

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: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/28/2019 3:06 pm
--	-----------------------	---------------------------------------	---

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/28/2019 Time: 3:06 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 SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) 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 VP OF FINANCE
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	201,681	4,297,275	0	0	1.00
2.00 Subprovider - IPF	0	13,579	20		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	215,260	4,297,295	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: 26-0105			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 3:06 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	10,312	3,467	9,917	2,372	1,042	0	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)					Y	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Wkst. E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 3:06 pm	
		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 FTE Count	IME	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	5.00	
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
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0105

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA 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)	10.98	202.30	0.051482	64.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.61	56.20	0.044380	65.00
65.01		GERIATRIC MEDICINE	1408	0.41	1.75	0.189815	65.01
65.02		INTERNAL MEDICINE	1450	0.64	5.67	0.101426	65.02
		PEDIATRICS					
		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	
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)			11.61	206.22	0.053298	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	0.00	0.73	0.000000	67.00
67.01		INTERNAL MEDICINE - GENERAL	1400	4.18	58.32	0.066880	67.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 3:06 pm	
	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		
67.02	INTERNAL MEDICINE - GERIATRIC MEDICI	1408	0.00	0.31	0.000000		67.02
67.03	INTERNAL MEDICINE - GENERAL	3900	0.01	0.15	0.062500		67.03
67.04	PEDIATRICS - GENERAL	5250	0.00	0.08	0.000000		67.04
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 3:06 pm	
				V	XIX		
				1.00	2.00		
Rural Providers							
105.00	Does this hospital qualify as a CAH?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
						1.00	
				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.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			2,658,174	21,883	0	118.01
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			07/06/1977			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			03/15/1995			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 3:06 pm	
		1.00		2.00			
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.	07/01/1999				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	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						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	
168.01	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 3:06 pm	
			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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 3:06 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	N					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.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				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	05/22/2019	Y	05/22/2019		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: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 3:06 pm		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					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.					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.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRIAN		SCHMEI DLER		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.SCHMEI DLER@SSMHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0105

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2019 3:06 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR GOV' T REIMB	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: 26-0105

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 3:06 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	209	76,285	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)		209	76,285	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	79	28,835	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		288	105,120	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	39	14,235		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)		327				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: 26-0105

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,081	7,695	65,017			1.00
2.00 HMO and other (see instructions)	11,061	16,798				2.00
3.00 HMO IPF Subprovider	108	269				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)	20,081	7,695	65,017			7.00
8.00 INTENSIVE CARE UNIT	7,242	2,617	24,280			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	27,323	10,312	89,297	266.01	1,507.93	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,910	3,211	9,456	3.86	56.20	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)				269.87	1,564.13	27.00
28.00 Observation Bed Days		247	4,296			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 26-0105

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,265	2,732	21,743	1.00
2.00 HMO and other (see instructions)			1,747	3,696		2.00
3.00 HMO IPF Subprovider				85		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,265	2,732	21,743	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	208	667	1,762	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: 26-0105

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 3:06 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	132,633,103	1,188,488	133,821,591	3,253,389.00	41.13
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,328,259	0	3,328,259	30,707.00	108.39
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,932,688	0	1,932,688	38,241.00	50.54
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		26,338,873	0	26,338,873	606,686.00	43.41
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,959,405	-1,216,531	9,742,874	244,629.00	39.83
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		39,511,461	0	39,511,461	813,187.00	48.59
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,482,988	0	1,482,988	8,329.00	178.05
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		21,806,627	0	21,806,627	627,569.00	34.75
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		25,911,682	0	25,911,682	157,514.00	164.50
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		25,521,696	0	25,521,696		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,908,209	0	2,908,209		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		338,107	0	338,107		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		7,077,222	0	7,077,222		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,152,263	0	1,152,263	29,540.00	39.01
27.00	Administrative & General	5.00	14,502,375	-261,692	14,240,683	351,725.00	40.49

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 3:06 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.)		1,288,244	0	1,288,244	11,840.00	108.80	28.00
29.00	Maintenance & Repairs	6.00	464,694	0	464,694	5,585.00	83.20	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		403,618	0	403,618	14,108.00	28.61	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,042,981	0	1,042,981	36,278.00	28.75	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,670,930	0	4,670,930	115,340.00	40.50	38.00
39.00	Central Services and Supply	14.00	579,114	203,197	782,311	43,021.00	18.18	39.00
40.00	Pharmacy	15.00	5,333,153	-2,956	5,330,197	120,186.00	44.35	40.00
41.00	Medical Records & Medical Records Library	16.00	2,160,284	0	2,160,284	50,288.00	42.96	41.00
42.00	Social Service	17.00	60,158	0	60,158	1,286.00	46.78	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 3:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	103,768,126	1,188,488	104,956,614	2,639,981.00	39.76	1.00
2.00	Excluded area salaries (see instructions)	10,959,405	-1,216,531	9,742,874	244,629.00	39.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,808,721	2,405,019	95,213,740	2,395,352.00	39.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	62,801,076	0	62,801,076	1,449,085.00	43.34	4.00
5.00	Subtotal wage-related costs (see inst.)	32,598,918	0	32,598,918	0.00	34.24	5.00
6.00	Total (sum of lines 3 thru 5)	188,208,715	2,405,019	190,613,734	3,844,437.00	49.58	6.00
7.00	Total overhead cost (see instructions)	31,657,814	-61,451	31,596,363	779,197.00	40.55	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2019 3:06 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,276,771 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			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)			0 8.02
8.03	Health Insurance (Purchased)			14,709,192 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			343,305 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			5,660 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,767 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,395,322 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			9,368,056 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			66,491 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			601,448 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			28,768,012 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/28/2019 3:06 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	40,144,241	28,768,012	1.00
2.00	Hospital	39,511,461	25,859,803	2.00
3.00	Subprovider - IPF	632,780	102,957	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	2,805,252	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/28/2019 3:06 pm
---	-----------------------	---	--

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.195495	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		89,426,154	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		49,150,413	5.00
6.00	Medicaid charges		532,496,327	6.00
7.00	Medicaid cost (line 1 times line 6)		104,100,369	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)	115,938,864	700,519	116,639,383
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	22,665,468	700,519	23,365,987
22.00	Payments received from patients for amounts previously written off as charity care	365,672	3,408,042	3,773,714
23.00	Cost of charity care (line 21 minus line 22)	22,299,796	0	22,299,796
			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)		52,480,709	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,153,895	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,313,685	27.01
28.00	Non-Medicare bad debt expense (see instructions)		49,167,024	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		10,771,697	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		33,071,493	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		33,071,493	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		11,519,742		11,519,742	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		12,465,911	2,250,450	14,716,361	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,152,263	29,875,367	-314	31,027,316	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,502,375	113,852,338	-17,162,653	111,192,060	5.00
6.00	00600	MAINTENANCE & REPAIRS	464,694	1,958,090	-217	2,422,567	6.00
7.00	00700	OPERATION OF PLANT	0	12,024,104	224,710	12,248,814	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,151,137	0	1,151,137	8.00
9.00	00900	HOUSEKEEPING	0	4,593,125	-1,446	4,591,679	9.00
10.00	01000	DIETARY	0	7,669,301	-5,860,317	1,808,984	10.00
11.00	01100	CAFETERIA	0	0	5,859,785	5,859,785	11.00
13.00	01300	NURSING ADMINISTRATION	4,670,930	655,377	-11,763	5,314,544	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	579,114	2,156,278	444,658	3,180,050	14.00
15.00	01500	PHARMACY	5,333,153	27,944,381	-27,730,083	5,547,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,160,284	185,401	-532	2,345,153	16.00
17.00	01700	SOCIAL SERVICE	60,158	1,985	-1,721	60,422	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	71,267	52,865,726	14,750,000	67,686,993	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	225,460	11,311	49,779	286,550	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0	60,495	60,495	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,156,549	15,252,574	-9,268,117	35,141,006	30.00
31.00	03100	INTENSIVE CARE UNIT	14,011,976	7,581,021	-3,943,536	17,649,461	31.00
40.00	04000	SUBPROVIDER - IPF	4,695,508	2,977,247	-43,190	7,629,565	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,928,679	35,066,964	-25,306,591	17,689,052	50.00
51.00	05100	RECOVERY ROOM	1,867,868	168,213	-129,709	1,906,372	51.00
53.00	05300	ANESTHESIOLOGY	3,562,784	9,144,514	-1,173,970	11,533,328	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,169,611	5,823,165	-5,146,338	5,846,438	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	692,837	1,024,217	2,082	1,719,136	55.00
56.00	05600	RADIOISOTOPE	434,981	2,893,188	-92,935	3,235,234	56.00
57.00	05700	CT SCAN	1,363,103	1,965,202	-627,345	2,700,960	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	784,988	475,401	-74,784	1,185,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,175,812	7,899,380	-8,822,454	252,738	59.00
60.00	06000	LABORATORY	4,089,457	10,909,616	-1,683,484	13,315,589	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,159,012	5,424,888	3,541,276	10,125,176	62.00
64.00	06400	INTRAVENOUS THERAPY	383,584	18,334,409	-17,365,521	1,352,472	64.00
65.00	06500	RESPIRATORY THERAPY	3,118,627	1,214,335	-885,122	3,447,840	65.00
66.00	06600	PHYSICAL THERAPY	2,170,109	134,715	-52,177	2,252,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,131,745	0	0	1,131,745	67.00
68.00	06800	SPEECH PATHOLOGY	216,088	11,709	0	227,797	68.00
69.00	06900	ELECTROCARDIOLOGY	1,862,797	185,701	-40,977	2,007,521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	437,801	317,788	-67,991	687,598	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	33,730,913	33,730,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,086,160	20,086,160	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	40,677,400	40,677,400	73.00
74.00	07400	RENAL DIALYSIS	0	1,835,548	-22,419	1,813,129	74.00
76.00	03330	ENDOSCOPY	1,471,914	2,684,982	-2,340,367	1,816,529	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,316,010	3,044,247	4,166,673	10,526,930	90.00
91.00	09100	EMERGENCY	7,173,128	15,894,786	-2,034,136	21,033,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,165,298	2,076,120	1,098,892	6,340,310	105.00
107.00	10700	LIVER ACQUISITION	0	1,315,266	2,943,983	4,259,249	107.00
109.00	10900	PANCREAS ACQUISITION	0	44,917	2,953	47,870	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,759,964	432,629,687	0	562,389,651	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	603	0	603	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,234,305	1,686,540	0	2,920,845	192.00
194.00	07950	OTHER NON-REIMBURSABLE	1,638,834	1,422,258	0	3,061,092	194.00
194.03	07953	RETAIL PHARMACY	0	6,833,835	0	6,833,835	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	132,633,103	442,572,923	0	575,206,026	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	718,609	12,238,351	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,774,495	18,490,856	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,149,334	27,877,982	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,021,000	116,213,060	5.00
6.00	00600	MAINTENANCE & REPAIRS	-184,000	2,238,567	6.00
7.00	00700	OPERATION OF PLANT	-1,994,612	10,254,202	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,151,137	8.00
9.00	00900	HOUSEKEEPING	0	4,591,679	9.00
10.00	01000	DIETARY	-1,195,113	613,871	10.00
11.00	01100	CAFETERIA	0	5,859,785	11.00
13.00	01300	NURSING ADMINISTRATION	-970,333	4,344,211	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,180,050	14.00
15.00	01500	PHARMACY	-303,168	5,244,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,045	2,341,108	16.00
17.00	01700	SOCIAL SERVICE	0	60,422	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	67,686,993	22.00
23.00	02300	PARAMED-ED-PHARMACY RESIDENCY	0	286,550	23.00
23.01	02301	PARAMED-ED-CLINICAL PASTORAL ED	0	60,495	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-994,661	34,146,345	30.00
31.00	03100	INTENSIVE CARE UNIT	-240	17,649,221	31.00
40.00	04000	SUBPROVIDER - I PF	-2,010,156	5,619,409	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,726,768	15,962,284	50.00
51.00	05100	RECOVERY ROOM	-15,558	1,890,814	51.00
53.00	05300	ANESTHESIOLOGY	-10,567,871	965,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-249,541	5,596,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-812,213	906,923	55.00
56.00	05600	RADIOISOTOPE	-191,474	3,043,760	56.00
57.00	05700	CT SCAN	-486,013	2,214,947	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-84,050	1,101,555	58.00
59.00	05900	CARDIAC CATHETERIZATION	-130,941	121,797	59.00
60.00	06000	LABORATORY	-3,201,219	10,114,370	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-44,100	10,081,076	62.00
64.00	06400	INTRAVENOUS THERAPY	-80,734	1,271,738	64.00
65.00	06500	RESPIRATORY THERAPY	-30,254	3,417,586	65.00
66.00	06600	PHYSICAL THERAPY	-23,493	2,229,154	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,807	1,129,938	67.00
68.00	06800	SPEECH PATHOLOGY	-4	227,793	68.00
69.00	06900	ELECTROCARDIOLOGY	-430,157	1,577,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,495	686,103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-1,500,453	32,230,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,086,160	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,677,400	73.00
74.00	07400	RENAL DIALYSIS	-4,766	1,808,363	74.00
76.00	03330	ENDOSCOPY	-21,606	1,794,923	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-6,735,724	3,791,206	90.00
91.00	09100	EMERGENCY	-12,943,707	8,090,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-59,830	6,280,480	105.00
107.00	10700	LIVER ACQUISITION	-56,260	4,202,989	107.00
109.00	10900	PANCREAS ACQUISITION	-224	47,646	109.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-40,691,820	521,697,831	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	603	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,920,845	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	3,061,092	194.00
194.03	07953	RETAIL PHARMACY	0	6,833,835	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-40,691,820	534,514,206	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	3,807,065	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	33,730,913	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,086,160	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	40,677,400	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
	O		0	98,301,538	
B - DIETARY					
1.00	CAFETERIA	11.00	0	5,859,785	1.00
2.00		0.00	0	0	2.00
	O		0	5,859,785	
C - EQUIPMENT LEASE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,250,450	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
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	O		0	2,250,450	
D - HLA TESTING					
1.00		0.00	0	0	1.00
2.00	CLINIC	90.00	0	137,811	2.00
3.00	KIDNEY ACQUISITION	105.00	0	1,255,625	3.00
	O		0	1,393,436	

