,340	0	2,716	144,529	1,063,585	194.05
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)	624,275,736	18,597,484	19,053,922	53,055,071	624,275,736	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/28/2019 12:54 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
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	159,299,048				5.00
7.00	00700	OPERATION OF PLANT	8,999,202	33,241,500			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	617,226	131,381	2,411,308		8.00
9.00	00900	HOUSEKEEPING	3,194,477	357,370	0	12,157,217	9.00
10.00	01000	DIETARY	1,121,519	1,015,371	0	376,887	5,534,957
11.00	01100	CAFETERIA	3,017,216	557,294	0	206,857	0
13.00	01300	NURSING ADMINISTRATION	2,857,819	122,362	0	45,418	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,985,582	1,161,907	0	431,278	0
15.00	01500	PHARMACY	3,670,407	342,348	0	127,073	0
16.00	01600	MEDICAL RECORDS & LIBRARY	588,613	484,838	0	179,963	0
17.00	01700	SOCIAL SERVICE	753,867	16,746	0	6,216	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	170,032	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	473,155	1,353,541	0	502,409	0
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	180,634	8,788	0	3,262	0
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	157,477	8,323	0	3,089	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	11,091,666	6,210,245	581,086	2,305,127	1,773,878
31.00	03100	INTENSIVE CARE UNIT	3,783,368	580,274	16,872	215,387	575,493
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,229,944	952,599	241,647	353,587	215,164
31.02	02060	NEONATAL INTENSIVE CARE UNIT	8,224,784	1,743,175	98,063	647,035	933,848
31.03	02400	INTERMEDIATE CARE UNIT	5,635,249	1,787,909	198,116	663,639	1,055,685
40.00	04000	SUBPROVIDER - I PF	2,778,030	644,505	217,503	239,229	616,540
43.00	04300	NURSERY	920,103	56,306	9,904	20,900	288,273
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,669,120	2,528,248	159,225	938,439	0
51.00	05100	RECOVERY ROOM	1,361,390	602,889	110,160	223,781	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,221,118	682,242	87,838	253,236	76,076
53.00	05300	ANESTHESIOLOGY	518,106	86,582	0	32,138	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,247,143	1,191,386	209,252	442,221	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,967,038	150,084	25,005	55,708	0
56.00	05600	RADIOISOTOPE	483,482	159,601	0	59,241	0
57.00	05700	CT SCAN	802,275	46,192	0	17,146	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	587,186	119,477	0	44,348	0
59.00	05900	CARDIAC CATHETERIZATION	899,718	446,936	9,314	165,894	0
60.00	06000	LABORATORY	3,073,531	1,113,095	0	413,160	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,027,529	46,955	0	17,429	0
64.00	06400	INTRAVENOUS THERAPY	1,515,360	353,622	21,445	131,258	0
65.00	06500	RESPIRATORY THERAPY	4,001,558	350,141	14,797	129,966	0
66.00	06600	PHYSICAL THERAPY	893,643	229,370	4,505	85,138	0
66.01	06601	CLINICAL NUTRITION	495,464	11,208	0	4,160	0
67.00	06700	OCCUPATIONAL THERAPY	453,461	51,664	0	19,177	0
68.00	06800	SPEECH PATHOLOGY	544,367	111,983	0	41,566	0
69.00	06900	ELECTROCARDIOLOGY	1,592,463	365,759	31,720	135,763	0
69.01	06901	CARDIAC REHAB	142,420	166,830	0	61,924	0
70.00	07000	ELECTROENCEPHALOGRAPHY	348,497	20,327	9,567	7,545	0
70.01	03320	ELECTROSHOCK THERAPY	52,249	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,677,752	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,397,576	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,733,723	0	0	0	0
74.00	07400	RENAL DIALYSIS	741,265	93,877	0	34,845	0
76.00	03330	ENDOSCOPY	1,030,256	512,162	7,053	190,105	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	6,129,289	2,782,223	110,076	1,032,710	0
91.00	09100	EMERGENCY	6,225,086	1,273,160	248,160	472,574	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	119,307	2,553	0	948	0
106.00	10600	HEART ACQUISITION	18,908	2,553	0	948	0
107.00	10700	LIVER ACQUISITION	21,716	2,553	0	948	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145,442,366	31,038,954	2,411,308	11,339,672	5,534,957
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	162,305	104,754	0	38,883	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,802,767	1,894,685	0	703,272	0
194.00	07950	NONREIMBURSABLE COST CENTERS	1,123,811	172,931	0	64,189	0
194.02	07952	POISON CONTROL	1,172,630	0	0	0	0
194.03	07953	RETAIL PHARMACY	8,564,621	30,176	0	11,201	0
194.04	07954	RURAL HEALTH CLINIC - 5295	635,725	0	0	0	0
194.05	07955	RURAL HEALTH CLINIC - 5296	394,823	0	0	0	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:  
From 01/01/2018  
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	159,299,048	33,241,500	2,411,308	12,157,217	5,534,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/28/2019 12:54 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	11,909,227					11.00
13.00	01300	NURSING ADMINISTRATION	228,292	10,952,362				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	163,066	0	9,090,650			14.00
15.00	01500	PHARMACY	429,406	0	169,556	14,626,234		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	108,710	0	15	0	2,947,762	16.00
17.00	01700	SOCIAL SERVICE	86,968	0	0	2,661	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	168,501	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,049	0	0	0	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	16,307	0	0	0	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	16,307	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,581,732	1,991,639	629,774	4,782	235,204	30.00
31.00	03100	INTENSIVE CARE UNIT	494,632	707,311	521,169	1,116	59,588	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	494,632	633,624	405,949	2,827	73,941	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,070,798	1,372,403	529,094	2,433	235,067	31.02
31.03	02400	INTERMEDIATE CARE UNIT	760,973	1,075,218	224,494	832	93,135	31.03
40.00	04000	SUBPROVIDER - IPF	402,229	489,999	22,016	219	31,677	40.00
43.00	04300	NURSERY	92,404	135,032	0	0	11,085	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	532,681	540,138	2,057,874	42,427	221,973	50.00
51.00	05100	RECOVERY ROOM	103,275	211,936	29,236	239	28,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	532,681	546,901	252,865	3,636	89,823	52.00
53.00	05300	ANESTHESIOLOGY	27,178	70,302	380,877	31,612	74,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	331,567	115,082	610,115	2,142	122,730	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	65,226	13,463	3,117	0	65,117	55.00
56.00	05600	RADIOISOTOPE	5,436	0	2,722	2	7,316	56.00
57.00	05700	CT SCAN	48,920	224	90,481	27	98,742	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,307	3	47,497	1,117	47,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,307	100,197	1,441,249	5,726	59,114	59.00
60.00	06000	LABORATORY	527,246	265	68,433	403	265,791	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	86,968	19,946	37,758	11	32,169	62.00
64.00	06400	INTRAVENOUS THERAPY	179,372	237,049	139,785	4,669	27,439	64.00
65.00	06500	RESPIRATORY THERAPY	385,922	14,200	266,583	8,109	94,478	65.00
66.00	06600	PHYSICAL THERAPY	38,049	0	1,761	0	12,173	66.00
66.01	06601	CLINICAL NUTRITION	86,968	21	0	0	994	66.01
67.00	06700	OCCUPATIONAL THERAPY	32,613	0	4,777	0	8,731	67.00
68.00	06800	SPEECH PATHOLOGY	54,355	10,920	78,351	0	9,667	68.00
69.00	06900	ELECTROCARDIOLOGY	146,759	147,077	20,256	21,720	95,341	69.00
69.01	06901	CARDIAC REHAB	16,307	17,966	1,439	0	1,121	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	27,178	0	25,640	0	10,008	70.00
70.01	03320	ELECTROSHOCK THERAPY	5,436	9,079	1,758	0	1,035	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	51,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	34,011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,309,906	411,482	73.00
74.00	07400	RENAL DIALYSIS	21,742	48,396	84,624	8,849	14,104	74.00
76.00	03330	ENDOSCOPY	92,404	156,508	289,615	2,121	36,415	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,021,878	992,920	104,475	164,215	74,510	90.00
91.00	09100	EMERGENCY	885,990	973,742	547,295	4,433	210,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	20,621	0	0	301	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	22	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	16	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,441,771	10,652,182	9,090,650	14,626,234	2,947,762	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	307	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,662	22,682	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	130,453	77,271	0	0	0	194.00
194.02	07952	POISON CONTROL	103,275	119,400	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	81,533	6,861	0	0	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	48,920	45,091	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	32,613	28,568	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0091			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/28/2019 12:54 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	11,909,227	10,952,362	9,090,650	14,626,234	2,947,762		202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/28/2019 12:54 pm				
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS			PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	17.00	21.00	22.00	23.00	23.01
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS								
<b>GENERAL SERVICE COST CENTERS</b>											
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	2,897,245								17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	796,571							21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		39,494,555						22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0			695,589					23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0				609,411				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>											
30.00	03000	ADULTS & PEDIATRICS	953,489	482,770	23,936,094	326,501	426,588				30.00
31.00	03100	INTENSIVE CARE UNIT	251,960	0	0	227,131	0				31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	186,860	0	0	0	115,111				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	613,295	0	0	0	0				31.02
31.03	02400	INTERMEDIATE CARE UNIT	462,195	8,046	398,935	0	0				31.03
40.00	04000	SUBPROVIDER - I PF	269,930	4,023	199,467	0	0				40.00
43.00	04300	NURSERY	126,209	0	0	0	0				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>											
50.00	05000	OPERATING ROOM	0	72,416	3,590,414	0	0				50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,307	96,554	4,787,219	0	0				52.00
53.00	05300	ANESTHESIOLOGY	0	24,139	1,196,805	0	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,115	997,337	0	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0				55.00
56.00	05600	RADIOISOTOPE	0	4,023	199,467	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	16,092	797,870	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	8,046	398,935	0	0				69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0				69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36,208	1,795,207	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
<b>OUTPATIENT SERVICE COST CENTERS</b>											
90.00	09000	CLINIC	0	0	0	141,957	67,712				90.00
91.00	09100	EMERGENCY	0	24,139	1,196,805	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0				92.00
<b>SPECIAL PURPOSE COST CENTERS</b>											
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0				107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,897,245	796,571	39,494,555	695,589	609,411				118.00
<b>NONREIMBURSABLE COST CENTERS</b>											
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	0	0	0	0				192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0	0	0	0	0				194.00
194.02	07952	POISON CONTROL	0	0	0	0	0				194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0				194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG		
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
194.04 07954 RURAL HEALTH CLINIC - 5295	0	0	0	0	0	0	194.04
194.05 07955 RURAL HEALTH CLINIC - 5296	0	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments		0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	2,897,245	796,571	39,494,555	695,589	609,411	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/28/2019 12:54 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
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 - PHARMACY RESIDENCY				23.00
23.01	02301 PARAMED ED - PHARMACY RESIDENCY - CG				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	82,409,612	-24,418,864	57,990,748	30.00
31.00	03100 INTENSIVE CARE UNIT	17,626,042	0	17,626,042	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	15,606,797	0	15,606,797	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	37,626,145	0	37,626,145	31.02
31.03	02400 INTERMEDIATE CARE UNIT	27,544,815	-406,981	27,137,834	31.03
40.00	04000 SUBPROVIDER - I PF	13,398,901	-203,490	13,195,411	40.00
43.00	04300 NURSERY	4,138,814	0	4,138,814	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	35,318,415	-3,662,830	31,655,585	50.00
51.00	05100 RECOVERY ROOM	6,338,879	0	6,338,879	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	23,034,459	-4,883,773	18,150,686	52.00
53.00	05300 ANESTHESIOLOGY	3,838,191	-1,220,944	2,617,247	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,730,162	-1,017,452	18,712,710	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,643,618	0	7,643,618	55.00
56.00	05600 RADIOISOTOPE	2,223,707	-203,490	2,020,217	56.00
57.00	05700 CT SCAN	3,265,197	0	3,265,197	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,445,584	0	2,445,584	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,568,140	0	5,568,140	59.00
60.00	06000 LABORATORY	14,555,449	-813,962	13,741,487	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	11,424,406	0	11,424,406	62.00
64.00	06400 INTRAVENOUS THERAPY	6,692,118	0	6,692,118	64.00
65.00	06500 RESPIRATORY THERAPY	16,045,262	0	16,045,262	65.00
66.00	06600 PHYSICAL THERAPY	3,671,960	0	3,671,960	66.00
66.01	06601 CLINICAL NUTRITION	1,933,509	0	1,933,509	66.01
67.00	06700 OCCUPATIONAL THERAPY	1,791,968	0	1,791,968	67.00
68.00	06800 SPEECH PATHOLOGY	2,317,639	0	2,317,639	68.00
69.00	06900 ELECTROCARDIOLOGY	7,253,659	-406,981	6,846,678	69.00
69.01	06901 CARDIAC REHAB	791,661	0	791,661	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	3,218,969	-1,831,415	1,387,554	70.00
70.01	03320 ELECTROSHOCK THERAPY	210,307	0	210,307	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	39,493,204	0	39,493,204	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,971,727	0	19,971,727	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,451,106	0	65,451,106	73.00
74.00	07400 RENAL DIALYSIS	3,044,541	-25,814	3,018,727	74.00
76.00	03330 ENDOSCOPY	5,091,972	0	5,091,972	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	29,133,214	0	29,133,214	90.00
91.00	09100 EMERGENCY	28,831,446	-1,220,944	27,610,502	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500 KIDNEY ACQUISITION	465,123	0	465,123	105.00
106.00	10600 HEART ACQUISITION	73,367	0	73,367	106.00
107.00	10700 LIVER ACQUISITION	83,731	0	83,731	107.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	569,303,816	-40,316,940	528,986,876	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	743,470	0	743,470	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	9,350,411	0	9,350,411	192.00
194.00	07950 NONREIMBURSABLE COST CENTERS	4,596,007	0	4,596,007	194.00
194.02	07952 POISON CONTROL	4,554,168	0	4,554,168	194.02
194.03	07953 RETAIL PHARMACY	31,766,006	0	31,766,006	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.04	07954	RURAL HEALTH CLINIC - 5295	2,442,269	0	2,442,269	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	1,519,589	0	1,519,589	194.05
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	624,275,736	-40,316,940	583,958,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 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			
<b>GENERAL SERVICE COST CENTERS</b>								
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	61,850	0	61,850	4.00		
5.00 00500	ADMINISTRATIVE & GENERAL	884,646	3,653,119	1,743,639	6,281,404	5.00		
7.00 00700	OPERATION OF PLANT	0	2,303,697	1,975,447	4,279,144	7.00		
8.00 00800	LAUNDRY & LINEN SERVICE	21,951	49,716	0	71,667	8.00		