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
E - ORGAN TRANSPLANT					
1.00		0.00	0	0	1.00
2.00	CLINIC	90.00	1,273,738	2,863,620	2.00
3.00	LIVER ACQUISITION	107.00	987,126	1,956,857	3.00
4.00	PANCREAS ACQUISITION	109.00	2,280	673	4.00
5.00	KIDNEY ACQUISITION	105.00	0	2,106,411	5.00
			2,263,144	6,927,561	
F - CLINICAL PASTORAL EDUCATION					
1.00		0.00	0	0	1.00
2.00	PARAMED-CLINICAL PASTORAL ED	23.01	58,495	2,000	2.00
			58,495	2,000	
G - PARKING LOT LEASE					
1.00		0.00	0	0	1.00
2.00	OPERATION OF PLANT	7.00	0	225,060	2.00
			0	225,060	
H - DIRECTORSHIP FEES					
1.00		0.00	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	1,001,108	0	2.00
3.00	OPERATING ROOM	50.00	75,180	0	3.00
4.00	LABORATORY	60.00	56,250	0	4.00
5.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	18,000	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	7,125	0	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	2,625	0	7.00
8.00	RENAL DIALYSIS	74.00	10,500	0	8.00
9.00	EMERGENCY	91.00	17,700	0	9.00
			1,188,488	0	
I - NUCLEAR MEDICINE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	26,458	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	26,458	0	2.00
3.00		0.00	0	0	3.00
4.00	CT SCAN	57.00	26,458	0	4.00
			79,374	0	
J - PHARMACY RESIDENCY					
1.00		0.00	0	0	1.00
2.00	PARAMED-Pharmacy Residency	23.00	2,956	47,618	2.00
			2,956	47,618	
K - CENTRAL DISTRIBUTION					
1.00	CENTRAL SERVICES & SUPPLY	14.00	203,197	440,735	1.00
	TOTALS		203,197	440,735	
L - INPATIENT					
1.00	ADULTS & PEDIATRICS	30.00	179,577	96,187	1.00
2.00	INTENSIVE CARE UNIT	31.00	313,568	74,240	2.00
3.00		0.00	0	0	3.00
	TOTALS		493,145	170,427	
M - RESIDENCY ANCI LLARY					
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	14,750,000	1.00
	TOTALS		0	14,750,000	
500.00	Grand Total: Increases		4,288,799	130,368,610	500.00

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6
Date/Time Prepared:
5/28/2019 3:06 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD							
1.00	PHARMACY	15.00	0	27,359,345	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,227,966	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,995,578	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	37,031	0		4.00
5.00	OPERATING ROOM	50.00	0	25,006,504	0		5.00
6.00	RECOVERY ROOM	51.00	0	117,177	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	1,173,970	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,167,963	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,844	0		9.00
10.00	RADIOISOTOPE	56.00	0	13,247	0		10.00
11.00	CT SCAN	57.00	0	653,617	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	74,614	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	8,742,625	0		13.00
14.00	LABORATORY	60.00	0	287,962	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	17,365,521	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	807,752	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	51,672	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	47,070	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	70,302	0		19.00
20.00	RENAL DIALYSIS	74.00	0	32,919	0		20.00
21.00	ENDOSCOPY	76.00	0	1,604,503	0		21.00
22.00	CLINIC	90.00	0	107,523	0		22.00
23.00	EMERGENCY	91.00	0	2,049,044	0		23.00
24.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	283,789	0		24.00
0			0	98,301,538			
B - DIETARY							
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	0	5,859,785	0		2.00
0			0	5,859,785			
C - EQUIPMENT LEASE							
1.00		0.00	0	0	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	314	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	294,678	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	217	0		4.00
5.00	OPERATION OF PLANT	7.00	0	350	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,446	0		6.00
7.00	DIETARY	10.00	0	532	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	11,763	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	199,274	0		9.00
10.00	PHARMACY	15.00	0	320,164	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	532	0		11.00
12.00	SOCIAL SERVICE	17.00	0	1,721	0		12.00
13.00	PARAMED-ED-PHARMACY RESIDENCY	23.00	0	795	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	1,651	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	65,188	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	976	0		16.00
17.00	OPERATING ROOM	50.00	0	375,267	0		17.00
18.00	RECOVERY ROOM	51.00	0	12,532	0		18.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,833	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	532	0		21.00
22.00	RADIOISOTOPE	56.00	0	314	0		22.00
23.00	CT SCAN	57.00	0	186	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	170	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	79,829	0		25.00
26.00	LABORATORY	60.00	0	58,336	0		26.00
28.00	RESPIRATORY THERAPY	65.00	0	77,370	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	505	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	1,032	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	314	0		31.00
32.00	ENDOSCOPY	76.00	0	735,864	0		32.00
33.00	CLINIC	90.00	0	973	0		33.00
34.00	EMERGENCY	91.00	0	2,792	0		34.00
0			0	2,250,450			
D - HLA TESTING							
1.00	LABORATORY	60.00	0	1,393,436	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
0			0	1,393,436			

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
E - ORGAN TRANSPLANT							
1.00	ADULTS & PEDIATRICS	30.00	0	6,927,561	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00	KIDNEY ACQUISITION	105.00	2,263,144	0	0		5.00
	0		2,263,144	6,927,561			
F - CLINICAL PASTORAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	58,495	2,000	0		1.00
2.00		0.00	0	0	0		2.00
	0		58,495	2,000			
G - PARKING LOT LEASE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	225,060	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	225,060			
H - DIRECTORSHIP FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,188,488	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	0		0	1,188,488			
I - NUCLEAR MEDICINE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	RADIOISOTOPE	56.00	79,374	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		79,374	0			
J - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	2,956	47,618	0		1.00
2.00		0.00	0	0	0		2.00
	0		2,956	47,618			
K - CENTRAL DISTRIBUTION							
1.00	ADMINISTRATIVE & GENERAL	5.00	203,197	440,735	0		1.00
	TOTALS		203,197	440,735			
L - INPATIENT							
1.00	ADULTS & PEDIATRICS	30.00	313,569	74,242	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	175,332	95,246	0		2.00
3.00	SUBPROVIDER - IPF	40.00	4,244	939	0		3.00
	TOTALS		493,145	170,427			
M - RESIDENCY ANCI LLARY							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,750,000	0		1.00
	TOTALS		0	14,750,000			
500.00	Grand Total: Decreases		3,100,311	131,557,098			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,930,263	0	0	0	1.00
2.00	Land Improvements	148,910	31,568	0	31,568	2.00
3.00	Buildings and Fixtures	134,475,304	143,442,417	0	143,442,417	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	822,405	130,852	0	130,852	5.00
6.00	Movable Equipment	38,689,397	16,585,785	55,682	16,641,467	6.00
7.00	HIT designated Assets	12,332,788	549,442	0	549,442	7,065,000
8.00	Subtotal (sum of lines 1-7)	202,399,067	160,740,064	55,682	160,795,746	7,114,760
9.00	Reconciling Items	73,024,388	136,198,198	0	136,198,198	0
10.00	Total (line 8 minus line 9)	129,374,679	24,541,866	55,682	24,597,548	7,114,760
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,930,263	0			1.00
2.00	Land Improvements	180,478	0			2.00
3.00	Buildings and Fixtures	277,917,721	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	953,257	0			5.00
6.00	Movable Equipment	55,281,104	0			6.00
7.00	HIT designated Assets	5,817,230	0			7.00
8.00	Subtotal (sum of lines 1-7)	356,080,053	0			8.00
9.00	Reconciling Items	209,222,586	0			9.00
10.00	Total (line 8 minus line 9)	146,857,467	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	11,769,265	0	-249,523	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,465,911	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,235,176	0	-249,523	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	11,519,742				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	12,465,911				2.00
3.00	Total (sum of lines 1-2)	0	23,985,653				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	260,087,874	0	260,087,874	0.801775	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	64,302,042	0	64,302,042	0.198225	0	2.00
3.00	Total (sum of lines 1-2)	324,389,916	0	324,389,916	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,487,874	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,990,883	2,250,450	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,478,757	2,250,450	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-249,523	0	0	0	12,238,351	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	249,523	0	0	0	18,490,856	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	30,729,207	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0	ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)			0	OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)			0	ADMINISTRATIVE & GENERAL	5.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-31,071,158	0				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	11,138,406	0				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	ADMINISTRATIVE & GENERAL	5.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 FRA	A	-4,936,287	0	ADMINISTRATIVE & GENERAL	5.00		0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	BAD DEBT	A	-23,074	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	CRNA, AA	A	-3,328,259	ANESTHESIOLOGY	53.00	0 33.02
33.03	MID-LEVEL	A	-968,362	NURSING ADMINISTRATION	13.00	0 33.03
33.04	MID-LEVEL	A	-431,339	ADULTS & PEDIATRICS	30.00	0 33.04
33.05	MID-LEVEL	A	-114,208	OPERATING ROOM	50.00	0 33.05
33.06	MID-LEVEL	A	-153,581	CLINIC	90.00	0 33.06
33.07	MID-LEVEL	A	-179,940	EMERGENCY	91.00	0 33.07
33.08	MID-LEVEL	A	-28,773	KIDNEY ACQUISITION	105.00	0 33.08
33.09	MID-LEVEL	A	-56,260	LIVER ACQUISITION	107.00	0 33.09
33.10	MID-LEVEL	A	-224	PANCREAS ACQUISITION	109.00	0 33.10
33.11	NON-MEDICAL TRANSPORT	A	-559,352	ADMINISTRATIVE & GENERAL	5.00	0 33.11
33.12	NON-MEDICAL TRANSPORT	A	-549	SUBPROVIDER - IPF	40.00	0 33.12
33.13	NON-PATIENT	A	-17,483	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.13
33.14	NON-PATIENT	A	-40,650	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15	NON-PATIENT	A	-5,000	KIDNEY ACQUISITION	105.00	0 33.15
33.16	LOBBYING	A	-39,394	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17	TELEPHONE	A	-8,626	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18	TELEPHONE	A	-121	NURSING ADMINISTRATION	13.00	0 33.18
33.19	TELEPHONE	A	-185	PHARMACY	15.00	0 33.19
33.20	TELEPHONE	A	-112	SUBPROVIDER - IPF	40.00	0 33.20
33.21	TELEPHONE	A	-6	OPERATING ROOM	50.00	0 33.21
33.22	TELEPHONE	A	-19	RADIOLOGY-DIAGNOSTIC	54.00	0 33.22
33.23	TELEPHONE	A	-24	INTRAVENOUS THERAPY	64.00	0 33.23
33.24	TELEPHONE	A	-150	EMERGENCY	91.00	0 33.24
33.25	TELEPHONE	A	-104	KIDNEY ACQUISITION	105.00	0 33.25
33.26	GIFT	A	-449	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.26
33.27	GIFT	A	-682,305	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28	GIFT	A	-1,850	NURSING ADMINISTRATION	13.00	0 33.28
33.29	GIFT	A	-1,378	PHARMACY	15.00	0 33.29
33.30	GIFT	A	-332	ADULTS & PEDIATRICS	30.00	0 33.30
33.31	GIFT	A	-240	INTENSIVE CARE UNIT	31.00	0 33.31
33.32	GIFT	A	-47	SUBPROVIDER - IPF	40.00	0 33.32
33.33	GIFT	A	-215	OPERATING ROOM	50.00	0 33.33
33.34	GIFT	A	-53	RADIOISOTOPE	56.00	0 33.34
33.35	GIFT	A	-175	LABORATORY	60.00	0 33.35
33.36	GIFT	A	-450	PHYSICAL THERAPY	66.00	0 33.36
33.37	GIFT	A	-58	ELECTROCARDIOLOGY	69.00	0 33.37
33.38	GIFT	A	-165	KIDNEY ACQUISITION	105.00	0 33.38
33.39	ENTERTAINMENT	A	-717	ADMINISTRATIVE & GENERAL	5.00	0 33.39
33.40	MISCELLANEOUS REVENUE	B	-7	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.40
33.41	MISCELLANEOUS REVENUE	B	-1,994,612	OPERATION OF PLANT	7.00	0 33.41
33.42	MISCELLANEOUS REVENUE	B	-1,195,113	DIETARY	10.00	0 33.42
33.43	MISCELLANEOUS REVENUE	B	-301,605	PHARMACY	15.00	0 33.43
33.44	MISCELLANEOUS REVENUE	B	-4,045	MEDICAL RECORDS & LIBRARY	16.00	0 33.44
33.45	MISCELLANEOUS REVENUE	B	-48,664	ADULTS & PEDIATRICS	30.00	0 33.45
33.46	MISCELLANEOUS REVENUE	B	-430	SUBPROVIDER - IPF	40.00	0 33.46
33.47	MISCELLANEOUS REVENUE	B	-547,152	OPERATING ROOM	50.00	0 33.47
33.48	MISCELLANEOUS REVENUE	B	-15,538	RECOVERY ROOM	51.00	0 33.48
33.49	MISCELLANEOUS REVENUE	B	-4,761	ANESTHESIOLOGY	53.00	0 33.49
33.50	MISCELLANEOUS REVENUE	B	-249,297	RADIOLOGY-DIAGNOSTIC	54.00	0 33.50
33.51	MISCELLANEOUS REVENUE	B	-176,317	RADIOLOGY-THERAPEUTIC	55.00	0 33.51
33.52	MISCELLANEOUS REVENUE	B	-140,592	RADIOISOTOPE	56.00	0 33.52
33.53	MISCELLANEOUS REVENUE	B	-486,013	CT SCAN	57.00	0 33.53
33.54	MISCELLANEOUS REVENUE	B	-84,050	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 33.54
33.55	MISCELLANEOUS REVENUE	B	-130,941	CARDIAC CATHETERIZATION	59.00	0 33.55
33.56	MISCELLANEOUS REVENUE	B	-3,039,976	LABORATORY	60.00	0 33.56
33.57	MISCELLANEOUS REVENUE	B	-41,117	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 33.57
33.58	MISCELLANEOUS REVENUE	B	-22,710	INTRAVENOUS THERAPY	64.00	0 33.58
33.59	MISCELLANEOUS REVENUE	B	-30,254	RESPIRATORY THERAPY	65.00	0 33.59
33.60	MISCELLANEOUS REVENUE	B	-10,038	PHYSICAL THERAPY	66.00	0 33.60
33.61	MISCELLANEOUS REVENUE	B	-1,807	OCCUPATIONAL THERAPY	67.00	0 33.61
33.62	MISCELLANEOUS REVENUE	B	-429,249	ELECTROCARDIOLOGY	69.00	0 33.62
33.63	MISCELLANEOUS REVENUE	B	-1,140	ELECTROENCEPHALOGRAPHY	70.00	0 33.63
33.64	MISCELLANEOUS REVENUE	B	-909	RENAL DIALYSIS	74.00	0 33.64
33.65	MISCELLANEOUS REVENUE	B	-21,579	ENDOSCOPY	76.00	0 33.65
33.66	MISCELLANEOUS REVENUE	B	-4,516	CLINIC	90.00	0 33.66
33.67	MISCELLANEOUS REVENUE	B	-13,158	EMERGENCY	91.00	0 33.67

Provider CCN: 26-0105 Period: From 01/01/2018 To 12/31/2018 Worksheet A-8
 Date/Time Prepared: 5/28/2019 3:06 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.68 MISCELLANEOUS REVENUE	B	-25,758	KIDNEY ACQUISITION	105.00	0 33.68
33.69 CHAI FETZ ARENA	A	-155,458	ADMINISTRATIVE & GENERAL	5.00	0 33.69
33.70 TELEVISION	A	-342	ADULTS & PEDIATRICS	30.00	0 33.70
33.71 TELEVISION	A	-64	SUBPROVIDER - IPF	40.00	0 33.71
33.72 TELEVISION	A	-551	OPERATING ROOM	50.00	0 33.72
33.73 TELEVISION	A	-20	RECOVERY ROOM	51.00	0 33.73
33.74 TELEVISION	A	-225	RADIOLOGY-DIAGNOSTIC	54.00	0 33.74
33.75 TELEVISION	A	-7	RADIOLOGY-THERAPEUTIC	55.00	0 33.75
33.76 TELEVISION	A	-4	LABORATORY	60.00	0 33.76
33.77 TELEVISION	A	-4	SPEECH PATHOLOGY	68.00	0 33.77
33.78 TELEVISION	A	-83	ELECTROENCEPHALOGRAPHY	70.00	0 33.78
33.79 TELEVISION	A	-4	RENAL DIALYSIS	74.00	0 33.79
33.80 TELEVISION	A	-27	ENDOSCOPY	76.00	0 33.80
33.81 TELEVISION	A	-385	EMERGENCY	91.00	0 33.81
33.82 TELEVISION	A	-30	KIDNEY ACQUISITION	105.00	0 33.82
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-40,691,820			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: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 3:06 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	718,609	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3,524,972	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE - INTEREST	0	-249,523
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	554,499	3,685,894
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	44,020,622	32,881,567
4.02	6.00	MAINTENANCE & REPAIRS	HOME OFFICE	0	184,000
4.03	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-1,500,453	0
4.04	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	6,849,480	6,521,672
4.05	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	26,668	26,807
4.06	40.00	SUBPROVIDER - IPF	NETWORK--CORP 130	450,499	456,073
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			54,644,896	43,506,490

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

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

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

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

6.00	B	SSM HEALTH	100.00	SSM HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 3:06 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	718,609	9	1.00
2.00	3,524,972	9	2.00
3.00	249,523	11	3.00
4.00	-3,131,395	0	4.00
4.01	11,139,055	0	4.01
4.02	-184,000	0	4.02
4.03	-1,500,453	0	4.03
4.04	327,808	0	4.04
4.05	-139	0	4.05
4.06	-5,574	0	4.06
5.00	11,138,406		5.00

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

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

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

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

6.00	HOME OFFICE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0105

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 3:06 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,001,108	0	1,001,108	211,500	4,792	1.00
2.00	40.00	SUBPROVIDER - IPF	2,003,380	2,003,380	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,123,985	1,048,805	75,180	246,400	501	3.00
4.00	53.00	ANESTHESIOLOGY	7,234,851	7,234,851	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	635,889	635,889	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	50,829	50,829	0	0	0	6.00
7.00	60.00	LABORATORY	207,993	151,743	56,250	260,300	375	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,000	0	18,000	260,300	120	8.00
9.00	64.00	INTRAVENOUS THERAPY	269,500	0	269,500	211,500	2,080	9.00
10.00	66.00	PHYSICAL THERAPY	34,155	9,155	25,000	211,500	208	10.00
11.00	69.00	ELECTROCARDIOLOGY	7,125	0	7,125	271,900	48	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	2,625	0	2,625	271,900	18	12.00
13.00	74.00	RENAL DIALYSIS	10,500	0	10,500	197,500	70	13.00
14.00	90.00	CLINIC	6,577,627	6,577,627	0	0	0	14.00
15.00	91.00	EMERGENCY	12,762,073	12,744,373	17,700	211,500	118	15.00
200.00			31,939,640	30,456,652	1,482,988		8,330	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	30.00	ADULTS & PEDIATRICS	487,263	24,363	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	59,349	2,967	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	46,929	2,346	0	0	0	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,017	751	0	0	0	8.00
9.00	64.00	INTRAVENOUS THERAPY	211,500	10,575	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	21,150	1,058	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	6,275	314	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	2,353	118	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	6,647	332	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	11,999	600	0	0	0	15.00
200.00			868,482	43,424	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	30.00	ADULTS & PEDIATRICS	0	487,263	513,845	513,845	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	2,003,380	2.00
3.00	50.00	OPERATING ROOM	0	59,349	15,831	1,064,636	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	7,234,851	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	635,889	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	50,829	6.00
7.00	60.00	LABORATORY	0	46,929	9,321	161,064	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,017	2,983	2,983	8.00
9.00	64.00	INTRAVENOUS THERAPY	0	211,500	58,000	58,000	9.00
10.00	66.00	PHYSICAL THERAPY	0	21,150	3,850	13,005	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	6,275	850	850	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	2,353	272	272	12.00
13.00	74.00	RENAL DIALYSIS	0	6,647	3,853	3,853	13.00
14.00	90.00	CLINIC	0	0	0	6,577,627	14.00
15.00	91.00	EMERGENCY	0	11,999	5,701	12,750,074	15.00
200.00			0	868,482	614,506	31,071,158	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,238,351	12,238,351			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	18,490,856		18,490,856		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,877,982	109,038	70,652	28,057,672	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	116,213,060	1,098,835	3,233,111	3,011,705	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,238,567	33,084	27,474	98,276	6.00
7.00 00700	OPERATION OF PLANT	10,254,202	1,778,480	136,883	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,151,137	33,685	73	0	8.00
9.00 00900	HOUSEKEEPING	4,591,679	140,494	20,605	0	9.00
10.00 01000	DIETARY	613,871	213,239	53,755	0	10.00
11.00 01100	CAFETERIA	5,859,785	64,272	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,344,211	19,332	648,309	987,836	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,180,050	233,013	185,256	165,448	14.00
15.00 01500	PHARMACY	5,244,283	93,484	248,900	1,127,262	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,341,108	102,747	2,373	456,870	16.00
17.00 01700	SOCIAL SERVICE	60,422	7,208	24	12,723	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	67,686,993	0	1,013	15,072	22.00
23.00 02300	PARAMED ED-PHARMACY RESIDENCY	286,550	3,715	0	48,307	23.00
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED	60,495	5,564	0	12,371	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	34,146,345	1,515,955	251,124	5,498,368	30.00
31.00 03100	INTENSIVE CARE UNIT	17,649,221	523,565	383,339	3,843,754	31.00
40.00 04000	SUBPROVIDER - IPF	5,619,409	291,927	81,811	992,137	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,962,284	757,021	3,213,008	1,692,704	50.00
51.00 05100	RECOVERY ROOM	1,890,814	149,947	12,949	395,028	51.00
53.00 05300	ANESTHESIOLOGY	965,457	104,201	144,678	753,479	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,596,897	316,191	2,479,726	1,098,896	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	906,923	107,426	793,380	152,121	55.00
56.00 05600	RADIOISOTOPE	3,043,760	81,359	40,588	75,206	56.00
57.00 05700	CT SCAN	2,214,947	58,439	728,853	293,873	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,101,555	90,148	981,371	166,014	58.00
59.00 05900	CARDIAC CATHETERIZATION	121,797	141,284	1,017,190	248,668	59.00
60.00 06000	LABORATORY	10,114,370	326,007	334,615	876,759	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,081,076	47,801	104,799	248,922	62.00
64.00 06400	INTRAVENOUS THERAPY	1,271,738	4,473	48,076	81,123	64.00
65.00 06500	RESPIRATORY THERAPY	3,417,586	71,053	345,290	659,546	65.00
66.00 06600	PHYSICAL THERAPY	2,229,154	119,660	13,786	458,948	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,129,938	26,098	338	239,348	67.00
68.00 06800	SPEECH PATHOLOGY	227,793	0	3,864	45,700	68.00
69.00 06900	ELECTROCARDIOLOGY	1,577,364	76,459	909,604	395,462	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	686,103	0	487,430	93,144	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	32,230,460	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,086,160	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	40,677,400	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,808,363	57,775	8,817	2,221	74.00
76.00 03330	ENDOSCOPY	1,794,923	92,946	603,793	311,289	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,791,206	530,109	389,910	970,667	90.00
91.00 09100	EMERGENCY	8,090,071	298,676	363,019	1,520,759	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	6,280,480	31,646	120,813	190,793	105.00
107.00 10700	LIVER ACQUISITION	4,202,989	23,553	0	208,763	107.00
109.00 10900	PANCREAS ACQUISITION	47,646	111	0	482	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	521,697,831	9,780,020	18,490,599	27,450,044	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	603	31,235	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,920,845	0	80	261,038	192.00
194.00 07950	OTHER NON-REIMBURSABLE	3,061,092	2,427,096	177	346,590	194.00
194.03 07953	RETAIL PHARMACY	6,833,835	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	534,514,206	12,238,351	18,490,856	28,057,672	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	123,556,711					5.00
6.00	00600	MAINTENANCE & REPAIRS	862,961	3,260,362				6.00
7.00	00700	OPERATION OF PLANT	4,380,520	527,260	17,077,345			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	426,511	9,987		62,399	1,683,792	8.00
9.00	00900	HOUSEKEEPING	1,710,796	41,652	260,255	0	6,765,481	9.00
10.00	01000	DIETARY	317,074	63,218	395,009	0	159,503	10.00
11.00	01100	CAFETERIA	2,132,406	19,054	119,059	0	48,076	11.00
13.00	01300	NURSING ADMINISTRATION	2,159,630	5,731	35,811	0	14,461	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,354,794	69,081	431,640	0	174,295	14.00
15.00	01500	PHARMACY	2,416,726	27,715	173,171	0	69,926	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,044,990	30,461	190,330	0	76,855	16.00
17.00	01700	SOCIAL SERVICE	28,932	2,137	13,352	0	5,392	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED-ED-PHARMACY RESIDENCY	121,871	1,101	6,881	0	2,779	23.00
23.01	02301	PARAMED-ED-CLINICAL PASTORAL ED	28,231	1,650	10,307	0	4,162	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,906,345	449,430	2,808,192	1,108,575	1,133,937	30.00
31.00	03100	INTENSIVE CARE UNIT	8,062,993	155,220	969,865	413,987	391,628	31.00
40.00	04000	SUBPROVIDER - IPF	2,514,402	86,547	540,772	161,230	218,362	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,784,076	224,432	1,402,325	0	566,253	50.00
51.00	05100	RECOVERY ROOM	881,440	44,454	277,765	0	112,161	51.00
53.00	05300	ANESTHESIOLOGY	708,329	30,892	193,024	0	77,942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,416,607	93,740	585,720	0	236,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	705,462	31,848	198,998	0	80,355	55.00
56.00	05600	RADIOISOTOPE	1,166,589	24,120	150,712	0	60,857	56.00
57.00	05700	CT SCAN	1,186,459	17,325	108,254	0	43,713	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	841,971	26,726	166,993	0	67,431	58.00
59.00	05900	CARDIAC CATHETERIZATION	550,352	41,886	261,719	0	105,681	59.00
60.00	06000	LABORATORY	4,194,129	96,650	603,903	0	243,854	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,773,285	14,171	88,548	0	35,755	62.00
64.00	06400	INTRAVENOUS THERAPY	505,887	1,326	8,287	0	3,346	64.00
65.00	06500	RESPIRATORY THERAPY	1,617,458	21,065	131,621	0	53,148	65.00
66.00	06600	PHYSICAL THERAPY	1,015,636	35,475	221,662	0	89,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	502,400	7,737	48,344	0	19,521	67.00
68.00	06800	SPEECH PATHOLOGY	99,837	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,065,073	22,668	141,635	0	57,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	455,949	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11,601,580	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,230,154	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,642,115	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	675,703	17,128	107,024	0	43,216	74.00
76.00	03330	ENDOSCOPY	1,008,942	27,555	172,176	0	69,524	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,045,237	157,160	981,987	0	396,523	90.00
91.00	09100	EMERGENCY	3,697,667	88,548	553,276	0	223,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,384,259	9,382	58,622	0	23,671	105.00
107.00	10700	LIVER ACQUISITION	1,596,519	6,983	43,630	0	17,617	107.00
109.00	10900	PANCREAS ACQUISITION	17,364	33	205	0	83	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,839,661	2,531,548	12,523,473	1,683,792	4,926,647	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	11,460	9,260	57,860	0	23,364	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,145,370	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	2,100,333	719,554	4,496,012	0	1,815,470	194.00
194.03	07953	RETAIL PHARMACY	2,459,887	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	123,556,711	3,260,362	17,077,345	1,683,792	6,765,481	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,815,669					10.00
11.00	01100	0	8,242,652				11.00
13.00	01300	0	326,377	8,541,698			13.00
14.00	01400	0	54,663	0	5,848,240		14.00
15.00	01500	0	372,442	0	0	9,773,909	15.00
16.00	01600	0	150,948	0	3	0	16.00
17.00	01700	0	4,203	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	4,980	0	0	0	22.00
23.00	02300	0	15,960	0	0	0	23.00
23.01	02301	0	4,087	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,195,400	1,816,685	3,013,384	1,791	5,208	30.00
31.00	03100	446,411	1,269,959	2,243,513	2,113	3,682	31.00
40.00	04000	173,858	327,797	475,057	44	1,049	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	559,262	667,071	149,965	25,020	50.00
51.00	05100	0	130,515	257,880	67	75	51.00
53.00	05300	0	248,946	112,317	0	303	53.00
54.00	05400	0	363,070	139,346	0	1,458	54.00
55.00	05500	0	50,260	28,075	482	2,105	55.00
56.00	05600	0	24,848	0	134,651	0	56.00
57.00	05700	0	97,094	0	25,680	35	57.00
58.00	05800	0	54,850	0	0	0	58.00
59.00	05900	0	82,159	79,751	0	0	59.00
60.00	06000	0	289,677	0	108,283	0	60.00
62.00	06200	0	82,243	67,037	410,565	2,046	62.00
64.00	06400	0	26,803	0	451	4,084,966	64.00
65.00	06500	0	217,911	0	4,940	53	65.00
66.00	06600	0	151,634	0	18	2,231	66.00
67.00	06700	0	79,080	0	0	0	67.00
68.00	06800	0	15,099	0	0	0	68.00
69.00	06900	0	130,659	36,635	339	0	69.00
70.00	07000	0	30,774	0	0	0	70.00
71.00	07100	0	0	0	1,708,688	0	71.00
72.00	07200	0	0	0	1,017,493	0	72.00
73.00	07300	0	0	0	2,060,612	5,643,951	73.00
74.00	07400	0	734	0	62	0	74.00
76.00	03330	0	102,849	209,445	1,246	60	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	320,704	125,234	297	12	90.00
91.00	09100	0	502,452	922,460	3,057	1,647	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	63,037	164,493	1,117	8	105.00
107.00	10700	0	68,974	0	0	0	107.00
109.00	10900	0	159	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00
118.00		1,815,669	8,041,894	8,541,698	5,631,964	9,773,909	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	86,246	0	0	0	192.00
194.00	07950	0	114,512	0	0	0	194.00
194.03	07953	0	0	0	216,276	0	194.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,815,669	8,242,652	8,541,698	5,848,240	9,773,909	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	4,396,685					16.00
17.00 01700 SOCIAL SERVICE	0	134,393				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00 02300 PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01 02301 PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	274,698	88,481	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	205,974	33,043	0	0	0	31.00
40.00 04000 SUBPROVIDER - I/PF	40,741	12,869	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	333,133	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	27,514	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	24,295	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	188,350	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	39,856	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	42,942	0	0	0	0	56.00
57.00 05700 CT SCAN	313,926	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	85,035	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	91,884	0	0	0	0	59.00
60.00 06000 LABORATORY	445,147	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	69,489	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	28,707	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	69,249	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	26,725	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	19,665	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	4,029	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	62,905	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	11,419	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	219,977	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	201,162	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,053,012	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	10,651	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	48,954	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	88,654	0	0	0	0	90.00
91.00 09100 EMERGENCY	340,273	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	20,330	0	0	0	0	105.00
107.00 10700 LIVER ACQUISITION	7,845	0	0	0	0	107.00
109.00 10900 PANCREAS ACQUISITION	144	0	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4,396,685	134,393	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	4,396,685	134,393	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS A					
		22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	67,708,058				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		487,164			23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			126,867		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,173,335	110,720	83,527	100,581,500	-32,173,335
31.00	03100	INTENSIVE CARE UNIT	4,561,890	110,719	31,192	41,302,068	-4,561,890
40.00	04000	SUBPROVIDER - IPF	4,081,691	0	12,148	15,631,851	-4,081,691
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,564,378	0	0	43,900,932	-10,564,378
51.00	05100	RECOVERY ROOM	0	0	0	4,180,609	0
53.00	05300	ANESTHESIOLOGY	6,482,686	0	0	9,846,549	-6,482,686
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,081,691	0	0	18,598,203	-4,081,691
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,097,291	0
56.00	05600	RADIOISOTOPE	0	0	0	4,845,632	0
57.00	05700	CT SCAN	0	0	0	5,088,598	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,582,094	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,742,371	0
60.00	06000	LABORATORY	2,160,895	66,431	0	19,860,720	-2,160,895
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	240,099	0	0	15,265,836	-240,099
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,065,183	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,608,920	0
66.00	06600	PHYSICAL THERAPY	0	0	0	4,364,435	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,072,469	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	396,322	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,475,995	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,764,819	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	45,760,705	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,534,969	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	64,077,090	0
74.00	07400	RENAL DIALYSIS	0	0	0	2,731,694	0
76.00	03330	ENDOSCOPY	0	0	0	4,443,702	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	44,288	0	9,841,988	0
91.00	09100	EMERGENCY	3,361,393	66,431	0	20,033,140	-3,361,393
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	88,575	0	9,437,226	0
107.00	10700	LIVER ACQUISITION	0	0	0	6,176,873	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	66,227	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,708,058	487,164	126,867	505,376,011	-67,708,058
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	133,782	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,413,579	0
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	15,080,836	0
194.03	07953	RETAIL PHARMACY	0	0	0	9,509,998	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	67,708,058	487,164	126,867	534,514,206	-67,708,058