9.00 00900	HOUSEKEEPING	0	135,231	35,544	170,775	9.00		
10.00 01000	DIETARY	0	384,223	246,869	631,092	10.00		
11.00 01100	CAFETERIA	0	210,884	0	210,884	11.00		
13.00 01300	NURSING ADMINISTRATION	0	46,303	1,244,019	1,290,322	13.00		
14.00 01400	CENTRAL SERVICES & SUPPLY	204,823	439,674	360,675	1,005,172	14.00		
15.00 01500	PHARMACY	686,163	129,547	17,244	832,954	15.00		
16.00 01600	MEDICAL RECORDS & LIBRARY	0	183,466	1,810	185,276	16.00		
17.00 01700	SOCIAL SERVICE	0	6,337	0	6,337	17.00		
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00		
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	512,189	2,098	514,287	22.00		
23.00 02300	PARAMED ED - PHARMACY RESIDENCY	794	3,325	0	4,119	23.00		
23.01 02301	PARAMED ED - PHARMACY RESIDENCY - CG	795	3,150	0	3,945	23.01		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	161,096	2,350,000	684,670	3,195,766	30.00		
31.00 03100	INTENSIVE CARE UNIT	0	219,580	217,880	437,460	31.00		
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	360,470	443,412	803,882	31.01		
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,958	659,630	1,520,142	2,183,730	31.02		
31.03 02400	INTERMEDIATE CARE UNIT	0	676,557	332,011	1,008,568	31.03		
40.00 04000	SUBPROVIDER - I/PF	0	243,885	25,278	269,163	40.00		
43.00 04300	NURSERY	0	21,307	0	21,307	43.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	834,815	956,706	1,928,439	3,719,960	50.00		
51.00 05100	RECOVERY ROOM	0	228,137	4,447	232,584	51.00		
52.00 05200	DELIVERY ROOM & LABOR ROOM	229,089	258,165	751,430	1,238,684	52.00		
53.00 05300	ANESTHESIOLOGY	96,700	32,763	281,832	411,295	53.00		
54.00 05400	RADIOLOGY-DIAGNOSTIC	250,801	450,829	2,172,534	2,874,164	54.00		
55.00 05500	RADIOLOGY-THERAPEUTIC	145,652	56,793	68,520	270,965	55.00		
56.00 05600	RADIOISOTOPE	0	60,394	264,326	324,720	56.00		
57.00 05700	CT SCAN	74,470	17,480	284,156	376,106	57.00		
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	234,837	45,211	436,515	716,563	58.00		
59.00 05900	CARDIAC CATHETERIZATION	0	169,124	448,498	617,622	59.00		
60.00 06000	LABORATORY	72,696	421,203	311,404	805,303	60.00		
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,903	17,768	117,499	146,170	62.00		
64.00 06400	INTRAVENOUS THERAPY	299,217	133,813	126,267	559,297	64.00		
65.00 06500	RESPIRATORY THERAPY	25,372	132,496	470,746	628,614	65.00		
66.00 06600	PHYSICAL THERAPY	0	86,795	9,887	96,682	66.00		
66.01 06601	CLINICAL NUTRITION	0	4,241	0	4,241	66.01		
67.00 06700	OCCUPATIONAL THERAPY	0	19,550	744	20,294	67.00		
68.00 06800	SPEECH PATHOLOGY	0	42,375	26,639	69,014	68.00		
69.00 06900	ELECTROCARDIOLOGY	71,932	138,406	824,140	1,034,478	69.00		
69.01 06901	CARDIAC REHAB	0	63,130	6,005	69,135	69.01		
70.00 07000	ELECTROENCEPHALOGRAPHY	0	7,692	137,924	145,616	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	35,524	35,161	70,685	74.00		
76.00 03330	ENDOSCOPY	498,502	193,806	359,701	1,052,009	76.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 09000	CLINIC	1,704,279	1,052,813	392,702	3,149,794	90.00		
91.00 09100	EMERGENCY	59,665	481,773	479,662	1,021,100	91.00		
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00 10500	KIDNEY ACQUISITION	0	966	214	1,180	105.00		
106.00 10600	HEART ACQUISITION	0	966	0	966	106.00		
107.00 10700	LIVER ACQUISITION	0	966	0	966	107.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,573,156	17,764,025	18,790,130	43,127,311	118.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,640	5,197	44,837	190.00		
191.00 19100	RESEARCH	0	0	0	0	191.00		
192.00 19200	PHYSICIANS' PRIVATE OFFICES	127,674	716,962	16,129	860,765	192.00		
194.00 07950	NONREIMBURSABLE COST CENTERS	3,295	65,438	148,202	216,935	194.00		
194.02 07952	POISON CONTROL	64,197	0	59,646	123,843	194.02		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.03 07953 RETAIL PHARMACY	37,484	11,419	18,422	67,325	394	194.03
194.04 07954 RURAL HEALTH CLINIC - 5295	118,504	0	13,480	131,984	254	194.04
194.05 07955 RURAL HEALTH CLINIC - 5296	57,837	0	2,716	60,553	168	194.05
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)	6,982,147	18,597,484	19,053,922	44,633,553	61,850	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
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	6,286,805				5.00
7.00	00700	OPERATION OF PLANT	355,150	4,635,185			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,359	18,320	114,414		8.00
9.00	00900	HOUSEKEEPING	126,069	49,832	0	347,950	9.00
10.00	01000	DIETARY	44,260	141,583	0	10,787	827,989
11.00	01100	CAFETERIA	119,073	77,709	0	5,920	0
13.00	01300	NURSING ADMINISTRATION	112,783	17,062	0	1,300	0
14.00	01400	CENTRAL SERVICES & SUPPLY	78,360	162,016	0	12,344	0
15.00	01500	PHARMACY	144,851	47,737	0	3,637	0
16.00	01600	MEDICAL RECORDS & LIBRARY	23,229	67,606	0	5,151	0
17.00	01700	SOCIAL SERVICE	29,751	2,335	0	178	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,710	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,673	188,737	0	14,379	0
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	7,129	1,225	0	93	0
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	6,215	1,161	0	88	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	437,728	865,953	27,571	65,973	265,358
31.00	03100	INTENSIVE CARE UNIT	149,309	80,913	801	6,165	86,090
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	127,468	132,830	11,466	10,120	32,187
31.02	02060	NEONATAL INTENSIVE CARE UNIT	324,588	243,068	4,653	18,519	139,697
31.03	02400	INTERMEDIATE CARE UNIT	222,393	249,305	9,400	18,994	157,923
40.00	04000	SUBPROVIDER - I PF	109,634	89,870	10,320	6,847	92,230
43.00	04300	NURSERY	36,311	7,851	470	598	43,124
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	263,194	352,538	7,555	26,859	0
51.00	05100	RECOVERY ROOM	53,727	84,067	5,227	6,405	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	166,585	95,132	4,168	7,248	11,380
53.00	05300	ANESTHESIOLOGY	20,447	12,073	0	920	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	167,612	166,127	9,929	12,657	0
55.00	05500	RADIOLOGY-THERAPEUTIC	77,628	20,928	1,186	1,594	0
56.00	05600	RADIOISOTOPE	19,080	22,255	0	1,696	0
57.00	05700	CT SCAN	31,661	6,441	0	491	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,173	16,660	0	1,269	0
59.00	05900	CARDIAC CATHETERIZATION	35,507	62,321	442	4,748	0
60.00	06000	LABORATORY	121,296	155,210	0	11,825	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	119,480	6,547	0	499	0
64.00	06400	INTRAVENOUS THERAPY	59,803	49,309	1,018	3,757	0
65.00	06500	RESPIRATORY THERAPY	157,920	48,823	702	3,720	0
66.00	06600	PHYSICAL THERAPY	35,267	31,983	214	2,437	0
66.01	06601	CLINICAL NUTRITION	19,553	1,563	0	119	0
67.00	06700	OCCUPATIONAL THERAPY	17,896	7,204	0	549	0
68.00	06800	SPEECH PATHOLOGY	21,483	15,615	0	1,190	0
69.00	06900	ELECTROCARDIOLOGY	62,846	51,001	1,505	3,886	0
69.01	06901	CARDIAC REHAB	5,621	23,263	0	1,772	0
70.00	07000	ELECTROENCEPHALOGRAPHY	13,753	2,834	454	216	0
70.01	03320	ELECTROSHOCK THERAPY	2,062	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	421,393	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	213,013	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	542,130	0	0	0	0
74.00	07400	RENAL DIALYSIS	29,254	13,090	0	997	0
76.00	03330	ENDOSCOPY	40,659	71,416	335	5,441	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	241,890	387,952	5,223	29,557	0
91.00	09100	EMERGENCY	245,670	177,529	11,775	13,525	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	4,708	356	0	27	0
106.00	10600	HEART ACQUISITION	746	356	0	27	0
107.00	10700	LIVER ACQUISITION	857	356	0	27	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,739,957	4,328,062	114,414	324,551	827,989
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,405	14,607	0	1,113	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,145	264,194	0	20,128	0
194.00	07950	NONREIMBURSABLE COST CENTERS	44,351	24,114	0	1,837	0
194.02	07952	POISON CONTROL	46,277	0	0	0	0
194.03	07953	RETAIL PHARMACY	337,999	4,208	0	321	0
194.04	07954	RURAL HEALTH CLINIC - 5295	25,089	0	0	0	0
194.05	07955	RURAL HEALTH CLINIC - 5296	15,582	0	0	0	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,286,805	4,635,185	114,414	347,950	827,989		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	414,422					11.00
13.00	01300	NURSING ADMINISTRATION	7,944	1,430,520				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,674	0	1,263,896			14.00
15.00	01500	PHARMACY	14,943	0	23,574	1,069,846		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,783	0	2	0	285,280	16.00
17.00	01700	SOCIAL SERVICE	3,026	0	0	195	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,864	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,324	0	0	0	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	567	0	0	0	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	567	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	55,045	260,137	87,560	350	22,798	30.00
31.00	03100	INTENSIVE CARE UNIT	17,212	92,384	72,460	82	5,776	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	17,212	82,759	56,440	207	7,167	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	37,262	179,253	73,562	178	22,785	31.02
31.03	02400	INTERMEDIATE CARE UNIT	26,481	140,437	31,212	61	9,027	31.03
40.00	04000	SUBPROVIDER - IPF	13,997	64,000	3,061	16	3,070	40.00
43.00	04300	NURSERY	3,216	17,637	0	0	1,074	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,536	70,549	286,105	3,103	21,516	50.00
51.00	05100	RECOVERY ROOM	3,594	27,682	4,065	18	2,774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,536	71,432	35,157	266	8,706	52.00
53.00	05300	ANESTHESIOLOGY	946	9,182	52,955	2,312	7,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,538	15,031	84,826	157	11,896	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,270	1,758	433	0	6,312	55.00
56.00	05600	RADIOISOTOPE	189	0	378	0	709	56.00
57.00	05700	CT SCAN	1,702	29	12,580	2	9,571	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	567	0	6,604	82	4,640	58.00
59.00	05900	CARDIAC CATHETERIZATION	567	13,087	200,382	419	5,730	59.00
60.00	06000	LABORATORY	18,347	35	9,515	30	25,763	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,026	2,605	5,250	1	3,118	62.00
64.00	06400	INTRAVENOUS THERAPY	6,242	30,962	19,435	342	2,660	64.00
65.00	06500	RESPIRATORY THERAPY	13,429	1,855	37,064	593	9,158	65.00
66.00	06600	PHYSICAL THERAPY	1,324	0	245	0	1,180	66.00
66.01	06601	CLINICAL NUTRITION	3,026	3	0	0	96	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,135	0	664	0	846	67.00
68.00	06800	SPEECH PATHOLOGY	1,891	1,426	10,893	0	937	68.00
69.00	06900	ELECTROCARDIOLOGY	5,107	19,210	2,816	1,589	9,241	69.00
69.01	06901	CARDIAC REHAB	567	2,347	200	0	109	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	946	0	3,565	0	970	70.00
70.01	03320	ELECTROSHOCK THERAPY	189	1,186	244	0	100	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,297	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,046,705	39,442	73.00
74.00	07400	RENAL DIALYSIS	757	6,321	11,766	647	1,367	74.00
76.00	03330	ENDOSCOPY	3,216	20,442	40,266	155	3,530	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	35,560	129,688	14,525	12,012	7,222	90.00
91.00	09100	EMERGENCY	30,831	127,183	76,092	324	20,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	2,693	0	0	29	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	2	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	398,155	1,391,313	1,263,896	1,069,846	285,280	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,459	2,963	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	4,540	10,093	0	0	0	194.00
194.02	07952	POISON CONTROL	3,594	15,595	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	2,837	896	0	0	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	1,702	5,889	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	1,135	3,731	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	414,422	1,430,520	1,263,896	1,069,846	285,280		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm		
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			22.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	42,223			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	13,107		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	737,667		22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0		13,213	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0			12,055
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	13,896			30.00
31.00	03100	INTENSIVE CARE UNIT	3,672			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,723			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	8,938			31.02
31.03	02400	INTERMEDIATE CARE UNIT	6,736			31.03
40.00	04000	SUBPROVIDER - I PF	3,934			40.00
43.00	04300	NURSERY	1,839			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0			50.00
51.00	05100	RECOVERY ROOM	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	485			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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	42,223	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>						
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
194.02	07952	POISON CONTROL	0			194.02
194.03	07953	RETAIL PHARMACY	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
194.04 07954 RURAL HEALTH CLINIC - 5295	0					194.04
194.05 07955 RURAL HEALTH CLINIC - 5296	0					194.05
200.00 Cross Foot Adjustments		13,107	737,667	13,213	12,055	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	42,223	13,107	737,667	13,213	12,055	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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 - PHARMACY RESIDENCY			23.00
23.01 02301	PARAMED ED - PHARMACY RESIDENCY - CG			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	ADULTS & PEDIATRICS	5,305,192	0	5,305,192
31.00 03100	INTENSIVE CARE UNIT	954,517	0	954,517
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,286,216	0	1,286,216
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,241,422	0	3,241,422
31.03 02400	INTERMEDIATE CARE UNIT	1,883,571	0	1,883,571
40.00 04000	SUBPROVIDER - I PF	667,648	0	667,648
43.00 04300	NURSERY	133,845	0	133,845
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	4,772,581	0	4,772,581
51.00 05100	RECOVERY ROOM	420,894	0	420,894
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,660,087	0	1,660,087
53.00 05300	ANESTHESIOLOGY	517,574	0	517,574
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,355,771	0	3,355,771
55.00 05500	RADIOLOGY-THERAPEUTIC	383,439	0	383,439
56.00 05600	RADIOISOTOPE	369,094	0	369,094
57.00 05700	CT SCAN	438,901	0	438,901
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	769,777	0	769,777
59.00 05900	CARDIAC CATHETERIZATION	941,295	0	941,295
60.00 06000	LABORATORY	1,149,162	0	1,149,162
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	287,132	0	287,132
64.00 06400	INTRAVENOUS THERAPY	733,602	0	733,602
65.00 06500	RESPIRATORY THERAPY	903,431	0	903,431
66.00 06600	PHYSICAL THERAPY	169,511	0	169,511
66.01 06601	CLINICAL NUTRITION	28,902	0	28,902
67.00 06700	OCCUPATIONAL THERAPY	48,730	0	48,730
68.00 06800	SPEECH PATHOLOGY	122,649	0	122,649
69.00 06900	ELECTROCARDIOLOGY	1,192,361	0	1,192,361
69.01 06901	CARDIAC REHAB	103,083	0	103,083
70.00 07000	ELECTROENCEPHALOGRAPHY	168,556	0	168,556
70.01 03320	ELECTROSHOCK THERAPY	3,811	0	3,811
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	426,378	0	426,378
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	216,310	0	216,310
73.00 07300	DRUGS CHARGED TO PATIENTS	1,628,277	0	1,628,277
74.00 07400	RENAL DIALYSIS	135,029	0	135,029
76.00 03330	ENDOSCOPY	1,237,975	0	1,237,975
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000	CLINIC	4,017,797	0	4,017,797
91.00 09100	EMERGENCY	1,727,981	0	1,727,981
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00 10500	KIDNEY ACQUISITION	9,014	0	9,014
106.00 10600	HEART ACQUISITION	2,103	0	2,103
107.00 10700	LIVER ACQUISITION	2,215	0	2,215
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	41,415,833	0	41,415,833
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,023	0	67,023
191.00 19100	RESEARCH	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,222,336	0	1,222,336
194.00 07950	NONREIMBURSABLE COST CENTERS	302,351	0	302,351
194.02 07952	POISON CONTROL	189,901	0	189,901
194.03 07953	RETAIL PHARMACY	413,980	0	413,980