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
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
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300 PARAMED ED-PHARMACY RESIDENCY		23.00
23.01	02301 PARAMED ED-CLINICAL PASTORAL ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	68,408,165	30.00
31.00	03100 INTENSIVE CARE UNIT	36,740,178	31.00
40.00	04000 SUBPROVIDER - IPF	11,550,160	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	33,336,554	50.00
51.00	05100 RECOVERY ROOM	4,180,609	51.00
53.00	05300 ANESTHESIOLOGY	3,363,863	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,516,512	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,097,291	55.00
56.00	05600 RADIOISOTOPE	4,845,632	56.00
57.00	05700 CT SCAN	5,088,598	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,582,094	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,742,371	59.00
60.00	06000 LABORATORY	17,699,825	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	15,025,737	62.00
64.00	06400 INTRAVENOUS THERAPY	6,065,183	64.00
65.00	06500 RESPIRATORY THERAPY	6,608,920	65.00
66.00	06600 PHYSICAL THERAPY	4,364,435	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,072,469	67.00
68.00	06800 SPEECH PATHOLOGY	396,322	68.00
69.00	06900 ELECTROCARDIOLOGY	4,475,995	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,764,819	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	45,760,705	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,534,969	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,077,090	73.00
74.00	07400 RENAL DIALYSIS	2,731,694	74.00
76.00	03330 ENDOSCOPY	4,443,702	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	9,841,988	90.00
91.00	09100 EMERGENCY	16,671,747	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	9,437,226	105.00
107.00	10700 LIVER ACQUISITION	6,176,873	107.00
109.00	10900 PANCREAS ACQUISITION	66,227	109.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	437,667,953	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	133,782	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,413,579	192.00
194.00	07950 OTHER NON-REIMBURSABLE	15,080,836	194.00
194.03	07953 RETAIL PHARMACY	9,509,998	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	466,806,148	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 3:06 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	314	109,038	70,652	180,004	180,004 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,151,089	1,098,835	3,233,111	5,483,035	19,325 5.00
6.00 00600	MAINTENANCE & REPAIRS	217	33,084	27,474	60,775	631 6.00
7.00 00700	OPERATION OF PLANT	350	1,778,480	136,883	1,915,713	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	33,685	73	33,758	0 8.00
9.00 00900	HOUSEKEEPING	1,446	140,494	20,605	162,545	0 9.00
10.00 01000	DIETARY	532	213,239	53,755	267,526	0 10.00
11.00 01100	CAFETERIA	0	64,272	0	64,272	0 11.00
13.00 01300	NURSING ADMINISTRATION	11,763	19,332	648,309	679,404	6,338 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	199,274	233,013	185,256	617,543	1,062 14.00
15.00 01500	PHARMACY	320,164	93,484	248,900	662,548	7,233 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	532	102,747	2,373	105,652	2,932 16.00
17.00 01700	SOCIAL SERVICE	1,721	7,208	24	8,953	82 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	1,013	1,013	97 22.00
23.00 02300	PARAMED ED-PHARMACY RESIDENCY	795	3,715	0	4,510	310 23.00
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED	0	5,564	0	5,564	79 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,651	1,515,955	251,124	1,768,730	35,250 30.00
31.00 03100	INTENSIVE CARE UNIT	65,188	523,565	383,339	972,092	24,663 31.00
40.00 04000	SUBPROVIDER - IPF	976	291,927	81,811	374,714	6,366 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	375,267	757,021	3,213,008	4,345,296	10,861 50.00
51.00 05100	RECOVERY ROOM	12,532	149,947	12,949	175,428	2,535 51.00
53.00 05300	ANESTHESIOLOGY	0	104,201	144,678	248,879	4,835 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,833	316,191	2,479,726	2,800,750	7,051 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	532	107,426	793,380	901,338	976 55.00
56.00 05600	RADIOISOTOPE	314	81,359	40,588	122,261	483 56.00
57.00 05700	CT SCAN	186	58,439	728,853	787,478	1,886 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	170	90,148	981,371	1,071,689	1,065 58.00
59.00 05900	CARDIAC CATHETERIZATION	79,829	141,284	1,017,190	1,238,303	1,596 59.00
60.00 06000	LABORATORY	58,336	326,007	334,615	718,958	5,626 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	47,801	104,799	152,600	1,597 62.00
64.00 06400	INTRAVENOUS THERAPY	0	4,473	48,076	52,549	521 64.00
65.00 06500	RESPIRATORY THERAPY	78,663	71,053	345,290	495,006	4,232 65.00
66.00 06600	PHYSICAL THERAPY	505	119,660	13,786	133,951	2,945 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	26,098	338	26,436	1,536 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	3,864	3,864	293 68.00
69.00 06900	ELECTROCARDIOLOGY	1,032	76,459	909,604	987,095	2,537 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	314	0	487,430	487,744	598 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	57,775	8,817	66,592	14 74.00
76.00 03330	ENDOSCOPY	735,864	92,946	603,793	1,432,603	1,997 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	63,288	530,109	389,910	983,307	6,228 90.00
91.00 09100	EMERGENCY	2,792	298,676	363,019	664,487	9,758 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	27,889	31,646	120,813	180,348	1,224 105.00
107.00 10700	LIVER ACQUISITION	54,531	23,553	0	78,084	1,340 107.00
109.00 10900	PANCREAS ACQUISITION	217	111	0	328	3 109.00
113.00 11300	INTEREST EXPENSE					0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,253,106	9,780,020	18,490,599	31,523,725	176,105 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	258	31,235	0	31,493	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,206	0	80	1,286	1,675 192.00
194.00 07950	OTHER NON-REIMBURSABLE	445	2,427,096	177	2,427,718	2,224 194.00
194.03 07953	RETAIL PHARMACY	0	0	0	0	0 194.03
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	3,255,015	12,238,351	18,490,856	33,984,222	180,004 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 3:06 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,502,360					5.00
6.00	00600	MAINTENANCE & REPAIRS	38,430	99,836				6.00
7.00	00700	OPERATION OF PLANT	195,078	16,145	2,126,936			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,994	306	7,772	60,830		8.00
9.00	00900	HOUSEKEEPING	76,187	1,275	32,414	0	272,421	9.00
10.00	01000	DIETARY	14,120	1,936	49,197	0	6,423	10.00
11.00	01100	CAFETERIA	94,963	583	14,828	0	1,936	11.00
13.00	01300	NURSING ADMINISTRATION	96,175	176	4,460	0	582	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,333	2,115	53,760	0	7,018	14.00
15.00	01500	PHARMACY	107,624	849	21,568	0	2,816	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,537	933	23,705	0	3,095	16.00
17.00	01700	SOCIAL SERVICE	1,288	65	1,663	0	217	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED-ED-PHARMACY RESIDENCY	5,427	34	857	0	112	23.00
23.01	02301	PARAMED-ED-CLINICAL PASTORAL ED	1,257	51	1,284	0	168	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	663,826	13,762	349,753	40,049	45,660	30.00
31.00	03100	INTENSIVE CARE UNIT	359,070	4,753	120,794	14,956	15,769	31.00
40.00	04000	SUBPROVIDER - I/PF	111,974	2,650	67,352	5,825	8,793	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	346,649	6,872	174,656	0	22,801	50.00
51.00	05100	RECOVERY ROOM	39,253	1,361	34,595	0	4,516	51.00
53.00	05300	ANESTHESIOLOGY	31,544	946	24,041	0	3,138	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,152	2,870	72,950	0	9,523	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	31,416	975	24,785	0	3,236	55.00
56.00	05600	RADIOISOTOPE	51,952	739	18,771	0	2,450	56.00
57.00	05700	CT SCAN	52,837	531	13,483	0	1,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,496	818	20,799	0	2,715	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,509	1,283	32,596	0	4,255	59.00
60.00	06000	LABORATORY	186,778	2,960	75,215	0	9,819	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	168,036	434	11,028	0	1,440	62.00
64.00	06400	INTRAVENOUS THERAPY	22,529	41	1,032	0	135	64.00
65.00	06500	RESPIRATORY THERAPY	72,030	645	16,393	0	2,140	65.00
66.00	06600	PHYSICAL THERAPY	45,229	1,086	27,607	0	3,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,373	237	6,021	0	786	67.00
68.00	06800	SPEECH PATHOLOGY	4,446	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,431	694	17,640	0	2,303	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,305	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	516,654	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	321,981	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	652,059	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	30,091	524	13,330	0	1,740	74.00
76.00	03330	ENDOSCOPY	44,931	844	21,444	0	2,799	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	91,081	4,812	122,304	0	15,967	90.00
91.00	09100	EMERGENCY	164,669	2,711	68,909	0	8,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	106,178	287	7,301	0	953	105.00
107.00	10700	LIVER ACQUISITION	71,098	214	5,434	0	709	107.00
109.00	10900	PANCREAS ACQUISITION	773	1	26	0	3	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,247,763	77,518	1,559,767	60,830	198,377	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	510	284	7,206	0	941	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,007	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	93,534	22,034	559,963	0	73,103	194.00
194.03	07953	RETAIL PHARMACY	109,546	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,502,360	99,836	2,126,936	60,830	272,421	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	339,202					10.00
11.00	01100	0	176,582				11.00
13.00	01300	0	6,992	794,127			13.00
14.00	01400	0	1,171	0	743,002		14.00
15.00	01500	0	7,979	0	0	810,617	15.00
16.00	01600	0	3,234	0	0	0	16.00
17.00	01700	0	90	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	107	0	0	0	22.00
23.00	02300	0	342	0	0	0	23.00
23.01	02301	0	88	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	223,324	38,911	280,156	227	432	30.00
31.00	03100	83,398	27,208	208,581	268	305	31.00
40.00	04000	32,480	7,023	44,166	6	87	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	11,982	62,018	19,054	2,075	50.00
51.00	05100	0	2,796	23,975	8	6	51.00
53.00	05300	0	5,333	10,442	0	25	53.00
54.00	05400	0	7,779	12,955	0	121	54.00
55.00	05500	0	1,077	2,610	61	175	55.00
56.00	05600	0	532	0	17,108	0	56.00
57.00	05700	0	2,080	0	3,263	3	57.00
58.00	05800	0	1,175	0	0	0	58.00
59.00	05900	0	1,760	7,415	0	0	59.00
60.00	06000	0	6,206	0	13,758	0	60.00
62.00	06200	0	1,762	6,233	52,164	170	62.00
64.00	06400	0	574	0	57	338,798	64.00
65.00	06500	0	4,669	0	628	4	65.00
66.00	06600	0	3,249	0	2	185	66.00
67.00	06700	0	1,694	0	0	0	67.00
68.00	06800	0	323	0	0	0	68.00
69.00	06900	0	2,799	3,406	43	0	69.00
70.00	07000	0	659	0	0	0	70.00
71.00	07100	0	0	0	217,097	0	71.00
72.00	07200	0	0	0	129,277	0	72.00
73.00	07300	0	0	0	261,768	468,087	73.00
74.00	07400	0	16	0	8	0	74.00
76.00	03330	0	2,203	19,472	158	5	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	6,871	11,643	38	1	90.00
91.00	09100	0	10,765	85,762	388	137	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	1,351	15,293	142	1	105.00
107.00	10700	0	1,478	0	0	0	107.00
109.00	10900	0	3	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00
118.00		339,202	172,281	794,127	715,523	810,617	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	1,848	0	0	0	192.00
194.00	07950	0	2,453	0	0	0	194.00
194.03	07953	0	0	0	27,479	0	194.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		339,202	176,582	794,127	743,002	810,617	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	186,088					16.00
17.00 01700 SOCIAL SERVICE	0	12,358				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00 02300 PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01 02301 PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,609	8,137				30.00
31.00 03100 INTENSIVE CARE UNIT	8,705	3,038				31.00
40.00 04000 SUBPROVIDER - I/PF	1,722	1,183				40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	14,078	0				50.00
51.00 05100 RECOVERY ROOM	1,163	0				51.00
53.00 05300 ANESTHESIOLOGY	1,027	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,960	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,684	0				55.00
56.00 05600 RADIOISOTOPE	1,815	0				56.00
57.00 05700 CT SCAN	13,267	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,594	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	3,883	0				59.00
60.00 06000 LABORATORY	18,812	0				60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,937	0				62.00
64.00 06400 INTRAVENOUS THERAPY	1,213	0				64.00
65.00 06500 RESPIRATORY THERAPY	2,927	0				65.00
66.00 06600 PHYSICAL THERAPY	1,129	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	831	0				67.00
68.00 06800 SPEECH PATHOLOGY	170	0				68.00
69.00 06900 ELECTROCARDIOLOGY	2,658	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	483	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	9,296	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,501	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	44,781	0				73.00
74.00 07400 RENAL DIALYSIS	450	0				74.00
76.00 03330 ENDOSCOPY	2,069	0				76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3,747	0				90.00
91.00 09100 EMERGENCY	14,380	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	859	0				105.00
107.00 10700 LIVER ACQUISITION	332	0				107.00
109.00 10900 PANCREAS ACQUISITION	6	0				109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	186,088	12,358	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0				190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00 07950 OTHER NON-REIMBURSABLE	0	0				194.00
194.03 07953 RETAIL PHARMACY	0	0				194.03
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	186,088	12,358	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-OTHER PRGM COSTS A				
	22.00	23.00	23.01	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	1,217				22.00
23.00 02300 PARAMED ED-PHARMACY RESIDENCY		11,592			23.00
23.01 02301 PARAMED ED-CLINICAL PASTORAL ED			8,491		23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS				3,479,826	0 30.00
31.00 03100 INTENSIVE CARE UNIT				1,843,600	0 31.00
40.00 04000 SUBPROVIDER - I/PF				664,341	0 40.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM				5,016,342	0 50.00
51.00 05100 RECOVERY ROOM				285,636	0 51.00
53.00 05300 ANESTHESIOLOGY				330,210	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				3,074,111	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				968,333	0 55.00
56.00 05600 RADIOISOTOPE				216,111	0 56.00
57.00 05700 CT SCAN				876,588	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				1,139,351	0 58.00
59.00 05900 CARDIAC CATHETERIZATION				1,315,600	0 59.00
60.00 06000 LABORATORY				1,038,132	0 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				398,401	0 62.00
64.00 06400 INTRAVENOUS THERAPY				417,449	0 64.00
65.00 06500 RESPIRATORY THERAPY				598,674	0 65.00
66.00 06600 PHYSICAL THERAPY				218,987	0 66.00
67.00 06700 OCCUPATIONAL THERAPY				59,914	0 67.00
68.00 06800 SPEECH PATHOLOGY				9,096	0 68.00
69.00 06900 ELECTROCARDIOLOGY				1,066,606	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				509,789	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT				743,047	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				459,759	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,426,695	0 73.00
74.00 07400 RENAL DIALYSIS				112,765	0 74.00
76.00 03330 ENDOSCOPY				1,528,525	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC				1,245,999	0 90.00
91.00 09100 EMERGENCY				1,030,962	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)					0 92.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION				313,937	0 105.00
107.00 10700 LIVER ACQUISITION				158,689	0 107.00
109.00 10900 PANCREAS ACQUISITION				1,143	0 109.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	30,548,618	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN				40,434	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				55,816	0 192.00
194.00 07950 OTHER NON-REIMBURSABLE				3,181,029	0 194.00
194.03 07953 RETAIL PHARMACY				137,025	0 194.03
200.00 Cross Foot Adjustments	1,217	11,592	8,491	21,300	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	1,217	11,592	8,491	33,984,222	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 3:06 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
107.00	10700	LIVER ACQUISITION	107.00
109.00	10900	PANCREAS ACQUISITION	109.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NON-REIMBURSABLE	194.00
194.03	07953	RETAIL PHARMACY	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	774,228				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		12,465,911			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,898	47,631	132,669,329		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	69,515	2,179,658	14,240,683	-123,556,711	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,093	18,522	464,694	0	6.00
7.00	00700	OPERATION OF PLANT	112,511	92,282	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,131	49	0	0	8.00
9.00	00900	HOUSEKEEPING	8,888	13,891	0	0	9.00
10.00	01000	DIETARY	13,490	36,240	0	0	10.00
11.00	01100	CAFETERIA	4,066	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,223	437,068	4,670,930	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,741	124,893	782,311	0	14.00
15.00	01500	PHARMACY	5,914	167,800	5,330,197	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	1,600	2,160,284	0	16.00
17.00	01700	SOCIAL SERVICE	456	16	60,158	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	683	71,267	-67,703,078	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	235	0	228,416	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	352	0	58,495	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	95,903	169,299	25,998,898	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,122	258,434	18,174,981	0	31.00
40.00	04000	SUBPROVIDER - I/PF	18,468	55,154	4,691,264	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,891	2,166,101	8,003,859	0	50.00
51.00	05100	RECOVERY ROOM	9,486	8,730	1,867,868	0	51.00
53.00	05300	ANESTHESIOLOGY	6,592	97,537	3,562,784	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,003	1,671,747	5,196,069	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,796	534,870	719,295	0	55.00
56.00	05600	RADIOISOTOPE	5,147	27,363	355,607	0	56.00
57.00	05700	CT SCAN	3,697	491,368	1,389,561	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,703	661,607	784,988	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,938	685,755	1,175,812	0	59.00
60.00	06000	LABORATORY	20,624	225,586	4,145,707	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,024	70,652	1,177,012	0	62.00
64.00	06400	INTRAVENOUS THERAPY	283	32,411	383,584	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,495	232,783	3,118,627	0	65.00
66.00	06600	PHYSICAL THERAPY	7,570	9,294	2,170,109	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,651	228	1,131,745	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,605	216,088	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,837	613,224	1,869,922	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	328,609	440,426	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,655	5,944	10,500	0	74.00
76.00	03330	ENDOSCOPY	5,880	407,057	1,471,914	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	33,536	262,864	4,589,747	0	90.00
91.00	09100	EMERGENCY	18,895	244,735	7,190,828	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,002	81,448	902,154	0	105.00
107.00	10700	LIVER ACQUISITION	1,490	0	987,126	0	107.00
109.00	10900	PANCREAS ACQUISITION	7	0	2,280	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	618,708	12,465,738	129,796,190	-191,259,789	327,371,826
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,976	0	0	0	31,838
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	54	1,234,305	0	3,181,963
194.00	07950	OTHER NON-REIMBURSABLE	153,544	119	1,638,834	0	5,834,955
194.03	07953	RETAIL PHARMACY	0	0	0	0	6,833,835
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)	12,238,351	18,490,856	28,057,672		123,556,711