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 12:54 pm	
Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
			24.00	25.00	26.00			
194.04	07954	RURAL HEALTH CLINIC - 5295	164,918	0	164,918			194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	81,169	0	81,169			194.05
200.00		Cross Foot Adjustments	776,042	0	776,042			200.00
201.00		Negative Cost Centers	0	0	0			201.00
202.00		TOTAL (sum lines 118 through 201)	44,633,553	0	44,633,553			202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2019 12:54 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				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,482,093				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		12,580,268			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,929	0	222,931,137		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	291,129	1,151,230	19,498,175	-159,299,048	5.00
7.00 00700	OPERATION OF PLANT	183,589	1,304,280	3,216,544	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,962	0	244,177	0	8.00
9.00 00900	HOUSEKEEPING	10,777	23,468	4,598,483	0	9.00
10.00 01000	DIETARY	30,620	162,994	963,363	0	10.00
11.00 01100	CAFETERIA	16,806	0	3,017,785	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,690	821,358	4,005,199	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	35,039	238,134	1,190,891	0	14.00
15.00 01500	PHARMACY	10,324	11,385	7,763,175	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	14,621	1,195	841,522	0	16.00
17.00 01700	SOCIAL SERVICE	505	0	1,449,409	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,924,618	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	1,385	962,135	-35,852,803	22.00
23.00 02300	PARAMED ED - PHARMACY RESIDENCY	265	0	289,186	0	23.00
23.01 02301	PARAMED ED - PHARMACY RESIDENCY - CG	251	0	285,188	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	187,279	452,050	25,122,834	0	30.00
31.00 03100	INTENSIVE CARE UNIT	17,499	143,854	7,917,128	0	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	28,727	292,761	6,335,059	0	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	52,568	1,003,667	18,734,546	0	31.02
31.03 02400	INTERMEDIATE CARE UNIT	53,917	219,209	10,953,346	0	31.03
40.00 04000	SUBPROVIDER - I/PF	19,436	16,690	5,436,246	0	40.00
43.00 04300	NURSERY	1,698	0	1,510,695	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	76,243	1,273,243	9,623,528	0	50.00
51.00 05100	RECOVERY ROOM	18,181	2,936	2,709,414	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,574	496,128	8,330,335	0	52.00
53.00 05300	ANESTHESIOLOGY	2,611	186,078	709,763	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	35,928	1,434,408	6,620,555	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,526	45,240	1,315,969	0	55.00
56.00 05600	RADIOISOTOPE	4,813	174,520	243,560	0	56.00
57.00 05700	CT SCAN	1,393	187,613	1,148,521	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	288,207	790,504	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	13,478	296,119	1,695,449	0	59.00
60.00 06000	LABORATORY	33,567	205,603	6,636,053	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,416	77,578	1,575,256	0	62.00
64.00 06400	INTRAVENOUS THERAPY	10,664	83,367	2,804,732	0	64.00
65.00 06500	RESPIRATORY THERAPY	10,559	310,808	5,607,132	0	65.00
66.00 06600	PHYSICAL THERAPY	6,917	6,528	646,777	0	66.00
66.01 06601	CLINICAL NUTRITION	338	0	1,085,570	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	1,558	491	513,807	0	67.00
68.00 06800	SPEECH PATHOLOGY	3,377	17,588	721,228	0	68.00
69.00 06900	ELECTROCARDIOLOGY	11,030	544,135	2,460,963	0	69.00
69.01 06901	CARDIAC REHAB	5,031	3,965	248,576	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	613	91,064	728,657	0	70.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	108,819	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	2,831	23,215	522,031	0	74.00
76.00 03330	ENDOSCOPY	15,445	237,491	1,828,055	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	83,902	259,280	15,789,299	0	90.00
91.00 09100	EMERGENCY	38,394	316,695	12,722,947	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	77	141	77,154	0	105.00
106.00 10600	HEART ACQUISITION	77	0	22,328	0	106.00
107.00 10700	LIVER ACQUISITION	77	0	25,707	0	107.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,415,672	12,406,101	213,572,393	-195,151,851	391,796,374
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	3,431	76,529	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	57,137	10,649	2,460,422	0	192.00
194.00 07950	NONREIMBURSABLE COST CENTERS	5,215	97,850	1,737,359	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2019 12:54 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 POI SON CONTROL	0	39,381	2,136,272	0	3,158,863	194.02	
194.03 07953 RETAIL PHARMACY	910	12,163	1,423,457	0	23,071,614	194.03	
194.04 07954 RURAL HEALTH CLINIC - 5295	0	8,900	917,411	0	1,712,533	194.04	
194.05 07955 RURAL HEALTH CLINIC - 5296	0	1,793	607,294	0	1,063,585	194.05	
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)	18,597,484	19,053,922	53,055,071		159,299,048	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	12.548122	1.514588	0.237989		0.371219	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			61,850		6,286,805	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000277		0.014650	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 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/28/2019 12:54 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,002,446				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,962	142,914			8.00
9.00	00900	HOUSEKEEPING	10,777	0	987,707		9.00
10.00	01000	DIETARY	30,620	0	30,620	462,653	10.00
11.00	01100	CAFETERIA	16,806	0	16,806	0	2,191
13.00	01300	NURSING ADMINISTRATION	3,690	0	3,690	0	42
14.00	01400	CENTRAL SERVICES & SUPPLY	35,039	0	35,039	0	30
15.00	01500	PHARMACY	10,324	0	10,324	0	79
16.00	01600	MEDICAL RECORDS & LIBRARY	14,621	0	14,621	0	20
17.00	01700	SOCIAL SERVICE	505	0	505	0	16
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	31
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	0	40,818	0	7
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	265	0	265	0	3
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	251	0	251	0	3
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	187,279	34,440	187,279	148,274	291
31.00	03100	INTENSIVE CARE UNIT	17,499	1,000	17,499	48,104	91
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	28,727	14,322	28,727	17,985	91
31.02	02060	NEONATAL INTENSIVE CARE UNIT	52,568	5,812	52,568	78,058	197
31.03	02400	INTERMEDIATE CARE UNIT	53,917	11,742	53,917	88,242	140
40.00	04000	SUBPROVIDER - IPF	19,436	12,891	19,436	51,535	74
43.00	04300	NURSERY	1,698	587	1,698	24,096	17
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	76,243	9,437	76,243	0	98
51.00	05100	RECOVERY ROOM	18,181	6,529	18,181	0	19
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,574	5,206	20,574	6,359	98
53.00	05300	ANESTHESIOLOGY	2,611	0	2,611	0	5
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,928	12,402	35,928	0	61
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	1,482	4,526	0	12
56.00	05600	RADIOISOTOPE	4,813	0	4,813	0	1
57.00	05700	CT SCAN	1,393	0	1,393	0	9
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	0	3,603	0	3
59.00	05900	CARDIAC CATHETERIZATION	13,478	552	13,478	0	3
60.00	06000	LABORATORY	33,567	0	33,567	0	97
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,416	0	1,416	0	16
64.00	06400	INTRAVENOUS THERAPY	10,664	1,271	10,664	0	33
65.00	06500	RESPIRATORY THERAPY	10,559	877	10,559	0	71
66.00	06600	PHYSICAL THERAPY	6,917	267	6,917	0	7
66.01	06601	CLINICAL NUTRITION	338	0	338	0	16
67.00	06700	OCCUPATIONAL THERAPY	1,558	0	1,558	0	6
68.00	06800	SPEECH PATHOLOGY	3,377	0	3,377	0	10
69.00	06900	ELECTROCARDIOLOGY	11,030	1,880	11,030	0	27
69.01	06901	CARDIAC REHAB	5,031	0	5,031	0	3
70.00	07000	ELECTROENCEPHALOGRAPHY	613	567	613	0	5
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	4
76.00	03330	ENDOSCOPY	15,445	418	15,445	0	17
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	83,902	6,524	83,902	0	188
91.00	09100	EMERGENCY	38,394	14,708	38,394	0	163
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	77	0	77	0	0
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)	936,025	142,914	921,286	462,653	2,105
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	0	3,159	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,137	0	57,137	0	13
194.00	07950	NONREIMBURSABLE COST CENTERS	5,215	0	5,215	0	24
194.02	07952	POISON CONTROL	0	0	0	0	19
194.03	07953	RETAIL PHARMACY	910	0	910	0	15
194.04	07954	RURAL HEALTH CLINIC - 5295	0	0	0	0	9