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
203.00	Unit cost multiplier (Wkst. B, Part I)	15.807167	1.483314	0.211486	0.359957	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			180,004	5,502,360	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001357	0.016030	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: 26-0105

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	695,722					6.00
7.00	00700	112,511	583,211				7.00
8.00	00800	2,131	2,131	98,753			8.00
9.00	00900	8,888	8,888	0	572,192		9.00
10.00	01000	13,490	13,490	0	13,490	98,753	10.00
11.00	01100	4,066	4,066	0	4,066	0	11.00
13.00	01300	1,223	1,223	0	1,223	0	13.00
14.00	01400	14,741	14,741	0	14,741	0	14.00
15.00	01500	5,914	5,914	0	5,914	0	15.00
16.00	01600	6,500	6,500	0	6,500	0	16.00
17.00	01700	456	456	0	456	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	235	235	0	235	0	23.00
23.01	02301	352	352	0	352	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	95,903	95,903	65,017	95,903	65,017	30.00
31.00	03100	33,122	33,122	24,280	33,122	24,280	31.00
40.00	04000	18,468	18,468	9,456	18,468	9,456	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	47,891	47,891	0	47,891	0	50.00
51.00	05100	9,486	9,486	0	9,486	0	51.00
53.00	05300	6,592	6,592	0	6,592	0	53.00
54.00	05400	20,003	20,003	0	20,003	0	54.00
55.00	05500	6,796	6,796	0	6,796	0	55.00
56.00	05600	5,147	5,147	0	5,147	0	56.00
57.00	05700	3,697	3,697	0	3,697	0	57.00
58.00	05800	5,703	5,703	0	5,703	0	58.00
59.00	05900	8,938	8,938	0	8,938	0	59.00
60.00	06000	20,624	20,624	0	20,624	0	60.00
62.00	06200	3,024	3,024	0	3,024	0	62.00
64.00	06400	283	283	0	283	0	64.00
65.00	06500	4,495	4,495	0	4,495	0	65.00
66.00	06600	7,570	7,570	0	7,570	0	66.00
67.00	06700	1,651	1,651	0	1,651	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	4,837	4,837	0	4,837	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,655	3,655	0	3,655	0	74.00
76.00	03330	5,880	5,880	0	5,880	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	33,536	33,536	0	33,536	0	90.00
91.00	09100	18,895	18,895	0	18,895	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	2,002	2,002	0	2,002	0	105.00
107.00	10700	1,490	1,490	0	1,490	0	107.00
109.00	10900	7	7	0	7	0	109.00
113.00	11300						113.00
118.00		540,202	427,691	98,753	416,672	98,753	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,976	1,976	0	1,976	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	153,544	153,544	0	153,544	0	194.00
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		3,260,362	17,077,345	1,683,792	6,765,481	1,815,669	202.00
203.00		4,686,300	29,281,589	17,050,540	11,823,795	18,385,963	203.00
204.00		99,836	2,126,936	60,830	272,421	339,202	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.143500	3.646941	0.615981	0.476101	3.434853	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: 26-0105