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2019 12:54 pm

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	
194.05	07955 RURAL HEALTH CLINIC - 5296	0	0	0	0	6	194.05
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)	33,241,500	2,411,308	12,157,217	5,534,957	11,909,227	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	33.160390	16.872441	12.308526	11.963517	5,435.521223	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,635,185	114,414	347,950	827,989	414,422	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.623875	0.800579	0.352281	1.789654	189.147421	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 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	3,135,287					13.00
14.00	01400		29,649,534				14.00
15.00	01500		553,015	37,927,167			15.00
16.00	01600		50	0	2,012,737,268		16.00
17.00	01700		0	6,899	0	145,265	17.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
23.01	02301		0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	570,139	2,054,038	12,401	160,548,786	47,807	30.00
31.00	03100	202,479	1,699,817	2,895	40,674,733	12,633	31.00
31.01	02080	181,385	1,324,021	7,331	50,471,845	9,369	31.01
31.02	02060	392,872	1,725,666	6,309	160,455,214	30,750	31.02
31.03	02400	307,798	732,198	2,158	63,573,485	23,174	31.03
40.00	04000	140,270	71,807	567	21,622,590	13,534	40.00
43.00	04300	38,655	0	0	7,566,561	6,328	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	154,623	6,711,799	110,016	151,517,632	0	50.00
51.00	05100	60,670	95,354	621	19,538,115	0	51.00
52.00	05200	156,559	824,731	9,429	61,312,612	1,670	52.00
53.00	05300	20,125	1,242,248	81,973	51,033,726	0	53.00
54.00	05400	32,944	1,989,920	5,554	83,774,573	0	54.00
55.00	05500	3,854	10,166	0	44,448,484	0	55.00
56.00	05600	0	8,879	6	4,994,149	0	56.00
57.00	05700	64	295,108	71	67,400,733	0	57.00
58.00	05800	1	154,915	2,896	32,677,314	0	58.00
59.00	05900	28,683	4,700,702	14,848	40,351,138	0	59.00
60.00	06000	76	223,199	1,046	181,427,205	0	60.00
62.00	06200	5,710	123,148	28	21,958,479	0	62.00
64.00	06400	67,859	455,916	12,108	18,729,530	0	64.00
65.00	06500	4,065	869,474	21,027	64,490,101	0	65.00
66.00	06600	0	5,743	0	8,308,942	0	66.00
66.01	06601	6	0	0	678,210	0	66.01
67.00	06700	0	15,580	0	5,959,722	0	67.00
68.00	06800	3,126	255,547	0	6,598,488	0	68.00
69.00	06900	42,103	66,065	56,323	65,079,212	0	69.00
69.01	06901	5,143	4,693	0	765,511	0	69.01
70.00	07000	0	83,625	0	6,831,567	0	70.00
70.01	03320	2,599	5,733	0	706,418	0	70.01
71.00	07100	0	0	0	35,105,290	0	71.00
72.00	07200	0	0	0	23,215,766	0	72.00
73.00	07300	0	0	37,106,893	281,486,363	0	73.00
74.00	07400	13,854	276,005	22,947	9,627,324	0	74.00
76.00	03330	44,803	944,593	5,500	24,856,534	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	284,239	340,750	425,825	50,859,967	0	90.00
91.00	09100	278,749	1,785,029	11,496	143,859,369	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	5,903	0	0	205,740	0	105.00
106.00	10600	0	0	0	14,942	0	106.00
107.00	10700	0	0	0	10,898	0	107.00
118.00		3,049,356	29,649,534	37,927,167	2,012,737,268	145,265	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	88	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	6,493	0	0	0	0	192.00
194.00	07950	22,120	0	0	0	0	194.00
194.02	07952	34,180	0	0	0	0	194.02
194.03	07953	1,964	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
194.04	07954 RURAL HEALTH CLINIC - 5295	12,908	0	0	0	0	194.04
194.05	07955 RURAL HEALTH CLINIC - 5296	8,178	0	0	0	0	194.05
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)	10,952,362	9,090,650	14,626,234	2,947,762	2,897,245	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.493257	0.306603	0.385640	0.001465	19.944550	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,430,520	1,263,896	1,069,846	285,280	42,223	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.456264	0.042628	0.028208	0.000142	0.290662	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 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description	INTERNS & RESIDENTS				21.00	22.00	23.00	23.01	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED - PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED - PHARMACY RESIDENCY - CG (ASSIGNED TIME)					
<b>GENERAL SERVICE COST CENTERS</b>									
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	198						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		198					22.00
23.00	02300	PARAMED - PHARMACY RESIDENCY				49			23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG					90		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	120	120		23	63		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		16	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0		0	17		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0		0	0		31.02
31.03	02400	INTERMEDIATE CARE UNIT	2	2		0	0		31.03
40.00	04000	SUBPROVIDER - IPF	1	1		0	0		40.00
43.00	04300	NURSERY	0	0		0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	18	18		0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24	24		0	0		52.00
53.00	05300	ANESTHESIOLOGY	6	6		0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5	5		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	4	4		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	9	9		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
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0		10	10		90.00
91.00	09100	EMERGENCY	6	6		0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
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)	198	198		49	90		118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED - PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED - PHARMACY RESIDENCY - CG (ASSIGNED TIME)		
	21.00	22.00	23.00	23.01		
194.00 07950 NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.02 07952 POISON CONTROL	0	0	0	0		194.02
194.03 07953 RETAIL PHARMACY	0	0	0	0		194.03
194.04 07954 RURAL HEALTH CLINIC - 5295	0	0	0	0		194.04
194.05 07955 RURAL HEALTH CLINIC - 5296	0	0	0	0		194.05
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)	796,571	39,494,555	695,589	609,411		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4,023.085859	199,467.449495	14,195.693878	6,771.233333		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	13,107	737,667	13,213	12,055		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	66.196970	3,725.590909	269.653061	133.944444		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	-25,814	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 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 12:54 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		57,990,748	0	57,990,748	30.00
31.00	03100 INTENSIVE CARE UNIT		17,626,042	0	17,626,042	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		15,606,797	0	15,606,797	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		37,626,145	0	37,626,145	31.02
31.03	02400 INTERMEDIATE CARE UNIT		27,137,834	0	27,137,834	31.03
40.00	04000 SUBPROVIDER - IPF		13,195,411	0	13,195,411	40.00
43.00	04300 NURSERY		4,138,814	0	4,138,814	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		31,655,585	0	31,655,585	50.00
51.00	05100 RECOVERY ROOM		6,338,879	0	6,338,879	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		18,150,686	0	18,150,686	52.00
53.00	05300 ANESTHESIOLOGY		2,617,247	0	2,617,247	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,712,710	0	18,712,710	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		7,643,618	0	7,643,618	55.00
56.00	05600 RADIOISOTOPE		2,020,217	0	2,020,217	56.00
57.00	05700 CT SCAN		3,265,197	0	3,265,197	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,445,584	0	2,445,584	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,568,140	0	5,568,140	59.00
60.00	06000 LABORATORY		13,741,487	0	13,741,487	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		11,424,406	0	11,424,406	62.00
64.00	06400 INTRAVENOUS THERAPY		6,692,118	0	6,692,118	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,045,262	0	16,045,262	65.00
66.00	06600 PHYSICAL THERAPY	0	3,671,960	0	3,671,960	66.00
66.01	06601 CLINICAL NUTRITION	0	1,933,509	0	1,933,509	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,791,968	0	1,791,968	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,317,639	0	2,317,639	68.00
69.00	06900 ELECTROCARDIOLOGY		6,846,678	0	6,846,678	69.00
69.01	06901 CARDIAC REHAB		791,661	0	791,661	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		1,387,554	0	1,387,554	70.00
70.01	03320 ELECTROSHOCK THERAPY		210,307	0	210,307	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		39,493,204	0	39,493,204	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		19,971,727	0	19,971,727	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		65,451,106	0	65,451,106	73.00
74.00	07400 RENAL DIALYSIS		3,018,727	0	3,018,727	74.00
76.00	03330 ENDOSCOPY		5,091,972	0	5,091,972	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		29,133,214	0	29,133,214	90.00
91.00	09100 EMERGENCY		27,610,502	0	27,610,502	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,871,944	0	8,871,944	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		465,123	0	465,123	105.00
106.00	10600 HEART ACQUISITION		73,367	0	73,367	106.00
107.00	10700 LIVER ACQUISITION		83,731	0	83,731	107.00
200.00	Subtotal (see instructions)	0	537,858,820	0	537,858,820	200.00
201.00	Less Observation Beds		8,871,944	0	8,871,944	201.00
202.00	Total (see instructions)	0	528,986,876	0	528,986,876	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 12:54 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	130,228,068		130,228,068				30.00
31.00	03100	INTENSIVE CARE UNIT	40,674,733		40,674,733				31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	50,471,845		50,471,845				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	160,455,214		160,455,214				31.02
31.03	02400	INTERMEDIATE CARE UNIT	63,573,485		63,573,485				31.03
40.00	04000	SUBPROVIDER - IPF	21,622,590		21,622,590				40.00
43.00	04300	NURSERY	7,566,561		7,566,561				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	60,769,429	90,748,203	151,517,632	0.208923	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,281,474	15,256,641	19,538,115	0.324437	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,638,365	31,674,247	61,312,612	0.296035	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	22,288,300	28,745,426	51,033,726	0.051285	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,099,428	65,675,145	83,774,573	0.223370	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	529,655	43,918,829	44,448,484	0.171966	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,333,987	3,660,162	4,994,149	0.404517	0.000000		56.00
57.00	05700	CT SCAN	23,551,802	43,848,931	67,400,733	0.048445	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,762,522	23,914,792	32,677,314	0.074840	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,604,532	22,746,606	40,351,138	0.137992	0.000000		59.00
60.00	06000	LABORATORY	97,778,316	83,648,889	181,427,205	0.075741	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,412,616	5,545,863	21,958,479	0.520273	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	993,899	17,735,631	18,729,530	0.357303	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	45,228,776	19,261,325	64,490,101	0.248802	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,206,961	2,101,981	8,308,942	0.441929	0.000000		66.00
66.01	06601	CLINICAL NUTRITION	1,874	676,336	678,210	2.850900	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	4,454,308	1,505,414	5,959,722	0.300680	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,446,618	4,151,870	6,598,488	0.351238	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	24,180,013	40,899,199	65,079,212	0.105205	0.000000		69.00
69.01	06901	CARDIAC REHAB	173	765,338	765,511	1.034160	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,474,293	4,357,274	6,831,567	0.203109	0.000000		70.00
70.01	03320	ELECTROSHOCK THERAPY	312,609	393,809	706,418	0.297709	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,476,834	11,628,456	35,105,290	1.124993	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,954,889	10,260,877	23,215,766	0.860266	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,767,304	197,719,059	281,486,363	0.232520	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,599,503	5,027,821	9,627,324	0.313558	0.000000		74.00
76.00	03330	ENDOSCOPY	3,280,354	21,576,180	24,856,534	0.204854	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	129,602	50,730,365	50,859,967	0.572812	0.000000		90.00
91.00	09100	EMERGENCY	38,249,993	105,609,376	143,859,369	0.191927	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,410,799	27,909,919	30,320,718	0.292603	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	196,478	9,262	205,740				105.00
106.00	10600	HEART ACQUISITION	14,942	0	14,942				106.00
107.00	10700	LIVER ACQUISITION	10,898	0	10,898				107.00
200.00		Subtotal (see instructions)	1,031,034,042	981,703,226	2,012,737,268				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,031,034,042	981,703,226	2,012,737,268				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 12:54 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
31.03	02400	INTERMEDIATE CARE UNIT			31.03
40.00	04000	SUBPROVIDER - I PF			40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.208923		50.00
51.00	05100	RECOVERY ROOM	0.324437		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.296035		52.00
53.00	05300	ANESTHESIOLOGY	0.051285		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223370		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171966		55.00
56.00	05600	RADIOISOTOPE	0.404517		56.00
57.00	05700	CT SCAN	0.048445		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074840		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137992		59.00
60.00	06000	LABORATORY	0.075741		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520273		62.00
64.00	06400	INTRAVENOUS THERAPY	0.357303		64.00
65.00	06500	RESPIRATORY THERAPY	0.248802		65.00
66.00	06600	PHYSICAL THERAPY	0.441929		66.00
66.01	06601	CLINICAL NUTRITION	2.850900		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.300680		67.00
68.00	06800	SPEECH PATHOLOGY	0.351238		68.00
69.00	06900	ELECTROCARDIOLOGY	0.105205		69.00
69.01	06901	CARDIAC REHAB	1.034160		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203109		70.00
70.01	03320	ELECTROSHOCK THERAPY	0.297709		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124993		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.860266		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232520		73.00
74.00	07400	RENAL DIALYSIS	0.313558		74.00
76.00	03330	ENDOSCOPY	0.204854		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.572812		90.00
91.00	09100	EMERGENCY	0.191927		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.292603		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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 01/01/2018  
To 12/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		57,990,748	0	57,990,748	30.00
31.00	03100 INTENSIVE CARE UNIT		17,626,042	0	17,626,042	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		15,606,797	0	15,606,797	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		37,626,145	0	37,626,145	31.02
31.03	02400 INTERMEDIATE CARE UNIT		27,137,834	0	27,137,834	31.03
40.00	04000 SUBPROVIDER - IPF		13,195,411	0	13,195,411	40.00
43.00	04300 NURSERY		4,138,814	0	4,138,814	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		31,655,585	0	31,655,585	50.00
51.00	05100 RECOVERY ROOM		6,338,879	0	6,338,879	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		18,150,686	0	18,150,686	52.00
53.00	05300 ANESTHESIOLOGY		2,617,247	0	2,617,247	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,712,710	0	18,712,710	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		7,643,618	0	7,643,618	55.00
56.00	05600 RADIOISOTOPE		2,020,217	0	2,020,217	56.00
57.00	05700 CT SCAN		3,265,197	0	3,265,197	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,445,584	0	2,445,584	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,568,140	0	5,568,140	59.00
60.00	06000 LABORATORY		13,741,487	0	13,741,487	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		11,424,406	0	11,424,406	62.00
64.00	06400 INTRAVENOUS THERAPY		6,692,118	0	6,692,118	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,045,262	0	16,045,262	65.00
66.00	06600 PHYSICAL THERAPY	0	3,671,960	0	3,671,960	66.00
66.01	06601 CLINICAL NUTRITION	0	1,933,509	0	1,933,509	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,791,968	0	1,791,968	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,317,639	0	2,317,639	68.00
69.00	06900 ELECTROCARDIOLOGY		6,846,678	0	6,846,678	69.00
69.01	06901 CARDIAC REHAB		791,661	0	791,661	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		1,387,554	0	1,387,554	70.00
70.01	03320 ELECTROSHOCK THERAPY		210,307	0	210,307	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		39,493,204	0	39,493,204	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		19,971,727	0	19,971,727	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		65,451,106	0	65,451,106	73.00
74.00	07400 RENAL DIALYSIS		3,018,727	0	3,018,727	74.00
76.00	03330 ENDOSCOPY		5,091,972	0	5,091,972	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		29,133,214	0	29,133,214	90.00
91.00	09100 EMERGENCY		27,610,502	0	27,610,502	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,871,944	0	8,871,944	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		465,123	0	465,123	105.00
106.00	10600 HEART ACQUISITION		73,367	0	73,367	106.00
107.00	10700 LIVER ACQUISITION		83,731	0	83,731	107.00
200.00	Subtotal (see instructions)	0	537,858,820	0	537,858,820	200.00
201.00	Less Observation Beds		8,871,944		8,871,944	201.00
202.00	Total (see instructions)	0	528,986,876	0	528,986,876	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 12:54 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	130,228,068		130,228,068			30.00
31.00	03100	INTENSIVE CARE UNIT	40,674,733		40,674,733			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	50,471,845		50,471,845			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	160,455,214		160,455,214			31.02
31.03	02400	INTERMEDIATE CARE UNIT	63,573,485		63,573,485			31.03
40.00	04000	SUBPROVIDER - I/PF	21,622,590		21,622,590			40.00
43.00	04300	NURSERY	7,566,561		7,566,561			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	60,769,429	90,748,203	151,517,632	0.208923	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,281,474	15,256,641	19,538,115	0.324437	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,638,365	31,674,247	61,312,612	0.296035	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,288,300	28,745,426	51,033,726	0.051285	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,099,428	65,675,145	83,774,573	0.223370	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	529,655	43,918,829	44,448,484	0.171966	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,333,987	3,660,162	4,994,149	0.404517	0.000000	56.00
57.00	05700	CT SCAN	23,551,802	43,848,931	67,400,733	0.048445	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,762,522	23,914,792	32,677,314	0.074840	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,604,532	22,746,606	40,351,138	0.137992	0.000000	59.00
60.00	06000	LABORATORY	97,778,316	83,648,889	181,427,205	0.075741	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,412,616	5,545,863	21,958,479	0.520273	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	993,899	17,735,631	18,729,530	0.357303	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	45,228,776	19,261,325	64,490,101	0.248802	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,206,961	2,101,981	8,308,942	0.441929	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	1,874	676,336	678,210	2.850900	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,454,308	1,505,414	5,959,722	0.300680	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,446,618	4,151,870	6,598,488	0.351238	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	24,180,013	40,899,199	65,079,212	0.105205	0.000000	69.00
69.01	06901	CARDIAC REHAB	173	765,338	765,511	1.034160	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,474,293	4,357,274	6,831,567	0.203109	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	312,609	393,809	706,418	0.297709	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,476,834	11,628,456	35,105,290	1.124993	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,954,889	10,260,877	23,215,766	0.860266	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,767,304	197,719,059	281,486,363	0.232520	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,599,503	5,027,821	9,627,324	0.313558	0.000000	74.00
76.00	03330	ENDOSCOPY	3,280,354	21,576,180	24,856,534	0.204854	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	129,602	50,730,365	50,859,967	0.572812	0.000000	90.00
91.00	09100	EMERGENCY	38,249,993	105,609,376	143,859,369	0.191927	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,410,799	27,909,919	30,320,718	0.292603	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	196,478	9,262	205,740			105.00
106.00	10600	HEART ACQUISITION	14,942	0	14,942			106.00
107.00	10700	LIVER ACQUISITION	10,898	0	10,898			107.00
200.00		Subtotal (see instructions)	1,031,034,042	981,703,226	2,012,737,268			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,031,034,042	981,703,226	2,012,737,268			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 12:54 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
31.03	02400 INTERMEDIATE CARE UNIT			31.03
40.00	04000 SUBPROVIDER - I PF			40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
<b>SPECIAL PURPOSE COST CENTERS</b>				
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 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 12:54 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,305,192	0	5,305,192	56,442	93.99	30.00