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	117,963,952					11.00
13.00	01300	4,670,930	1,093,746				13.00
14.00	01400	782,311	0	112,564,980			14.00
15.00	01500	5,330,197	0	0	39,898,905		15.00
16.00	01600	2,160,284	0	59	0	2,238,772,492	16.00
17.00	01700	60,158	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	71,267	0	0	0	0	22.00
23.00	02300	228,416	0	0	0	0	23.00
23.01	02301	58,495	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	25,998,898	385,857	34,464	21,258	139,866,430	30.00
31.00	03100	18,174,981	287,277	40,674	15,031	104,874,806	31.00
40.00	04000	4,691,264	60,830	845	4,284	20,743,886	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,003,859	85,417	2,886,504	102,135	169,619,664	50.00
51.00	05100	1,867,868	33,021	1,285	308	14,008,953	51.00
53.00	05300	3,562,784	14,382	0	1,238	12,370,005	53.00
54.00	05400	5,196,069	17,843	0	5,950	95,901,183	54.00
55.00	05500	719,295	3,595	9,287	8,591	20,293,112	55.00
56.00	05600	355,607	0	2,591,728	0	21,864,472	56.00
57.00	05700	1,389,561	0	494,286	141	159,840,353	57.00
58.00	05800	784,988	0	0	0	43,296,885	58.00
59.00	05900	1,175,812	10,212	0	0	46,784,275	59.00
60.00	06000	4,145,707	0	2,084,200	0	226,653,177	60.00
62.00	06200	1,177,012	8,584	7,902,474	8,353	35,381,266	62.00
64.00	06400	383,584	0	8,687	16,675,575	14,616,743	64.00
65.00	06500	3,118,627	0	95,080	215	35,259,272	65.00
66.00	06600	2,170,109	0	340	9,109	13,607,447	66.00
67.00	06700	1,131,745	0	0	0	10,012,935	67.00
68.00	06800	216,088	0	0	0	2,051,536	68.00
69.00	06900	1,869,922	4,691	6,529	0	32,028,986	69.00
70.00	07000	440,426	0	8	0	5,814,222	70.00
71.00	07100	0	0	32,888,475	0	112,004,603	71.00
72.00	07200	0	0	19,584,504	0	102,424,767	72.00
73.00	07300	0	0	39,661,472	23,039,665	536,290,787	73.00
74.00	07400	10,500	0	1,194	0	5,423,142	74.00
76.00	03330	1,471,914	26,819	23,987	246	24,925,829	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,589,747	16,036	5,719	50	45,139,386	90.00
91.00	09100	7,190,828	118,119	58,850	6,724	173,255,166	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	902,154	21,063	21,498	31	10,351,316	105.00
107.00	10700	987,126	0	0	0	3,994,565	107.00
109.00	10900	2,280	0	1	1	73,323	109.00
113.00	11300						113.00
118.00		115,090,813	1,093,746	108,402,150	39,898,905	2,238,772,492	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	1,234,305	0	0	0	0	192.00
194.00	07950	1,638,834	0	0	0	0	194.00
194.03	07953	0	0	4,162,830	0	0	194.03
200.00							200.00
201.00							201.00
202.00		8,242,652	8,541,698	5,848,240	9,773,909	4,396,685	202.00
203.00		0.069874	7.809581	0.051954	0.244967	0.001964	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	176,582	794,127	743,002	810,617	186,088	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001497	0.726062	0.006601	0.020317	0.000083	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: 26-0105

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

Worksheet B-1
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
19.00 01900	98,753					17.00
20.00 02000				0		19.00
21.00 02100					282	20.00
22.00 02200						21.00
23.00 02300						22.00
23.01 02301						23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000					134	134
31.00 03100	65,017		0	0	19	30.00
40.00 04000	24,280		0	0	17	19
	9,456		0	0		17
ANCILLARY SERVICE COST CENTERS						
50.00 05000					44	44
51.00 05100					0	0
53.00 05300					27	27
54.00 05400					17	17
55.00 05500					0	0
56.00 05600					0	0
57.00 05700					0	0
58.00 05800					0	0
59.00 05900					0	0
60.00 06000					9	9
62.00 06200					1	1
64.00 06400					0	0
65.00 06500					0	0
66.00 06600					0	0
67.00 06700					0	0
68.00 06800					0	0
69.00 06900					0	0
70.00 07000					0	0
71.00 07100					0	0
72.00 07200					0	0
73.00 07300					0	0
74.00 07400					0	0
76.00 03330					0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000					0	0
91.00 09100					14	14
92.00 09200						
SPECIAL PURPOSE COST CENTERS						
105.00 10500					0	0
107.00 10700					0	0
109.00 10900					0	0
113.00 11300					0	0
118.00					0	0
	98,753		0	0	282	282
NONREIMBURSABLE COST CENTERS						
190.00 19000					0	0
192.00 19200					0	0
194.00 07950					0	0
194.03 07953					0	0
200.00						
201.00						
202.00						
	134,393		0	0	0	67,708,058
203.00	1.360900	0.000000	0.000000	0.000000	240,099.496454	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
				17.00	19.00		20.00
204.00	Cost to be allocated (per Wkst. B, Part II)	12,358	0	0	0	1,217	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.125141	0.000000	0.000000	0.000000	4.315603	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (PATIENT DAYS)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
19.00	01900			19.00
20.00	02000			20.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300	1,320		23.00
23.01	02301		98,753	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	300	65,017	30.00
31.00	03100	300	24,280	31.00
40.00	04000	0	9,456	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	0	50.00
51.00	05100	0	0	51.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
55.00	05500	0	0	55.00
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	180	0	60.00
62.00	06200	0	0	62.00
64.00	06400	0	0	64.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
76.00	03330	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	120	0	90.00
91.00	09100	180	0	91.00
92.00	09200			92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	240	0	105.00
107.00	10700	0	0	107.00
109.00	10900	0	0	109.00
113.00	11300			113.00
118.00		1,320	98,753	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	0	190.00
192.00	19200	0	0	192.00
194.00	07950	0	0	194.00
194.03	07953	0	0	194.03
200.00				200.00
201.00				201.00
202.00		487,164	126,867	202.00
203.00		369.063636	1.284690	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (PATIENT DAYS)	
		23.00	23.01	
204.00	Cost to be allocated (per Wkst. B, Part II)	11,592	8,491	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.781818	0.085982	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Dissallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	68,408,165		68,408,165	513,845	68,922,010	30.00
31.00	03100 INTENSIVE CARE UNIT	36,740,178		36,740,178	0	36,740,178	31.00
40.00	04000 SUBPROVIDER - IPF	11,550,160		11,550,160	0	11,550,160	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	33,336,554		33,336,554	15,831	33,352,385	50.00
51.00	05100 RECOVERY ROOM	4,180,609		4,180,609	0	4,180,609	51.00
53.00	05300 ANESTHESIOLOGY	3,363,863		3,363,863	0	3,363,863	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,516,512		14,516,512	0	14,516,512	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,097,291		3,097,291	0	3,097,291	55.00
56.00	05600 RADIOISOTOPE	4,845,632		4,845,632	0	4,845,632	56.00
57.00	05700 CT SCAN	5,088,598		5,088,598	0	5,088,598	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,582,094		3,582,094	0	3,582,094	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,742,371		2,742,371	0	2,742,371	59.00
60.00	06000 LABORATORY	17,699,825		17,699,825	9,321	17,709,146	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	15,025,737		15,025,737	2,983	15,028,720	62.00
64.00	06400 INTRAVENOUS THERAPY	6,065,183		6,065,183	58,000	6,123,183	64.00
65.00	06500 RESPIRATORY THERAPY	6,608,920	0	6,608,920	0	6,608,920	65.00
66.00	06600 PHYSICAL THERAPY	4,364,435	0	4,364,435	3,850	4,368,285	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,072,469	0	2,072,469	0	2,072,469	67.00
68.00	06800 SPEECH PATHOLOGY	396,322	0	396,322	0	396,322	68.00
69.00	06900 ELECTROCARDIOLOGY	4,475,995		4,475,995	850	4,476,845	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,764,819		1,764,819	272	1,765,091	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	45,760,705		45,760,705	0	45,760,705	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,534,969		28,534,969	0	28,534,969	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,077,090		64,077,090	0	64,077,090	73.00
74.00	07400 RENAL DIALYSIS	2,731,694		2,731,694	3,853	2,735,547	74.00
76.00	03330 ENDOSCOPY	4,443,702		4,443,702	0	4,443,702	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	9,841,988		9,841,988	0	9,841,988	90.00
91.00	09100 EMERGENCY	16,671,747		16,671,747	5,701	16,677,448	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	4,271,771		4,271,771		4,271,771	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	9,437,226		9,437,226		9,437,226	105.00
107.00	10700 LIVER ACQUISITION	6,176,873		6,176,873		6,176,873	107.00
109.00	10900 PANCREAS ACQUISITION	66,227		66,227		66,227	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	441,939,724	0	441,939,724	614,506	442,554,230	200.00
201.00	Less Observation Beds	4,271,771		4,271,771		4,271,771	201.00
202.00	Total (see instructions)	437,667,953	0	437,667,953	614,506	438,282,459	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	142,772,004		142,772,004	30.00
31.00	03100	INTENSIVE CARE UNIT	101,937,907		101,937,907	31.00
40.00	04000	SUBPROVIDER - IPF	20,096,187		20,096,187	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	103,097,760	66,088,070	169,185,830	50.00
51.00	05100	RECOVERY ROOM	8,509,642	5,463,480	13,973,122	51.00
53.00	05300	ANESTHESIOLOGY	7,978,553	4,359,813	12,338,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,296,189	49,359,709	95,655,898	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	641,034	19,600,175	20,241,209	55.00
56.00	05600	RADIOISOTOPE	2,072,366	19,736,184	21,808,550	56.00
57.00	05700	CT SCAN	74,695,495	84,736,036	159,431,531	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,990,562	28,195,582	43,186,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,091,799	23,572,816	46,664,615	59.00
60.00	06000	LABORATORY	137,561,776	88,511,693	226,073,469	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	29,336,197	5,954,575	35,290,772	62.00
64.00	06400	INTRAVENOUS THERAPY	7,960,080	6,619,278	14,579,358	64.00
65.00	06500	RESPIRATORY THERAPY	30,320,466	4,848,624	35,169,090	65.00
66.00	06600	PHYSICAL THERAPY	10,216,175	3,356,469	13,572,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,927,794	1,059,531	9,987,325	67.00
68.00	06800	SPEECH PATHOLOGY	1,920,650	125,639	2,046,289	68.00
69.00	06900	ELECTROCARDIOLOGY	21,178,049	10,769,016	31,947,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,736,623	2,062,729	5,799,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	70,639,587	41,078,543	111,718,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,039,299	42,123,498	102,162,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	257,908,165	277,010,959	534,919,124	73.00
74.00	07400	RENAL DIALYSIS	5,131,368	277,903	5,409,271	74.00
76.00	03330	ENDOSCOPY	7,122,066	17,740,010	24,862,076	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	479,210	44,544,724	45,023,934	90.00
91.00	09100	EMERGENCY	76,132,137	96,679,896	172,812,033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,242,517	4,483,557	5,726,074	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,681,265	5,643,575	10,324,840	105.00
107.00	10700	LIVER ACQUISITION	2,240,458	1,743,891	3,984,349	107.00
109.00	10900	PANCREAS ACQUISITION	66,182	6,953	73,135	109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	1,283,019,562	955,752,928	2,238,772,490	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	1,283,019,562	955,752,928	2,238,772,490	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.197135		50.00
51.00	05100 RECOVERY ROOM	0.299189		51.00
53.00	05300 ANESTHESIOLOGY	0.272634		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151758		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.153019		55.00
56.00	05600 RADIOISOTOPE	0.222190		56.00
57.00	05700 CT SCAN	0.031917		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082945		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.058768		59.00
60.00	06000 LABORATORY	0.078334		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.425854		62.00
64.00	06400 INTRAVENOUS THERAPY	0.419990		64.00
65.00	06500 RESPIRATORY THERAPY	0.187918		65.00
66.00	06600 PHYSICAL THERAPY	0.321845		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.207510		67.00
68.00	06800 SPEECH PATHOLOGY	0.193678		68.00
69.00	06900 ELECTROCARDIOLOGY	0.140133		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.304360		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.409609		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279309		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119788		73.00
74.00	07400 RENAL DIALYSIS	0.505715		74.00
76.00	03330 ENDOSCOPY	0.178734		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.218595		90.00
91.00	09100 EMERGENCY	0.096506		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.746021		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:06 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		68,408,165	513,845	68,922,010	30.00
31.00	03100 INTENSIVE CARE UNIT		36,740,178	0	36,740,178	31.00
40.00	04000 SUBPROVIDER - IPF		11,550,160	0	11,550,160	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		33,336,554	15,831	33,352,385	50.00
51.00	05100 RECOVERY ROOM		4,180,609	0	4,180,609	51.00
53.00	05300 ANESTHESIOLOGY		3,363,863	0	3,363,863	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,516,512	0	14,516,512	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		3,097,291	0	3,097,291	55.00
56.00	05600 RADIOISOTOPE		4,845,632	0	4,845,632	56.00
57.00	05700 CT SCAN		5,088,598	0	5,088,598	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		3,582,094	0	3,582,094	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,742,371	0	2,742,371	59.00
60.00	06000 LABORATORY		17,699,825	9,321	17,709,146	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		15,025,737	2,983	15,028,720	62.00
64.00	06400 INTRAVENOUS THERAPY		6,065,183	58,000	6,123,183	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,608,920	0	6,608,920	65.00
66.00	06600 PHYSICAL THERAPY	0	4,364,435	3,850	4,368,285	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,072,469	0	2,072,469	67.00
68.00	06800 SPEECH PATHOLOGY	0	396,322	0	396,322	68.00
69.00	06900 ELECTROCARDIOLOGY		4,475,995	850	4,476,845	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,764,819	272	1,765,091	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		45,760,705	0	45,760,705	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		28,534,969	0	28,534,969	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		64,077,090	0	64,077,090	73.00
74.00	07400 RENAL DIALYSIS		2,731,694	3,853	2,735,547	74.00
76.00	03330 ENDOSCOPY		4,443,702	0	4,443,702	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		9,841,988	0	9,841,988	90.00
91.00	09100 EMERGENCY		16,671,747	5,701	16,677,448	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		4,271,771	0	4,271,771	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		9,437,226	0	9,437,226	105.00
107.00	10700 LIVER ACQUISITION		6,176,873	0	6,176,873	107.00
109.00	10900 PANCREAS ACQUISITION		66,227	0	66,227	109.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	441,939,724	614,506	442,554,230	200.00
201.00	Less Observation Beds		4,271,771		4,271,771	201.00
202.00	Total (see instructions)	0	437,667,953	614,506	438,282,459	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	142,772,004		142,772,004		30.00
31.00	03100	INTENSIVE CARE UNIT	101,937,907		101,937,907		31.00
40.00	04000	SUBPROVIDER - IPF	20,096,187		20,096,187		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,097,760	66,088,070	169,185,830	0.197041	50.00
51.00	05100	RECOVERY ROOM	8,509,642	5,463,480	13,973,122	0.299189	51.00
53.00	05300	ANESTHESIOLOGY	7,978,553	4,359,813	12,338,366	0.272634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,296,189	49,359,709	95,655,898	0.151758	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	641,034	19,600,175	20,241,209	0.153019	55.00
56.00	05600	RADIOISOTOPE	2,072,366	19,736,184	21,808,550	0.222190	56.00
57.00	05700	CT SCAN	74,695,495	84,736,036	159,431,531	0.031917	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,990,562	28,195,582	43,186,144	0.082945	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,091,799	23,572,816	46,664,615	0.058768	59.00
60.00	06000	LABORATORY	137,561,776	88,511,693	226,073,469	0.078292	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	29,336,197	5,954,575	35,290,772	0.425770	62.00
64.00	06400	INTRAVENOUS THERAPY	7,960,080	6,619,278	14,579,358	0.416012	64.00
65.00	06500	RESPIRATORY THERAPY	30,320,466	4,848,624	35,169,090	0.187918	65.00
66.00	06600	PHYSICAL THERAPY	10,216,175	3,356,469	13,572,644	0.321561	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,927,794	1,059,531	9,987,325	0.207510	67.00
68.00	06800	SPEECH PATHOLOGY	1,920,650	125,639	2,046,289	0.193678	68.00
69.00	06900	ELECTROCARDIOLOGY	21,178,049	10,769,016	31,947,065	0.140107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,736,623	2,062,729	5,799,352	0.304313	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	70,639,587	41,078,543	111,718,130	0.409609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,039,299	42,123,498	102,162,797	0.279309	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	257,908,165	277,010,959	534,919,124	0.119788	73.00
74.00	07400	RENAL DIALYSIS	5,131,368	277,903	5,409,271	0.505002	74.00
76.00	03330	ENDOSCOPY	7,122,066	17,740,010	24,862,076	0.178734	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	479,210	44,544,724	45,023,934	0.218595	90.00
91.00	09100	EMERGENCY	76,132,137	96,679,896	172,812,033	0.096473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,242,517	4,483,557	5,726,074	0.746021	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,681,265	5,643,575	10,324,840		105.00
107.00	10700	LIVER ACQUISITION	2,240,458	1,743,891	3,984,349		107.00
109.00	10900	PANCREAS ACQUISITION	66,182	6,953	73,135		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,283,019,562	955,752,928	2,238,772,490		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,283,019,562	955,752,928	2,238,772,490		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 3:06 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
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
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03330 ENDOSCOPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