31.00	INTENSIVE CARE UNIT	954,517		954,517	12,633	75.56	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	1,286,216		1,286,216	9,369	137.28	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	3,241,422		3,241,422	30,750	105.41	31.02
31.03	INTERMEDIATE CARE UNIT	1,883,571		1,883,571	23,174	81.28	31.03
40.00	SUBPROVIDER - IPF	667,648	0	667,648	13,534	49.33	40.00
43.00	NURSERY	133,845		133,845	6,328	21.15	43.00
200.00	Total (lines 30 through 199)	13,472,411		13,472,411	152,230		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	7,719	725,509				
31.00	INTENSIVE CARE UNIT	4,893	369,715				
31.01	PEDIATRIC INTENSIVE CARE UNIT	17	2,334				
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				
31.03	INTERMEDIATE CARE UNIT	6,787	551,647				
40.00	SUBPROVIDER - IPF	6,756	333,273				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	26,172	1,982,478				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 12:54 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,772,581	151,517,632	0.031499	13,170,608	414,861	50.00
51.00	05100 RECOVERY ROOM	420,894	19,538,115	0.021542	925,596	19,939	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,660,087	61,312,612	0.027076	224,507	6,079	52.00
53.00	05300 ANESTHESIOLOGY	517,574	51,033,726	0.010142	2,676,510	27,145	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,355,771	83,774,573	0.040057	4,409,525	176,632	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	383,439	44,448,484	0.008627	84,904	732	55.00
56.00	05600 RADIOISOTOPE	369,094	4,994,149	0.073905	307,855	22,752	56.00
57.00	05700 CT SCAN	438,901	67,400,733	0.006512	6,057,536	39,447	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	769,777	32,677,314	0.023557	1,647,766	38,816	58.00
59.00	05900 CARDIAC CATHETERIZATION	941,295	40,351,138	0.023328	2,629,422	61,339	59.00
60.00	06000 LABORATORY	1,149,162	181,427,205	0.006334	17,031,488	107,877	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	287,132	21,958,479	0.013076	1,453,360	19,004	62.00
64.00	06400 INTRAVENOUS THERAPY	733,602	18,729,530	0.039168	60,709	2,378	64.00
65.00	06500 RESPIRATORY THERAPY	903,431	64,490,101	0.014009	5,361,188	75,105	65.00
66.00	06600 PHYSICAL THERAPY	169,511	8,308,942	0.020401	1,569,905	32,028	66.00
66.01	06601 CLINICAL NUTRITION	28,902	678,210	0.042615	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	48,730	5,959,722	0.008177	728,765	5,959	67.00
68.00	06800 SPEECH PATHOLOGY	122,649	6,598,488	0.018587	497,130	9,240	68.00
69.00	06900 ELECTROCARDIOLOGY	1,192,361	65,079,212	0.018322	4,884,340	89,491	69.00
69.01	06901 CARDIAC REHAB	103,083	765,511	0.134659	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	168,556	6,831,567	0.024673	474,533	11,708	70.00
70.01	03320 ELECTROSHOCK THERAPY	3,811	706,418	0.005395	1,343	7	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	426,378	35,105,290	0.012146	4,367,581	53,049	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	216,310	23,215,766	0.009317	2,472,623	23,037	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,628,277	281,486,363	0.005785	15,551,851	89,967	73.00
74.00	07400 RENAL DIALYSIS	135,029	9,627,324	0.014026	2,698,624	37,851	74.00
76.00	03330 ENDOSCOPY	1,237,975	24,856,534	0.049805	789,536	39,323	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	4,017,797	50,859,967	0.078997	3,073	243	90.00
91.00	09100 EMERGENCY	1,727,981	143,859,369	0.012012	7,532,193	90,477	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	811,632	30,320,718	0.026768	1,771,501	47,420	92.00
200.00	Total (lines 50 through 199)	28,741,722	1,537,913,192		99,383,972	1,541,906	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 12:54 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	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	753,089	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	227,131	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	115,111	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.02
31.03	02400	INTERMEDIATE CARE UNIT	0	0	0	0	0	31.03
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,095,331	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	753,089	56,442	13.34	7,719	30.00
31.00	03100	INTENSIVE CARE UNIT		227,131	12,633	17.98	4,893	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		115,111	9,369	12.29	17	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	30,750	0.00	0	31.02
31.03	02400	INTERMEDIATE CARE UNIT		0	23,174	0.00	6,787	31.03
40.00	04000	SUBPROVIDER - IPF	0	0	13,534	0.00	6,756	40.00
43.00	04300	NURSERY		0	6,328	0.00	0	43.00
200.00		Total (lines 30 through 199)		1,095,331	152,230		26,172	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,971					30.00
31.00	03100	INTENSIVE CARE UNIT	87,976					31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	209					31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0					31.02
31.03	02400	INTERMEDIATE CARE UNIT	0					31.03
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	191,156					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:54 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
66.01 06601 CLINICAL NUTRITION	0	0	0	0	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01 06901 CARDIAC REHAB	0	0	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	0	70.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 09000 CLINIC	0	0	0	0	0	209,669	90.00	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	115,211	92.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	324,880	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:54 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	151,517,632	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,538,115	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	61,312,612	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	51,033,726	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	83,774,573	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	44,448,484	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,994,149	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	67,400,733	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,677,314	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	40,351,138	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	181,427,205	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	21,958,479	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	18,729,530	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,490,101	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,308,942	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	678,210	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,959,722	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,598,488	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	65,079,212	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	765,511	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,831,567	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	706,418	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,105,290	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,215,766	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	281,486,363	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,627,324	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	24,856,534	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	209,669	209,669	50,859,967	0.004122	90.00
91.00	09100	EMERGENCY	0	0	0	143,859,369	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	115,211	115,211	30,320,718	0.003800	92.00
200.00		Total (lines 50 through 199)	0	324,880	324,880	1,537,913,192		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:54 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	13,170,608	0	23,565,959	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	925,596	0	2,467,093	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	224,507	0	64,468	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,676,510	0	2,672,219	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,409,525	0	7,753,037	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	84,904	0	15,590,765	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	307,855	0	1,157,774	0	56.00
57.00	05700 CT SCAN	0.000000	6,057,536	0	7,320,554	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,647,766	0	2,533,228	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,629,422	0	2,799,380	0	59.00
60.00	06000 LABORATORY	0.000000	17,031,488	0	7,271,187	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,453,360	0	140,623	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	60,709	0	2,771,611	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,361,188	0	665,454	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,569,905	0	109,712	0	66.00
66.01	06601 CLINICAL NUTRITION	0.000000	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	728,765	0	63,682	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	497,130	0	29,100	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,884,340	0	4,841,135	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	474,533	0	740,516	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000	1,343	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,367,581	0	3,735,331	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	2,472,623	0	1,906,944	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	15,551,851	0	48,223,639	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,698,624	0	65,531	0	74.00
76.00	03330 ENDOSCOPY	0.000000	789,536	0	3,168,575	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.004122	3,073	13	5,482,041	22,597	90.00
91.00	09100 EMERGENCY	0.000000	7,532,193	0	7,600,709	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.003800	1,771,501	6,732	6,731,634	25,580	92.00
200.00	Total (lines 50 through 199)		99,383,972	6,745	159,471,901	48,177	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:54 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.208923	23,565,959	5,250	0	4,923,471	50.00
51.00	05100	RECOVERY ROOM	0.324437	2,467,093	0	0	800,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.296035	64,468	0	0	19,085	52.00
53.00	05300	ANESTHESIOLOGY	0.051285	2,672,219	0	0	137,045	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223370	7,753,037	0	0	1,731,796	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171966	15,590,765	0	0	2,681,081	55.00
56.00	05600	RADIOISOTOPE	0.404517	1,157,774	0	0	468,339	56.00
57.00	05700	CT SCAN	0.048445	7,320,554	0	0	354,644	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074840	2,533,228	0	0	189,587	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137992	2,799,380	0	0	386,292	59.00
60.00	06000	LABORATORY	0.075741	7,271,187	0	0	550,727	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520273	140,623	0	0	73,162	62.00
64.00	06400	INTRAVENOUS THERAPY	0.357303	2,771,611	0	0	990,305	64.00
65.00	06500	RESPIRATORY THERAPY	0.248802	665,454	0	0	165,566	65.00
66.00	06600	PHYSICAL THERAPY	0.441929	109,712	0	0	48,485	66.00
66.01	06601	CLINICAL NUTRITION	2.850900	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.300680	63,682	0	0	19,148	67.00
68.00	06800	SPEECH PATHOLOGY	0.351238	29,100	0	0	10,221	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105205	4,841,135	0	0	509,312	69.00
69.01	06901	CARDIAC REHAB	1.034160	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203109	740,516	0	0	150,405	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.297709	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124993	3,735,331	0	0	4,202,221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.860266	1,906,944	0	0	1,640,479	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232520	48,223,639	6,947	384,663	11,212,961	73.00
74.00	07400	RENAL DIALYSIS	0.313558	65,531	0	0	20,548	74.00
76.00	03330	ENDOSCOPY	0.204854	3,168,575	0	0	649,095	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.572812	5,482,041	0	989	3,140,179	90.00
91.00	09100	EMERGENCY	0.191927	7,600,709	0	0	1,458,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.292603	6,731,634	0	0	1,969,696	92.00
200.00		Subtotal (see instructions)		159,471,901	12,197	385,652	38,503,047	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		159,471,901	12,197	385,652	38,503,047	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:54 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	1,097	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	1,615	89,442		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	567		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)	2,712	90,009		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	2,712	90,009		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 12:54 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,772,581	151,517,632	0.031499	0	50.00
51.00	05100	RECOVERY ROOM	420,894	19,538,115	0.021542	111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,660,087	61,312,612	0.027076	0	52.00
53.00	05300	ANESTHESIOLOGY	517,574	51,033,726	0.010142	42,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,355,771	83,774,573	0.040057	50,114	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	383,439	44,448,484	0.008627	1,143	55.00
56.00	05600	RADIOISOTOPE	369,094	4,994,149	0.073905	3,389	56.00
57.00	05700	CT SCAN	438,901	67,400,733	0.006512	162,800	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	769,777	32,677,314	0.023557	24,480	58.00
59.00	05900	CARDIAC CATHETERIZATION	941,295	40,351,138	0.023328	0	59.00
60.00	06000	LABORATORY	1,149,162	181,427,205	0.006334	752,627	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	287,132	21,958,479	0.013076	1,549	62.00
64.00	06400	INTRAVENOUS THERAPY	733,602	18,729,530	0.039168	0	64.00
65.00	06500	RESPIRATORY THERAPY	903,431	64,490,101	0.014009	75,111	65.00
66.00	06600	PHYSICAL THERAPY	169,511	8,308,942	0.020401	115,285	66.00
66.01	06601	CLINICAL NUTRITION	28,902	678,210	0.042615	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	48,730	5,959,722	0.008177	6,290	67.00
68.00	06800	SPEECH PATHOLOGY	122,649	6,598,488	0.018587	9,424	68.00
69.00	06900	ELECTROCARDIOLOGY	1,192,361	65,079,212	0.018322	46,709	69.00
69.01	06901	CARDIAC REHAB	103,083	765,511	0.134659	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	168,556	6,831,567	0.024673	4,152	70.00
70.01	03320	ELECTROSHOCK THERAPY	3,811	706,418	0.005395	146,387	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	426,378	35,105,290	0.012146	14,877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	216,310	23,215,766	0.009317	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,628,277	281,486,363	0.005785	1,317,524	73.00
74.00	07400	RENAL DIALYSIS	135,029	9,627,324	0.014026	25,738	74.00
76.00	03330	ENDOSCOPY	1,237,975	24,856,534	0.049805	1,867	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	4,017,797	50,859,967	0.078997	4,384	90.00
91.00	09100	EMERGENCY	1,727,981	143,859,369	0.012012	441,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,320,718	0.000000	0	92.00
200.00		Total (lines 50 through 199)	27,930,090	1,537,913,192		3,248,207	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:54 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	209,669	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	209,669	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:54 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	151,517,632	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,538,115	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	61,312,612	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	51,033,726	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	83,774,573	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	44,448,484	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,994,149	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	67,400,733	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,677,314	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	40,351,138	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	181,427,205	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	21,958,479	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	18,729,530	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,490,101	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,308,942	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	678,210	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,959,722	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,598,488	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	65,079,212	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	765,511	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,831,567	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	706,418	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,105,290	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,215,766	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	281,486,363	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,627,324	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	24,856,534	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	209,669	209,669	50,859,967	0.004122	90.00
91.00	09100	EMERGENCY	0	0	0	143,859,369	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	30,320,718	0.000000	92.00
200.00		Total (lines 50 through 199)	0	209,669	209,669	1,537,913,192		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 12:54 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	111	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	42,475	0	51,504	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	50,114	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,143	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,389	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	162,800	0	3,000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	24,480	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	752,627	0	8,427	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,549	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	75,111	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	115,285	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	6,290	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	9,424	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	46,709	0	1,750	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,152	0	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000	146,387	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	14,877	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,317,524	0	23,932	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	25,738	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	1,867	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.004122	4,384	18	6,018,878	24,810	90.00
91.00	09100 EMERGENCY	0.000000	441,771	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		3,248,207	18	6,107,491	24,810	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:54 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.208923	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.324437	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.296035	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.051285	51,504	0	0	2,641	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.223370	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.171966	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.404517	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.048445	3,000	0	0	145	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074840	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.137992	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.075741	8,427	0	0	638	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520273	0	0	0	0	62.00	
64.00 06400 INTRAVENOUS THERAPY	0.357303	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0.248802	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.441929	0	0	0	0	66.00	
66.01 06601 CLINICAL NUTRITION	2.850900	0	0	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0.300680	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.351238	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.105205	1,750	0	0	184	69.00	
69.01 06901 CARDIAC REHAB	1.034160	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.203109	0	0	0	0	70.00	
70.01 03320 ELECTROSHOCK THERAPY	0.297709	0	0	0	0	70.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124993	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.860266	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.232520	23,932	0	1,225	5,565	73.00	
74.00 07400 RENAL DIALYSIS	0.313558	0	0	0	0	74.00	
76.00 03330 ENDOSCOPY	0.204854	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0.572812	6,018,878	0	0	3,447,686	90.00	
91.00 09100 EMERGENCY	0.191927	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.292603	0	0	0	0	92.00	
200.00	Subtotal (see instructions)		6,107,491	0	1,225	3,456,859	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		6,107,491	0	1,225	3,456,859	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:54 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	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	285	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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	285	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	285	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:54 pm
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.208923	0	6,064,594	0	0	50.00
51.00	05100 RECOVERY ROOM	0.324437	0	1,165,602	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.296035	0	559,025	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051285	0	1,154,301	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223370	0	6,363,359	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171966	0	3,119,481	0	0	55.00
56.00	05600 RADIOISOTOPE	0.404517	0	371,647	0	0	56.00
57.00	05700 CT SCAN	0.048445	0	3,397,711	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074840	0	1,393,059	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.137992	0	816,987	0	0	59.00
60.00	06000 LABORATORY	0.075741	0	8,805,746	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520273	0	172,146	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.357303	0	480,599	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.248802	0	319,574	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.441929	0	55,544	0	0	66.00
66.01	06601 CLINICAL NUTRITION	2.850900	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.300680	0	52,776	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.351238	0	62,903	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.105205	0	1,805,633	0	0	69.00
69.01	06901 CARDIAC REHAB	1.034160	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.203109	0	698,210	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.297709	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124993	0	590,977	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.860266	0	498,743	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232520	0	17,963,145	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.313558	0	209,297	0	0	74.00
76.00	03330 ENDOSCOPY	0.204854	0	865,216	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.572812	0	2,920,033	0	0	90.00
91.00	09100 EMERGENCY	0.191927	0	14,486,721	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.292603	0	2,417,779	0	0	92.00
200.00	Subtotal (see instructions)		0	76,810,808	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	76,810,808	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 12:54 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	1,267,033	0		50.00
51.00 05100 RECOVERY ROOM	378,164	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	165,491	0		52.00
53.00 05300 ANESTHESIOLOGY	59,198	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,421,383	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	536,445	0		55.00
56.00 05600 RADIOISOTOPE	150,338	0		56.00
57.00 05700 CT SCAN	164,602	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	104,257	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	112,738	0		59.00
60.00 06000 LABORATORY	666,956	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	89,563	0		62.00
64.00 06400 INTRAVENOUS THERAPY	171,719	0		64.00
65.00 06500 RESPIRATORY THERAPY	79,511	0		65.00
66.00 06600 PHYSICAL THERAPY	24,547	0		66.00
66.01 06601 CLINICAL NUTRITION	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	15,869	0		67.00
68.00 06800 SPEECH PATHOLOGY	22,094	0		68.00
69.00 06900 ELECTROCARDIOLOGY	189,962	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	141,813	0		70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	664,845	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	429,052	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,176,790	0		73.00
74.00 07400 RENAL DIALYSIS	65,627	0		74.00
76.00 03330 ENDOSCOPY	177,243	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	1,672,630	0		90.00
91.00 09100 EMERGENCY	2,780,393	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	707,449	0		92.00
200.00 Subtotal (see instructions)	16,435,712	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	16,435,712	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,442	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,442	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.		27,449	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,358	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)		7,719	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		57,990,748	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)		57,990,748	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		130,228,067	28.00
29.00	Private room charges (excluding swing-bed charges)		58,177,557	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		72,050,510	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.445301	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,119.48	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,539.17	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)		57,990,748	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,027.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,930,809	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,930,809	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,626,042	12,633	1,395.24	4,893	6,826,909	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	15,606,797	9,369	1,665.79	17	28,318	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	37,626,145	30,750	1,223.61	0	0	43.02
43.03	INTERMEDIATE CARE UNIT	27,137,834	23,174	1,171.05	6,787	7,947,916	43.03
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)					23,889,607	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,623,559	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)					1,840,361	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,548,651	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,389,012	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,234,547	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)					8,635	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,027.44	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,871,944	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 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	5,305,192	57,990,748	0.091483	8,871,944	811,632	90.00
91.00	Nursing School cost	0	57,990,748	0.000000	8,871,944	0	91.00
92.00	Allied health cost	753,089	57,990,748	0.012986	8,871,944	115,211	92.00
93.00	All other Medical Education	0	57,990,748	0.000000	8,871,944	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,534 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,534 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.			881 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			12,653 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			6,756 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			13,195,411 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)			13,195,411 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			21,622,590 28.00
29.00	Private room charges (excluding swing-bed charges)			1,407,631 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			20,214,959 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.610260 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,597.77 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,597.64 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.13 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.08 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			70 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			13,195,341 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			974.98 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,586,965 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			6,586,965 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 26-S091		Date/Time Prepared: 5/28/2019 12:54 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
<b>Intensive Care Type Inpatient Hospital Units</b>							
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
43.03 INTERMEDIATE CARE UNIT	0	0	0.00	0	0	0	43.03
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
<b>Cost Center Description</b>							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						625,520	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						7,212,485	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						333,273	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						28,430	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						361,703	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						6,850,782	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 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	667,648	13,195,411	0.050597	0	0	90.00
91.00	Nursing School cost	0	13,195,411	0.000000	0	0	91.00
92.00	Allied health cost	0	13,195,411	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,195,411	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			56,442 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			56,442 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.			27,449 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			20,358 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)			4,114 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)			6,328 15.00
16.00	Nursery days (title V or XIX only)			568 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			57,990,748 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)			57,990,748 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			130,228,067 28.00
29.00	Private room charges (excluding swing-bed charges)			58,177,557 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			72,050,510 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.445301 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,119.48 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			3,539.17 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)			57,990,748 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,027.44 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,226,888 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)			4,226,888 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 pm
Title XIX			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	4,138,814	6,328	654.05	568	371,500	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	17,626,042	12,633	1,395.24	1,759	2,454,227	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	15,606,797	9,369	1,665.79	667	1,111,082	43.01
43.02 NEONATAL INTENSIVE CARE UNIT	37,626,145	30,750	1,223.61	2,123	2,597,724	43.02
43.03 INTERMEDIATE CARE UNIT	27,137,834	23,174	1,171.05	3,168	3,709,886	43.03
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)					11,706,493	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,177,800	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)					8,635	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,027.44	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,871,944	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 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	5,305,192	57,990,748	0.091483	8,871,944	811,632	90.00
91.00	Nursing School cost	0	57,990,748	0.000000	8,871,944	0	91.00
92.00	Allied health cost	0	57,990,748	0.000000	8,871,944	0	92.00
93.00	All other Medical Education	0	57,990,748	0.000000	8,871,944	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,534 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,534 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.			881 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			12,653 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,735 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)			6,328 15.00
16.00	Nursery days (title V or XIX only)			568 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			13,195,411 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)			13,195,411 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			21,622,590 28.00
29.00	Private room charges (excluding swing-bed charges)			1,407,631 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			20,214,959 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.610260 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,597.77 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,597.64 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.13 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.08 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			70 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			13,195,341 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			974.98 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,641,550 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)			3,641,550 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 26-S091		Date/Time Prepared: 5/28/2019 12:54 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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
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
43.03 INTERMEDIATE CARE UNIT	0	0	0.00	0	0	0	43.03
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
<b>Cost Center Description</b>					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					265,127		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,906,677		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 12:54 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	667,648	13,195,411	0.050597	0	0	90.00
91.00	Nursing School cost	0	13,195,411	0.000000	0	0	91.00
92.00	Allied health cost	0	13,195,411	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,195,411	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		13,197,416	30.00
31.00	03100	INTENSIVE CARE UNIT		14,967,097	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		107,270	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	02400	INTERMEDIATE CARE UNIT		15,922,425	31.03
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.208923	13,170,608	2,751,643 50.00
51.00	05100	RECOVERY ROOM	0.324437	925,596	300,298 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.296035	224,507	66,462 52.00
53.00	05300	ANESTHESIOLOGY	0.051285	2,676,510	137,265 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223370	4,409,525	984,956 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171966	84,904	14,601 55.00
56.00	05600	RADIOISOTOPE	0.404517	307,855	124,533 56.00
57.00	05700	CT SCAN	0.048445	6,057,536	293,457 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074840	1,647,766	123,319 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137992	2,629,422	362,839 59.00
60.00	06000	LABORATORY	0.075741	17,031,488	1,289,982 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520273	1,453,360	756,144 62.00
64.00	06400	INTRAVENOUS THERAPY	0.357303	60,709	21,692 64.00
65.00	06500	RESPIRATORY THERAPY	0.248802	5,361,188	1,333,874 65.00
66.00	06600	PHYSICAL THERAPY	0.441929	1,569,905	693,787 66.00
66.01	06601	CLINICAL NUTRITION	2.850900	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.300680	728,765	219,125 67.00
68.00	06800	SPEECH PATHOLOGY	0.351238	497,130	174,611 68.00
69.00	06900	ELECTROCARDIOLOGY	0.105205	4,884,340	513,857 69.00
69.01	06901	CARDIAC REHAB	1.034160	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203109	474,533	96,382 70.00
70.01	03320	ELECTROSHOCK THERAPY	0.297709	1,343	400 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124993	4,367,581	4,913,498 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.860266	2,472,623	2,127,113 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232520	15,551,851	3,616,116 73.00
74.00	07400	RENAL DIALYSIS	0.313558	2,698,624	846,175 74.00
76.00	03330	ENDOSCOPY	0.204854	789,536	161,740 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.572812	3,073	1,760 90.00
91.00	09100	EMERGENCY	0.191927	7,532,193	1,445,631 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.292603	1,771,501	518,347 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		99,383,972	23,889,607 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		99,383,972	23,889,607 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	02400 INTERMEDIATE CARE UNIT		0	31.03
40.00	04000 SUBPROVIDER - IPF		10,657,274	40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.208923	0	50.00
51.00	05100 RECOVERY ROOM	0.324437	111	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.296035	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051285	42,475	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223370	50,114	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171966	1,143	55.00
56.00	05600 RADIOISOTOPE	0.404517	3,389	56.00
57.00	05700 CT SCAN	0.048445	162,800	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074840	24,480	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.137992	0	59.00
60.00	06000 LABORATORY	0.075741	752,627	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520273	1,549	62.00
64.00	06400 INTRAVENOUS THERAPY	0.357303	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.248802	75,111	65.00
66.00	06600 PHYSICAL THERAPY	0.441929	115,285	66.00
66.01	06601 CLINICAL NUTRITION	2.850900	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.300680	6,290	67.00
68.00	06800 SPEECH PATHOLOGY	0.351238	9,424	68.00
69.00	06900 ELECTROCARDIOLOGY	0.105205	46,709	69.00
69.01	06901 CARDIAC REHAB	1.034160	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.203109	4,152	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.297709	146,387	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124993	14,877	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.860266	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232520	1,317,524	73.00
74.00	07400 RENAL DIALYSIS	0.313558	25,738	74.00
76.00	03330 ENDOSCOPY	0.204854	1,867	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.572812	4,384	90.00
91.00	09100 EMERGENCY	0.191927	441,771	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.292603	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,248,207	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)		3,248,207	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 5/28/2019 12:54 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		11,815,224	30.00
31.00	03100	INTENSIVE CARE UNIT		5,434,178	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		3,171,068	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		10,495,389	31.02
31.03	02400	INTERMEDIATE CARE UNIT		7,426,759	31.03
40.00	04000	SUBPROVIDER - IPF		126,320	40.00
43.00	04300	NURSERY		682,118	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.208923	6,284,670	1,313,012 50.00
51.00	05100	RECOVERY ROOM	0.324437	433,167	140,535 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.296035	1,015,234	300,545 52.00
53.00	05300	ANESTHESIOLOGY	0.051285	1,508,787	77,378 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223370	2,538,678	567,065 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171966	197,504	33,964 55.00
56.00	05600	RADIOISOTOPE	0.404517	151,355	61,226 56.00
57.00	05700	CT SCAN	0.048445	2,914,296	141,183 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074840	1,112,259	83,241 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137992	906,400	125,076 59.00
60.00	06000	LABORATORY	0.075741	11,568,373	876,200 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520273	1,002,533	521,591 62.00
64.00	06400	INTRAVENOUS THERAPY	0.357303	20,049	7,164 64.00
65.00	06500	RESPIRATORY THERAPY	0.248802	4,423,983	1,100,696 65.00
66.00	06600	PHYSICAL THERAPY	0.441929	639,860	282,773 66.00
66.01	06601	CLINICAL NUTRITION	2.850900	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.300680	378,466	113,797 67.00
68.00	06800	SPEECH PATHOLOGY	0.351238	204,947	71,985 68.00
69.00	06900	ELECTROCARDIOLOGY	0.105205	2,318,808	243,950 69.00
69.01	06901	CARDIAC REHAB	1.034160	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203109	281,955	57,268 70.00
70.01	03320	ELECTROSHOCK THERAPY	0.297709	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124993	2,173,986	2,445,719 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.860266	732,862	630,456 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232520	9,921,528	2,306,954 73.00
74.00	07400	RENAL DIALYSIS	0.313558	437,630	137,222 74.00
76.00	03330	ENDOSCOPY	0.204854	329,471	67,493 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.572812	0	0 90.00
91.00	09100	EMERGENCY	0.191927	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.292603	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		51,496,801	11,706,493 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		51,496,801	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 12:54 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
31.03	02400 INTERMEDIATE CARE UNIT		0	31.03
40.00	04000 SUBPROVIDER - IPF		5,911,530	40.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.208923	0	50.00
51.00	05100 RECOVERY ROOM	0.324437	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.296035	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051285	9,432	484 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223370	36,745	8,208 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171966	0	0 55.00
56.00	05600 RADIOISOTOPE	0.404517	2,607	1,055 56.00
57.00	05700 CT SCAN	0.048445	57,800	2,800 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074840	21,200	1,587 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.137992	0	0 59.00
60.00	06000 LABORATORY	0.075741	618,513	46,847 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.520273	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	0.357303	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.248802	24,118	6,001 65.00
66.00	06600 PHYSICAL THERAPY	0.441929	34,717	15,342 66.00
66.01	06601 CLINICAL NUTRITION	2.850900	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0.300680	1,617	486 67.00
68.00	06800 SPEECH PATHOLOGY	0.351238	9,020	3,168 68.00
69.00	06900 ELECTROCARDIOLOGY	0.105205	24,261	2,552 69.00
69.01	06901 CARDIAC REHAB	1.034160	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.203109	1,384	281 70.00
70.01	03320 ELECTROSHOCK THERAPY	0.297709	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124993	2,222	2,500 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.860266	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232520	714,863	166,220 73.00
74.00	07400 RENAL DIALYSIS	0.313558	24,224	7,596 74.00
76.00	03330 ENDOSCOPY	0.204854	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.572812	0	0 90.00
91.00	09100 EMERGENCY	0.191927	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.292603	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,582,723	265,127 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		1,582,723	202.00