		Title V		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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		68,408,165	513,845	68,922,010	30.00
31.00	03100 INTENSIVE CARE UNIT		36,740,178	0	36,740,178	31.00
40.00	04000 SUBPROVIDER - IPF		11,550,160	0	11,550,160	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		33,336,554	15,831	33,352,385	50.00
51.00	05100 RECOVERY ROOM		4,180,609	0	4,180,609	51.00
53.00	05300 ANESTHESIOLOGY		3,363,863	0	3,363,863	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,516,512	0	14,516,512	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		3,097,291	0	3,097,291	55.00
56.00	05600 RADIOISOTOPE		4,845,632	0	4,845,632	56.00
57.00	05700 CT SCAN		5,088,598	0	5,088,598	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		3,582,094	0	3,582,094	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,742,371	0	2,742,371	59.00
60.00	06000 LABORATORY		17,699,825	9,321	17,709,146	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		15,025,737	2,983	15,028,720	62.00
64.00	06400 INTRAVENOUS THERAPY		6,065,183	58,000	6,123,183	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,608,920	0	6,608,920	65.00
66.00	06600 PHYSICAL THERAPY	0	4,364,435	3,850	4,368,285	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,072,469	0	2,072,469	67.00
68.00	06800 SPEECH PATHOLOGY	0	396,322	0	396,322	68.00
69.00	06900 ELECTROCARDIOLOGY		4,475,995	850	4,476,845	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,764,819	272	1,765,091	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		45,760,705	0	45,760,705	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		28,534,969	0	28,534,969	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		64,077,090	0	64,077,090	73.00
74.00	07400 RENAL DIALYSIS		2,731,694	3,853	2,735,547	74.00
76.00	03330 ENDOSCOPY		4,443,702	0	4,443,702	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		9,841,988	0	9,841,988	90.00
91.00	09100 EMERGENCY		16,671,747	5,701	16,677,448	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		4,271,771	0	4,271,771	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		9,437,226	0	9,437,226	105.00
107.00	10700 LIVER ACQUISITION		6,176,873	0	6,176,873	107.00
109.00	10900 PANCREAS ACQUISITION		66,227	0	66,227	109.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	441,939,724	614,506	442,554,230	200.00
201.00	Less Observation Beds		4,271,771		4,271,771	201.00
202.00	Total (see instructions)	0	437,667,953	614,506	438,282,459	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	142,772,004		142,772,004		30.00
31.00	03100	INTENSIVE CARE UNIT	101,937,907		101,937,907		31.00
40.00	04000	SUBPROVIDER - IPF	20,096,187		20,096,187		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,097,760	66,088,070	169,185,830	0.197041	50.00
51.00	05100	RECOVERY ROOM	8,509,642	5,463,480	13,973,122	0.299189	51.00
53.00	05300	ANESTHESIOLOGY	7,978,553	4,359,813	12,338,366	0.272634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,296,189	49,359,709	95,655,898	0.151758	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	641,034	19,600,175	20,241,209	0.153019	55.00
56.00	05600	RADIOISOTOPE	2,072,366	19,736,184	21,808,550	0.222190	56.00
57.00	05700	CT SCAN	74,695,495	84,736,036	159,431,531	0.031917	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,990,562	28,195,582	43,186,144	0.082945	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,091,799	23,572,816	46,664,615	0.058768	59.00
60.00	06000	LABORATORY	137,561,776	88,511,693	226,073,469	0.078292	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	29,336,197	5,954,575	35,290,772	0.425770	62.00
64.00	06400	INTRAVENOUS THERAPY	7,960,080	6,619,278	14,579,358	0.416012	64.00
65.00	06500	RESPIRATORY THERAPY	30,320,466	4,848,624	35,169,090	0.187918	65.00
66.00	06600	PHYSICAL THERAPY	10,216,175	3,356,469	13,572,644	0.321561	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,927,794	1,059,531	9,987,325	0.207510	67.00
68.00	06800	SPEECH PATHOLOGY	1,920,650	125,639	2,046,289	0.193678	68.00
69.00	06900	ELECTROCARDIOLOGY	21,178,049	10,769,016	31,947,065	0.140107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,736,623	2,062,729	5,799,352	0.304313	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	70,639,587	41,078,543	111,718,130	0.409609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,039,299	42,123,498	102,162,797	0.279309	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	257,908,165	277,010,959	534,919,124	0.119788	73.00
74.00	07400	RENAL DIALYSIS	5,131,368	277,903	5,409,271	0.505002	74.00
76.00	03330	ENDOSCOPY	7,122,066	17,740,010	24,862,076	0.178734	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	479,210	44,544,724	45,023,934	0.218595	90.00
91.00	09100	EMERGENCY	76,132,137	96,679,896	172,812,033	0.096473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,242,517	4,483,557	5,726,074	0.746021	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,681,265	5,643,575	10,324,840		105.00
107.00	10700	LIVER ACQUISITION	2,240,458	1,743,891	3,984,349		107.00
109.00	10900	PANCREAS ACQUISITION	66,182	6,953	73,135		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,283,019,562	955,752,928	2,238,772,490		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,283,019,562	955,752,928	2,238,772,490		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 3:06 pm
		Title V	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
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
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03330 ENDOSCOPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part I Date/Time Prepared: 5/28/2019 3:06 pm	
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) PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,479,826	0	3,479,826	69,313	50.20 30.00	
31.00	INTENSIVE CARE UNIT	1,843,600		1,843,600	24,280	75.93 31.00	
40.00	SUBPROVIDER - IPF	664,341	0	664,341	9,456	70.26 40.00	
200.00	Total (Lines 30 through 199)	5,987,767		5,987,767	103,049	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	20,081	1,008,066	30.00			
31.00	INTENSIVE CARE UNIT	7,242	549,885	31.00			
40.00	SUBPROVIDER - IPF	1,910	134,197	40.00			
200.00	Total (Lines 30 through 199)	29,233	1,692,148	200.00			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 3:06 pm
--	--	-----------------------	---	--

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	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,016,342	169,185,830	0.029650	35,399,021	1,049,581	50.00
51.00	05100	RECOVERY ROOM	285,636	13,973,122	0.020442	3,944,435	80,632	51.00
53.00	05300	ANESTHESIOLOGY	330,210	12,338,366	0.026763	5,183,139	138,716	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,074,111	95,655,898	0.032137	12,719,937	408,781	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	968,333	20,241,209	0.047840	337,670	16,154	55.00
56.00	05600	RADIOISOTOPE	216,111	21,808,550	0.009909	404,021	4,003	56.00
57.00	05700	CT SCAN	876,588	159,431,531	0.005498	19,214,278	105,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,139,351	43,186,144	0.026382	3,899,919	102,888	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,315,600	46,664,615	0.028193	11,267,369	317,661	59.00
60.00	06000	LABORATORY	1,038,132	226,073,469	0.004592	44,316,652	203,502	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	398,401	35,290,772	0.011289	5,717,759	64,548	62.00
64.00	06400	INTRAVENOUS THERAPY	417,449	14,579,358	0.028633	45,486	1,302	64.00
65.00	06500	RESPIRATORY THERAPY	598,674	35,169,090	0.017023	9,221,697	156,981	65.00
66.00	06600	PHYSICAL THERAPY	218,987	13,572,644	0.016134	3,293,625	53,139	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,914	9,987,325	0.005999	2,963,812	17,780	67.00
68.00	06800	SPEECH PATHOLOGY	9,096	2,046,289	0.004445	671,078	2,983	68.00
69.00	06900	ELECTROCARDIOLOGY	1,066,606	31,947,065	0.033387	1,969,629	65,760	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	509,789	5,799,352	0.087904	1,047,910	92,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	743,047	111,718,130	0.006651	21,072,673	140,154	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	459,759	102,162,797	0.004500	19,947,568	89,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,426,695	534,919,124	0.002667	75,943,020	202,540	73.00
74.00	07400	RENAL DIALYSIS	112,765	5,409,271	0.020847	2,597,035	54,140	74.00
76.00	03330	ENDOSCOPY	1,528,525	24,862,076	0.061480	2,286,243	140,558	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,245,999	45,023,934	0.027674	353,449	9,781	90.00
91.00	09100	EMERGENCY	1,030,962	172,812,033	0.005966	17,419,368	103,924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	215,677	5,726,074	0.037666	501,350	18,884	92.00
200.00		Total (lines 50 through 199)	24,302,759	1,959,584,068		301,738,143	3,641,911	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/28/2019 3:06 pm		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	194,247	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	141,911	0	31.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	12,148	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	348,306	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	194,247	69,313	2.80	20,081	30.00	
31.00	03100	INTENSIVE CARE UNIT		141,911	24,280	5.84	7,242	31.00	
40.00	04000	SUBPROVIDER - I PF	0	12,148	9,456	1.28	1,910	40.00	
200.00		Total (lines 30 through 199)		348,306	103,049		29,233	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	56,227						30.00
31.00	03100	INTENSIVE CARE UNIT	42,293						31.00
40.00	04000	SUBPROVIDER - I PF	2,445						40.00
200.00		Total (lines 30 through 199)	100,965						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 3:06 pm
--	-----------------------	---	--

Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
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	66,431	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
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	44,288	90.00
91.00	09100 EMERGENCY	0	0	0	0	66,431	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	12,038	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	189,188	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 3:06 pm
--	-----------------------	---	--

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	169,185,830	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,973,122	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,338,366	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,655,898	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,241,209	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	21,808,550	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	159,431,531	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	43,186,144	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	46,664,615	0.000000	59.00
60.00	06000	LABORATORY	0	66,431	66,431	226,073,469	0.000294	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	35,290,772	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	14,579,358	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	35,169,090	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,572,644	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,987,325	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,046,289	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,947,065	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,799,352	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	111,718,130	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	102,162,797	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	534,919,124	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,409,271	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	24,862,076	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	44,288	44,288	45,023,934	0.000984	90.00
91.00	09100	EMERGENCY	0	66,431	66,431	172,812,033	0.000384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	12,038	12,038	5,726,074	0.002102	92.00
200.00		Total (lines 50 through 199)	0	189,188	189,188	1,959,584,068		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 3:06 pm
--	-----------------------	---	--