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

Provider CCN: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2019 12:54 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
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,027.44	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,684	1,395.24	3	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,665.79	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,223.61	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,171.05	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		1,684		3	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	0.208923	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.324437	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.296035	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.051285	2,440	125	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.223370	16,973	3,791	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.171966	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.404517	0	0	14.00
15.00	CT SCAN	57.00	0.048445	7,225	350	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.074840	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.137992	0	0	17.00
18.00	LABORATORY	60.00	0.075741	117,743	8,918	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	0.520273	222	116	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.357303	1,207	431	22.00
23.00	RESPIRATORY THERAPY	65.00	0.248802	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.441929	0	0	24.00
24.01	CLINICAL NUTRITION	66.01	2.850900	0	0	24.01
25.00	OCCUPATIONAL THERAPY	67.00	0.300680	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.351238	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.105205	8,174	860	27.00
27.01	CARDIAC REHAB	69.01	1.034160	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.203109	0	0	28.00
28.01	ELECTROSHOCK THERAPY	70.01	0.297709	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.124993	2,520	2,835	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.860266	250	215	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.232520	21,727	5,052	31.00
32.00	RENAL DIALYSIS	74.00	0.313558	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.204854	5,507	1,128	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	0.572812	0	0	37.00
38.00	EMERGENCY	91.00	0.191927	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.292603	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			183,988	23,821	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 01/01/2018 To 12/31/2018

Worksheet D-4

Date/Time Prepared: 5/28/2019 12:54 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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	INTERMEDIATE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			3	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	28,007		185,672			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)	465,123		465,123			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)	493,130		650,795			61.00
62.00	Total Usable Organs (see instructions)		10				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)		0.700000				64.00
65.00	Medicare Cost/Charges (see instructions)	345,191		455,557			65.00
66.00	Revenue for Organs Sold	1,616		0			66.00
67.00	Subtotal (line 65 minus line 66)	343,575		455,557			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	343,575	0	455,557	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		2	6			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)		2	8			74.00
75.00	Organs Transplanted		2	2	835,886		75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	6	1,616		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	0			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		2	8			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 01/01/2018 To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2019 12:54 pm

Cost Center Description		Liver		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	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	151	1,027.44	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,393	1,395.24	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,665.79	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,223.61	0	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,171.05	0	0	2.03
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)		2,544		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		0.208923	5,216	1,090	8.00
9.00	RECOVERY ROOM	51.00		0.324437	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.296035	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.051285	1,018	52	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.223370	3,565	796	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.171966	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.404517	0	0	14.00
15.00	CT SCAN	57.00		0.048445	2,725	132	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.074840	3,200	239	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.137992	0	0	17.00
18.00	LABORATORY	60.00		0.075741	15,608	1,182	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		0.520273	111	58	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.357303	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.248802	918	228	23.00
24.00	PHYSICAL THERAPY	66.00		0.441929	0	0	24.00
24.01	CLINICAL NUTRITION	66.01		2.850900	0	0	24.01
25.00	OCCUPATIONAL THERAPY	67.00		0.300680	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.351238	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.105205	6,994	736	27.00
27.01	CARDIAC REHAB	69.01		1.034160	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.203109	0	0	28.00
28.01	ELECTROSHOCK THERAPY	70.01		0.297709	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		1.124993	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00		0.860266	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.232520	0	0	31.00
32.00	RENAL DIALYSIS	74.00		0.313558	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00		0.204854	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		0.572812	87	50	37.00
38.00	EMERGENCY	91.00		0.191927	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00		0.292603	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				39,442	4,563	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 01/01/2018 To 12/31/2018	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 5/28/2019 12:54 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	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>					
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
43.03	INTERMEDIATE CARE UNIT	3.03	0.00	0	0 43.03
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	87	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)		87		0 55.00
Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>					
56.00	Routine and Ancillary from Part I	4,563		41,986	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)	83,731		83,731	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)	88,294		125,717	61.00
62.00	Total Usable Organs (see instructions)		3		62.00
63.00	Medicare Usable Organs (see instructions)		3		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000		64.00
65.00	Medicare Cost/Charges (see instructions)	88,294		125,717	65.00
66.00	Revenue for Organs Sold	7,628		0	66.00
67.00	Subtotal (line 65 minus line 66)	80,666		125,717	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	80,666	0	125,717	69.00
Cost Center Description		Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
<b>PART IV - STATISTICS</b>					
70.00	Organs Excised in Provider (1)		0	3	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs		0	0	73.00
74.00	Total (sum of lines 70 through 73)		0	3	74.00
75.00	Organs Transplanted		0	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	76.00
77.00	Organs Sold to OPOs		0	3	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	81.00
82.00	Organs Used for Research		0	0	82.00
83.00	Unusable/Discarded Organs		0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	3	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 01/01/2018 To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2019 12:54 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
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,027.44	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,393	1,395.24	1	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,665.79	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,223.61	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,171.05	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		2,393		1	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition		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	
8.00	OPERATING ROOM	50.00	0.208923	5,216	1,090	8.00
9.00	RECOVERY ROOM	51.00	0.324437	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.296035	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.051285	1,069	55	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.223370	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.171966	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.404517	0	0	14.00
15.00	CT SCAN	57.00	0.048445	3,200	155	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.074840	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.137992	0	0	17.00
18.00	LABORATORY	60.00	0.075741	28,693	2,173	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	0.520273	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.357303	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.248802	611	152	23.00
24.00	PHYSICAL THERAPY	66.00	0.441929	0	0	24.00
24.01	CLINICAL NUTRITION	66.01	2.850900	0	0	24.01
25.00	OCCUPATIONAL THERAPY	67.00	0.300680	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.351238	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.105205	6,896	725	27.00
27.01	CARDIAC REHAB	69.01	1.034160	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.203109	0	0	28.00
28.01	ELECTROSHOCK THERAPY	70.01	0.297709	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.124993	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.860266	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.232520	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.313558	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.204854	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	0.572812	87	50	37.00
38.00	EMERGENCY	91.00	0.191927	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.292603	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			45,772	4,400	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 01/01/2018 To 12/31/2018

Worksheet D-4

Date/Time Prepared: 5/28/2019 12:54 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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	INTERMEDIATE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	87	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		87		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	5,795		48,165			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)	73,367		73,367			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)	79,162		121,532			61.00
62.00	Total Usable Organs (see instructions)		3				62.00
63.00	Medicare Usable Organs (see instructions)		3				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	79,162		121,532			65.00
66.00	Revenue for Organs Sold	10,459		0			66.00
67.00	Subtotal (line 65 minus line 66)	68,703		121,532			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	68,703	0	121,532	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	3			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	0			73.00
74.00	Total (sum of lines 70 through 73)		0	3			74.00
75.00	Organs Transplanted		0	0		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	3		10,459	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	3		0	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 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,185,484	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,428,303	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)		350,801	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		22,595,700	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		610.34	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		141.25	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		24.00	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)		165.25	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		193.18	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.50	11.00
12.00	Current year allowable FTE (see instructions)		168.75	12.00
13.00	Total allowable FTE count for the prior year.		173.58	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.		171.53	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		171.53	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.281040	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.345159	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.281040	21.00
22.00	IME payment adjustment (see instructions)		4,645,508	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,218,532	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		27.93	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)		0.001638	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000438	27.00
28.00	IME add-on adjustment amount (see instructions)		14,285	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		9,897	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		4,659,793	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,228,429	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.56	30.00
31.00	Percentage of Medicaid patient days (see instructions)		53.84	31.00
32.00	Sum of lines 30 and 31		64.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)		42.35	33.00
34.00	Disproportionate share adjustment (see instructions)		3,452,985	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.001608903	0.001183085	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	10,886,955	9,787,515	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	8,142,844	2,466,992	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	10,609,836		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	51,687,202		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		54,915,631	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,420,603	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).		2,796,725	52.00
53.00	Nursing and Allied Health Managed Care payment		127,963	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		492,944	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).		191,156	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		6,745	58.00
59.00	Total (sum of amounts on lines 49 through 58)		61,951,767	59.00
60.00	Primary payer payments		121,025	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		61,830,742	61.00
62.00	Deductibles billed to program beneficiaries		3,216,140	62.00
63.00	Coinurance billed to program beneficiaries		165,478	63.00
64.00	Allowable bad debts (see instructions)		1,608,892	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,045,780	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,177,040	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		59,494,904	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)		-68,091	70.93
70.94	HRR adjustment amount (see instructions)		-46,692	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 12:54 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)		59,380,121	71.00
71.01	Sequestration adjustment (see instructions)		1,187,602	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		57,907,518	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)		285,001	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,913,831	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0091

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/28/2019 12:54 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	25,185,484	0	25,185,484		25,185,484	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,428,303	0		7,428,303	7,428,303	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	350,801	0	237,197	113,604	350,801	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	22,595,700	0	16,585,482	6,010,218	22,595,700	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.281040	0.281040	0.281040	0.281040		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,645,508	0	3,587,421	1,058,087	4,645,508	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,218,532	0	3,218,532	0	3,218,532	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000438	0.000438	0.000438	0.000438		7.00
8.00	IME adjustment (see instructions)	28.00	14,285	0	11,031	3,254	14,285	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	9,897	0	7,265	2,632	9,897	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,659,793	0	3,598,452	1,061,341	4,659,793	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,228,429	0	3,225,797	2,632	3,228,429	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4235	0.4235	0.4235	0.4235		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,452,985	0	2,666,513	786,472	3,452,985	11.00
11.01	Uncompensated care payments	36.00	10,609,836	0	8,142,844	2,466,992	10,609,836	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	51,687,202	0	39,830,490	11,856,712	51,687,202	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	54,915,631	0	43,056,287	11,859,344	54,915,631	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	3,420,603	0	2,641,686	778,917	3,420,603	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition 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 01/01/2018  
To 12/31/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/28/2019 12:54 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	45,697,973	12,638,261	58,336,234	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	2,635,505	0	2,035,319	600,186	2,635,505	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	23,437	0	18,160	5,277	23,437	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	0.1497	0.1497	0.1497	0.1497		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	394,535	0	304,687	89,848	394,535	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1393	0.1393	0.1393	0.1393		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	367,126	0	283,520	83,606	367,126	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,420,603	0	2,641,686	778,917	3,420,603	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2019 12:54 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,185,484	25,185,484		25,185,484	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,428,303		7,428,303	7,428,303	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	350,801	237,197	113,604	350,801	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	22,595,700	16,585,482	6,010,218	22,595,700	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.281040	0.281040	0.281040		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,645,508	3,587,421	1,058,087	4,645,508	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,218,532	2,362,437	856,095	3,218,532	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000438	0.000438	0.000438		7.00
8.00	IME adjustment (see instructions)	28.00	14,285	11,031	3,254	14,285	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	9,897	7,265	2,632	9,897	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,659,793	3,598,452	1,061,341	4,659,793	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,228,429	2,369,702	858,727	3,228,429	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4235	0.4235	0.4235		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,452,985	2,666,513	786,472	3,452,985	11.00
11.01	Uncompensated care payments	36.00	10,609,836	8,142,844	2,466,992	10,609,836	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	51,687,202	39,830,490	11,856,712	51,687,202	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	54,915,631	42,200,192	12,715,439	54,915,631	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,420,603	2,641,686	778,917	3,420,603	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			44,841,878	13,494,356	58,336,234	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2019 12:54 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	2,635,505	2,035,319	600,186	2,635,505	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	23,437	18,160	5,277	23,437	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	0.1497	0.1497	0.1497		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	394,535	304,687	89,848	394,535	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1393	0.1393	0.1393		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	367,126	283,520	83,606	367,126	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,420,603	2,641,686	778,917	3,420,603	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	-68,091	-53,336	-14,755	-68,091	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	-46,692	-37,777	-8,915	-46,692	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.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		92,721	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,454,870	2.00
3.00	OPPS payments		29,907,606	3.00
4.00	Outlier payment (see instructions)		228,358	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		48,177	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		92,721	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		397,849	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)		397,849	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		397,849	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		305,128	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)		92,721	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)		30,184,141	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,050	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,694,489	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)		24,581,323	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,169,447	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)		26,750,770	30.00
31.00	Primary payer payments		11,298	31.00
32.00	Subtotal (line 30 minus line 31)		26,739,472	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		2,032	33.00
34.00	Allowable bad debts (see instructions)		813,624	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		528,856	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		401,877	36.00
37.00	Subtotal (see instructions)		27,270,360	37.00
38.00	MSP-LCC reconciliation amount from PS&R		106	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)		27,270,254	40.00
40.01	Sequestration adjustment (see instructions)		545,405	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		26,758,587	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-33,738	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		285	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,432,049	2.00
3.00	OPPS payments		943,259	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		24,810	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		285	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,225	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)		1,225	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,225	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		940	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)		285	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)		968,069	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		189,981	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)		778,373	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)		778,373	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		778,373	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		778,373	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	39.50
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)		778,373	40.00
40.01	Sequestration adjustment (see instructions)		15,567	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		738,374	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		24,432	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0091		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/28/2019 12:54 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		53,259,285		24,026,227	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		4,648,233		2,473,660	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	01/10/2018	117,200	07/09/2018	258,700	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	01/10/2018	117,200		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		258,700	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)		57,907,518		26,758,587	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		285,001		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		33,738	6.02	
7.00	Total Medicare program liability (see instructions)		58,192,519		26,724,849	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 01/01/2018  
To 12/31/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2019 12:54 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		5,117,907		738,374	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)		95,527		0	3.00
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
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)		5,213,434		738,374	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		24,432	6.01
6.02	SETTLEMENT TO PROGRAM		48,210		0	6.02
7.00	Total Medicare program liability (see instructions)		5,165,224		762,806	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 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		0	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		130.978082	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		0	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)		0	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		0	18.00
19.00	Deductibles		0	19.00
20.00	Subtotal (line 18 minus line 19)		0	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		0	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		2,796,725	27.00
28.00	Other pass through costs (see instructions)		109,716	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)		2,906,441	31.00
31.01	Sequestration adjustment (see instructions)		58,129	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		57,907,518	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)		-55,059,206	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			5,775,910 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			34,203 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)			1.14 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)			37.079452 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.011329 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			65,435 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,875,548 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)			5,875,548 16.00
17.00	Primary payer payments			10,425 17.00
18.00	Subtotal (line 16 less line 17).			5,865,123 18.00
19.00	Deductibles			395,036 19.00
20.00	Subtotal (line 18 minus line 19)			5,470,087 20.00
21.00	Coinsurance			240,020 21.00
22.00	Subtotal (line 20 minus line 21)			5,230,067 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			62,387 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			40,552 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,048 25.00
26.00	Subtotal (sum of lines 22 and 24)			5,270,619 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)			18 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)			5,270,637 31.00
31.01	Sequestration adjustment (see instructions)			105,413 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			5,213,434 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)			-48,210 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 12:54 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			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))			25.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			166.30	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			194.45	6.00
7.00	Enter the lesser of line 5 or line 6			166.30	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.	119.84	61.74	181.58	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.	102.49	52.80	155.29	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.50		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	102.49	56.30		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	109.44	57.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	118.51	60.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	110.15	57.87		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	110.15	57.87		17.00
18.00	Per resident amount	107,960.98	107,960.98		18.00
19.00	Approved amount for resident costs	11,891,902	6,247,702	18,139,604	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)			28.15	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.93	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			106,670.18	23.00
24.00	Multiply line 22 time line 23			99,203	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			18,238,807	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	26,172	13,577		26.00
27.00	Total Inpatient Days (see instructions)	138,937	138,937		27.00
28.00	Ratio of inpatient days to total inpatient days	0.188373	0.097721		28.00
29.00	Program direct GME amount	3,435,699	1,782,314		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		251,841		30.00
31.00	Net Program direct GME amount			4,966,172	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,627,324	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		53,836,044	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		492,944	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		131,450	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		54,197,538	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		42,052,912	42.00
43.00	Primary payer payments (see instructions)		11,298	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		42,041,614	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		96,239,152	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.563155	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.436845	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,966,172	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,796,725	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,169,447	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 01/01/2018  
To 12/31/2018

Worksheet G  
Date/Time Prepared:  
5/28/2019 12:54 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	135,269,001	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	127,233,765	0	0	0	4.00
5.00	Other receivable	12,796,741	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	11,310,335	0	0	0	7.00
8.00	Prepaid expenses	8,362,057	0	0	0	8.00
9.00	Other current assets	3,239,773	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)	298,211,672	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	19,842,818	0	0	0	12.00
13.00	Land improvements	9,802,401	0	0	0	13.00
14.00	Accumulated depreciation	-8,548,700	0	0	0	14.00
15.00	Buildings	459,527,883	0	0	0	15.00
16.00	Accumulated depreciation	-290,170,399	0	0	0	16.00
17.00	Leasehold improvements	3,694,232	0	0	0	17.00
18.00	Accumulated depreciation	-3,102,663	0	0	0	18.00
19.00	Fixed equipment	45,257,062	0	0	0	19.00
20.00	Accumulated depreciation	-39,851,437	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	177,870,124	0	0	0	23.00
24.00	Accumulated depreciation	-126,461,401	0	0	0	24.00
25.00	Minor equipment depreciable	1,398,984	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	249,258,904	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	95,470,767	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	-29,318,430	17,958,576	21,416,223	0	34.00
35.00	Total other assets (sum of lines 31-34)	66,152,337	17,958,576	21,416,223	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	613,622,913	17,958,576	21,416,223	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	41,555,701	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,807,864	0	0	0	38.00
39.00	Payroll taxes payable	734,550	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,543,389	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	20,492,167	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	84,133,671	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	34,076,956	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	34,076,956	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	118,210,627	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	495,412,286				52.00
53.00	Specific purpose fund		17,958,576			53.00
54.00	Donor created - endowment fund balance - restricted			21,416,223		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	495,412,286	17,958,576	21,416,223	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	613,622,913	17,958,576	21,416,223	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0091

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

Worksheet G-1

Date/Time Prepared:  
5/28/2019 12:54 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		495,306,046		19,559,743		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		19,518,712				2.00
3.00	Total (sum of line 1 and line 2)		514,824,758		19,559,743		3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)	2,578,368		171,348		1,484,680	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,578,368		171,348		10.00
11.00	Subtotal (line 3 plus line 10)		517,403,126		19,731,091		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	30,000		1,772,515		0	12.00
13.00	CORPORATE OFFICE	21,960,840		0		0	13.00
14.00	LOSS ON INVESTMENTS	0		0		129,189	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		21,990,840		1,772,515		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		495,412,286		17,958,576		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	20,060,732		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	20,060,732		0			3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	1,484,680		0			10.00
11.00	Subtotal (line 3 plus line 10)	21,545,412		0			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			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	129,189		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	21,416,223		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0091

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2019 12:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	137,794,629		137,794,629	1.00
2.00	SUBPROVIDER - IPF	21,622,590		21,622,590	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)	159,417,219		159,417,219	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	40,674,733		40,674,733	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	50,471,845		50,471,845	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	160,455,214		160,455,214	11.02
11.03	INTERMEDIATE CARE UNIT	63,573,485		63,573,485	11.03
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)	315,175,277		315,175,277	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	474,592,496		474,592,496	17.00
18.00	Ancillary services	515,428,833	797,444,304	1,312,873,137	18.00
19.00	Outpatient services	40,790,394	184,249,660	225,040,054	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-REIMBURSABLE	414	9,294,777	9,295,191	27.00
27.01	ORGAN ACQUISITION CHARGES	222,318	9,262	231,580	27.01
27.02	PROFESSIONAL FEES	5,752,106	16,704,543	22,456,649	27.02
27.03	EMPLOYEE CHARGES	14,726,662	28,067,768	42,794,430	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,051,513,223	1,035,770,314	2,087,283,537	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		722,574,647		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)		722,574,647		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet G-3 Date/Time Prepared: 5/28/2019 12:54 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,087,283,537	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,407,423,738	2.00
3.00	Net patient revenues (line 1 minus line 2)	679,859,799	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	722,574,647	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-42,714,848	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	2,692,024	6.00
7.00	Income from investments	1,820,218	7.00
8.00	Revenues from telephone and other miscellaneous communication services	85	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	231,001	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,640,515	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	2,979,395	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	6,506	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	19,615	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	348,007	20.00
21.00	Rental of vending machines	3,432	21.00
22.00	Rental of hospital space	1,763,853	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	48,729,042	24.00
25.00	Total other income (sum of lines 6-24)	62,233,693	25.00
26.00	Total (line 5 plus line 25)	19,518,845	26.00
27.00	OTHER EXPENSES	133	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	133	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	19,518,712	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

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

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

Worksheet I-1  
Date/Time Prepared:  
5/28/2019 12:54 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	492,504	HOURS OF SERVICE	5,147.10	2.47	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	29,527	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	522,031				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	2,949	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	13,548	REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	1,263,388	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,801,916				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	35,524	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	35,161	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	124,238	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	741,265	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	128,722	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	84,624	REQUISITIONS			24.00
25.00	PHARMACY	8,849	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	84,242	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	3,044,541				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)	3,044,541				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 I, 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 01/01/2018 To 12/31/2018	Worksheet 1-2
		Component CCN: 26-2320		Date/Time Prepared: 5/28/2019 12:54 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	164,246	38,110	492,504	0	124,238	-16,965	1.00
MAINTENANCE								
2.00	Hemodialysis	51,461	11,941	112,669	0	28,422	-3,881	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	31	7	67	0	17	-3	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	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	93	21	202	0	51	-7	7.00
HOME								
8.00	Hemodialysis	0	0	22,736	0	5,735	-783	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	110,172	0	27,792	-3,795	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	112,476	26,098	246,253	0	62,119	-8,482	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						25,814	14.00
15.00	Other	185	43	405	0	102	-14	15.00
16.00	Total (sum of lines 2 through 16)	164,246	38,110	492,504	0	124,238	-16,965	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	98,172	0	900,305	2,118,422	3,018,727		1.00
MAINTENANCE								
2.00	Hemodialysis	22,458	0	223,070	524,885	747,955		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	13	0	132	311	443		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		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	38	0	398	936	1,334		7.00
HOME								
8.00	Hemodialysis	4,535	0	32,223	75,821	108,044		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	21,961	0	156,130	367,375	523,505		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	49,085	0	487,549	1,147,205	1,634,754		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	82	0	803	1,889	2,692		15.00
16.00	Total (sum of lines 2 through 16)	98,172	0	900,305	2,118,422	3,018,727		16.00
17.00	Medical Educational Program Costs					0		17.00
18.00	Total Renal Costs (line 17 + line 18)					3,018,727		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

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

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

Worksheet 1-3  
Date/Time Prepared:  
5/28/2019 12:54 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	164,246	38,110	492,504	0	124,238	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	51,549	11,942.00	112,669.00	0.00	28,422	2.00
2.01	AKI -Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	31	7.00	67.00	0.00	17	3.00
3.01	AKI -Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	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	93	21.00	202.00	0.00	51	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	22,736.00	0.00	5,735	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	110,172.00	0.00	27,792	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	2,713	112,668	26,101.00	246,252.00	0.00	62,119
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	185	43.00	405.00	0.00	102	16.00
17.00	Total Statistical Basis	164,526	38,114.00	492,503.00	0.00	124,238	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.998298	0.999895	1.000002	0.000000	1.000000	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	-16,965	98,172	0	900,305	2,118,422	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	-5,905	3,566	0			2.00
2.01	AKI -Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	-4	2	0			3.00
3.01	AKI -Intermittent Peritoneal	0	0	0			3.01
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	-11	6	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	-1,192	720	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	-5,775	3,487	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	-12,907	7,794	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	-21	13	0			16.00
17.00	Total Statistical Basis	-25,815	15,588	0		900,305	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.657176	6.297921	0.000000		2.353005	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 26-0091 Component CCN: 26-2320	Period: From 01/01/2018 To 12/31/2018	Worksheet 1-4 Date/Time Prepared: 5/28/2019 12:54 pm
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		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	1,670	747,955	447.88	614	274,998	1.00
2.00	Maintenance - Peritoneal Dialysis	4	443	110.75	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	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	1,334	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	337	108,044	320.61	7	2,244	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	234	523,505	2,237.20	61	136,469	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)	2,011	1,381,281		621	413,711	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,713					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	179,501	292.35				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	2,031	290.14				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	44,100	722.95				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)	225,632					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 01/01/2018 To 12/31/2018	Worksheet I-5 Date/Time Prepared: 5/28/2019 12:54 pm
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	413,711		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	225,632	221,493	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)	225,632	221,493	2.03
2.04	Outlier payments	458		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	76	75	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)	76	75	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	45,111	44,283	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)	45,111	44,283	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	3,126	3,126	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)	3,126	3,126	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	2,032		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,662		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	41,232	8.00
9.00	Program payment (see instructions)	0	177,134	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)	2,032		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	1,407,095		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,381,281		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.981654		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0091	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 12:54 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,635,505	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		23,437	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)		348.98	3.00
4.00	Number of interns & residents (see instructions)		172.53	4.00
5.00	Indirect medical education percentage (see instructions)		14.97	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)		394,535	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.56	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		53.84	8.00
9.00	Sum of lines 7 and 8		64.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)		13.93	10.00
11.00	Disproportionate share adjustment (see instructions)		367,126	11.00
12.00	Total prospective capital payments (see instructions)		3,420,603	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00