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	35,399,021	0	20,438,857	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,944,435	0	3,672,795	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,183,139	0	2,884,573	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	12,719,937	0	10,603,793	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	337,670	0	9,700,491	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	404,021	0	818,036	0	56.00
57.00	05700	CT SCAN	0.000000	19,214,278	0	15,039,374	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,899,919	0	5,705,430	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	11,267,369	0	8,070,508	0	59.00
60.00	06000	LABORATORY	0.000294	44,316,652	13,029	13,175,671	3,874	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	5,717,759	0	586,730	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	45,486	0	779,154	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	9,221,697	0	154,217	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,293,625	0	86,127	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,963,812	0	66,746	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	671,078	0	3,981	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,969,629	0	891,629	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,047,910	0	86,563	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	21,072,673	0	10,832,198	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	19,947,568	0	11,533,049	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	75,943,020	0	89,219,538	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,597,035	0	124,420	0	74.00
76.00	03330	ENDOSCOPY	0.000000	2,286,243	0	3,857,427	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000984	353,449	348	1,617,449	1,592	90.00
91.00	09100	EMERGENCY	0.000384	17,419,368	6,689	11,542,201	4,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.002102	501,350	1,054	969,106	2,037	92.00
200.00		Total (lines 50 through 199)		301,738,143	21,120	222,460,063	11,935	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.197041	20,438,857	89,892	0	4,027,293	50.00
51.00	05100	RECOVERY ROOM	0.299189	3,672,795	0	0	1,098,860	51.00
53.00	05300	ANESTHESIOLOGY	0.272634	2,884,573	0	0	786,433	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151758	10,603,793	38,625	0	1,609,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153019	9,700,491	0	0	1,484,359	55.00
56.00	05600	RADIOISOTOPE	0.222190	818,036	0	0	181,759	56.00
57.00	05700	CT SCAN	0.031917	15,039,374	0	0	480,012	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082945	5,705,430	0	0	473,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.058768	8,070,508	0	0	474,288	59.00
60.00	06000	LABORATORY	0.078292	13,175,671	0	0	1,031,550	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.425770	586,730	0	0	249,812	62.00
64.00	06400	INTRAVENOUS THERAPY	0.416012	779,154	0	0	324,137	64.00
65.00	06500	RESPIRATORY THERAPY	0.187918	154,217	0	0	28,980	65.00
66.00	06600	PHYSICAL THERAPY	0.321561	86,127	0	0	27,695	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.207510	66,746	0	0	13,850	67.00
68.00	06800	SPEECH PATHOLOGY	0.193678	3,981	0	0	771	68.00
69.00	06900	ELECTROCARDIOLOGY	0.140107	891,629	0	0	124,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304313	86,563	0	0	26,342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.409609	10,832,198	0	0	4,436,966	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279309	11,533,049	0	0	3,221,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119788	89,219,538	1,603	377,687	10,687,430	73.00
74.00	07400	RENAL DIALYSIS	0.505002	124,420	0	0	62,832	74.00
76.00	03330	ENDOSCOPY	0.178734	3,857,427	0	0	689,453	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.218595	1,617,449	0	8,776	353,566	90.00
91.00	09100	EMERGENCY	0.096473	11,542,201	0	0	1,113,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.746021	969,106	0	0	722,973	92.00
200.00		Subtotal (see instructions)		222,460,063	130,120	386,463	33,731,526	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		222,460,063	130,120	386,463	33,731,526	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	17,712	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,862	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
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	192	45,242	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	1,918	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
200.00	Subtotal (see instructions)	23,766	47,160	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	23,766	47,160	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 3:06 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,016,342	169,185,830	0.029650	0	0	50.00
51.00	05100	RECOVERY ROOM	285,636	13,973,122	0.020442	167	3	51.00
53.00	05300	ANESTHESIOLOGY	330,210	12,338,366	0.026763	22,520	603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,074,111	95,655,898	0.032137	49,599	1,594	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	968,333	20,241,209	0.047840	702	34	55.00
56.00	05600	RADIOISOTOPE	216,111	21,808,550	0.009909	0	0	56.00
57.00	05700	CT SCAN	876,588	159,431,531	0.005498	112,991	621	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,139,351	43,186,144	0.026382	28,840	761	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,315,600	46,664,615	0.028193	0	0	59.00
60.00	06000	LABORATORY	1,038,132	226,073,469	0.004592	314,453	1,444	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	398,401	35,290,772	0.011289	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	417,449	14,579,358	0.028633	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	598,674	35,169,090	0.017023	21,723	370	65.00
66.00	06600	PHYSICAL THERAPY	218,987	13,572,644	0.016134	13,881	224	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,914	9,987,325	0.005999	2,341	14	67.00
68.00	06800	SPEECH PATHOLOGY	9,096	2,046,289	0.004445	841	4	68.00
69.00	06900	ELECTROCARDIOLOGY	1,066,606	31,947,065	0.033387	58,483	1,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	509,789	5,799,352	0.087904	2,039	179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	743,047	111,718,130	0.006651	6,876	46	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	459,759	102,162,797	0.004500	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,426,695	534,919,124	0.002667	835,198	2,227	73.00
74.00	07400	RENAL DIALYSIS	112,765	5,409,271	0.020847	5,400	113	74.00
76.00	03330	ENDOSCOPY	1,528,525	24,862,076	0.061480	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,245,999	45,023,934	0.027674	75,736	2,096	90.00
91.00	09100	EMERGENCY	1,030,962	172,812,033	0.005966	560,908	3,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	5,726,074	0.000000	757	0	92.00
200.00		Total (lines 50 through 199)	24,087,082	1,959,584,068		2,113,455	15,632	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 3:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
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	66,431	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
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	44,288	90.00
91.00	09100 EMERGENCY	0	0	0	0	66,431	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	177,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 3:06 pm
--	---	---	--

	Title XVIII	Subprovider - IPF	PPS
--	-------------	----------------------	-----

Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	169,185,830	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,973,122	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,338,366	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,655,898	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,241,209	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	21,808,550	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	159,431,531	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	43,186,144	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	46,664,615	0.000000	59.00
60.00	06000	LABORATORY	0	66,431	66,431	226,073,469	0.000294	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	35,290,772	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	14,579,358	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	35,169,090	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,572,644	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,987,325	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,046,289	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,947,065	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,799,352	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	111,718,130	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	102,162,797	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	534,919,124	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,409,271	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	24,862,076	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	44,288	44,288	45,023,934	0.000984	90.00
91.00	09100	EMERGENCY	0	66,431	66,431	172,812,033	0.000384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	5,726,074	0.000000	92.00
200.00		Total (lines 50 through 199)	0	177,150	177,150	1,959,584,068		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 3:06 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	167	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	22,520	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	49,599	0	484	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	702	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	112,991	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	28,840	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000294	314,453	92	1,575	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	21,723	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	13,881	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,341	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	841	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	58,483	0	1,401	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,039	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	6,876	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	835,198	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	5,400	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000984	75,736	75	155	0	90.00
91.00	09100 EMERGENCY	0.000384	560,908	215	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	757	0	0	0	92.00
200.00	Total (lines 50 through 199)		2,113,455	382	3,615	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 3:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.197041	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.299189	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.272634	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.151758	484	0	0	0	73	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.153019	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.222190	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0.031917	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082945	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.058768	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.078292	1,575	0	0	0	123	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.425770	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.416012	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.187918	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.321561	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.207510	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.193678	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.140107	1,401	0	0	0	196	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.304313	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.409609	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.279309	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.119788	0	0	0	809	0	73.00
74.00 07400 RENAL DIALYSIS	0.505002	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.178734	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.218595	155	0	0	0	34	90.00
91.00 09100 EMERGENCY	0.096473	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.746021	0	0	0	0	0	92.00
200.00	Subtotal (see instructions)	3,615	0	0	809	426	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		3,615	0	809	426	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 3:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
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
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	97		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
200.00 Subtotal (see instructions)	0	97		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	97		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		69,313	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		69,313	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.		30,131	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		34,886	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)		20,081	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		68,922,010	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)		68,922,010	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		142,772,000	28.00
29.00	Private room charges (excluding swing-bed charges)		76,016,164	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		66,755,836	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.482742	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,522.86	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,913.54	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		609.32	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		294.14	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		8,862,732	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,059,278	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		994.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,967,743	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)		19,967,743	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	36,740,178	24,280	1,513.19	7,242	10,958,522		
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)					50,455,250	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					81,381,515	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)					1,656,471	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,663,031	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,319,502	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					76,062,013	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)					4,296	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					994.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,271,771	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,479,826	68,922,010	0.050489	4,271,771	215,677	90.00
91.00	Nursing School cost	0	68,922,010	0.000000	4,271,771	0	91.00
92.00	Allied health cost	194,247	68,922,010	0.002818	4,271,771	12,038	92.00
93.00	All other Medical Education	0	68,922,010	0.000000	4,271,771	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,456 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,456 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.			2,426 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,030 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)			1,910 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			11,550,160 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			11,550,160 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			20,096,187 28.00
29.00	Private room charges (excluding swing-bed charges)			5,627,989 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			14,468,198 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.574744 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,319.86 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,058.07 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			261.79 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			150.46 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			365,016 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			11,185,144 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,221.46 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,332,989 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,332,989 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)			
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)					
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						0	43.00
44.00	CORONARY CARE UNIT						0	44.00
45.00	BURN INTENSIVE CARE UNIT						0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						0	47.00
	Cost Center Description							
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						239,315	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,572,304	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)						136,642	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						16,014	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						152,656	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,419,648	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	664,341	11,550,160	0.057518	0	0	90.00
91.00	Nursing School cost	0	11,550,160	0.000000	0	0	91.00
92.00	Allied health cost	12,148	11,550,160	0.001052	0	0	92.00
93.00	All other Medical Education	0	11,550,160	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			69,313 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			69,313 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.			30,131 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			34,886 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)			7,695 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			68,408,165 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)			68,408,165 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			142,772,000 28.00
29.00	Private room charges (excluding swing-bed charges)			76,016,164 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			66,755,836 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.479143 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,522.86 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,913.54 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			609.32 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			291.95 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			8,796,745 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			59,611,420 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			860.03 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,617,931 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)			6,617,931 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	36,740,178	24,280	1,513.19	2,617	3,960,018		
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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,577,949	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)					4,296	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					986.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,239,937	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,479,826	68,408,165	0.050869	4,239,937	215,681	90.00
91.00	Nursing School cost	0	68,408,165	0.000000	4,239,937	0	91.00
92.00	Allied health cost	0	68,408,165	0.000000	4,239,937	0	92.00
93.00	All other Medical Education	0	68,408,165	0.000000	4,239,937	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,456 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,456 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.			2,426 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,030 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)			3,211 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			11,550,160 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			11,550,160 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			20,096,187 28.00
29.00	Private room charges (excluding swing-bed charges)			5,627,989 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			14,468,198 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.574744 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,319.86 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,058.07 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			261.79 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			150.46 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			365,016 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			11,185,144 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,182.86 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,798,163 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)			3,798,163 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm		
		Title XIX		Subprovider - IPF		Cost		
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)			
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)					
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						0	43.00
44.00	CORONARY CARE UNIT						0	44.00
45.00	BURN INTENSIVE CARE UNIT						0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						0	47.00
	Cost Center Description							
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,798,163	49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 3:06 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	664,341	11,550,160	0.057518	0	0	90.00
91.00	Nursing School cost	0	11,550,160	0.000000	0	0	91.00
92.00	Allied health cost	0	11,550,160	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,550,160	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 3:06 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		37,316,827		30.00
31.00	03100 INTENSIVE CARE UNIT		24,847,457		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.197135	35,399,021	6,978,386	50.00
51.00	05100 RECOVERY ROOM	0.299189	3,944,435	1,180,132	51.00
53.00	05300 ANESTHESIOLOGY	0.272634	5,183,139	1,413,100	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151758	12,719,937	1,930,352	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.153019	337,670	51,670	55.00
56.00	05600 RADIOISOTOPE	0.222190	404,021	89,769	56.00
57.00	05700 CT SCAN	0.031917	19,214,278	613,262	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082945	3,899,919	323,479	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.058768	11,267,369	662,161	59.00
60.00	06000 LABORATORY	0.078334	44,316,652	3,471,501	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.425854	5,717,759	2,434,931	62.00
64.00	06400 INTRAVENOUS THERAPY	0.419990	45,486	19,104	64.00
65.00	06500 RESPIRATORY THERAPY	0.187918	9,221,697	1,732,923	65.00
66.00	06600 PHYSICAL THERAPY	0.321845	3,293,625	1,060,037	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.207510	2,963,812	615,021	67.00
68.00	06800 SPEECH PATHOLOGY	0.193678	671,078	129,973	68.00
69.00	06900 ELECTROCARDIOLOGY	0.140133	1,969,629	276,010	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.304360	1,047,910	318,942	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.409609	21,072,673	8,631,557	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279309	19,947,568	5,571,535	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119788	75,943,020	9,097,062	73.00
74.00	07400 RENAL DIALYSIS	0.505715	2,597,035	1,313,360	74.00
76.00	03330 ENDOSCOPY	0.178734	2,286,243	408,629	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.218595	353,449	77,262	90.00
91.00	09100 EMERGENCY	0.096506	17,419,368	1,681,074	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.746021	501,350	374,018	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		301,738,143	50,455,250	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)		301,738,143		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 3:06 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		4,029,309		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.197135	0	0	50.00
51.00	05100 RECOVERY ROOM	0.299189	167	50	51.00
53.00	05300 ANESTHESIOLOGY	0.272634	22,520	6,140	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151758	49,599	7,527	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.153019	702	107	55.00
56.00	05600 RADIOISOTOPE	0.222190	0	0	56.00
57.00	05700 CT SCAN	0.031917	112,991	3,606	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082945	28,840	2,392	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.058768	0	0	59.00
60.00	06000 LABORATORY	0.078334	314,453	24,632	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.425854	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.419990	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.187918	21,723	4,082	65.00
66.00	06600 PHYSICAL THERAPY	0.321845	13,881	4,468	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.207510	2,341	486	67.00
68.00	06800 SPEECH PATHOLOGY	0.193678	841	163	68.00
69.00	06900 ELECTROCARDIOLOGY	0.140133	58,483	8,195	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.304360	2,039	621	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.409609	6,876	2,816	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279309	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119788	835,198	100,047	73.00
74.00	07400 RENAL DIALYSIS	0.505715	5,400	2,731	74.00
76.00	03330 ENDOSCOPY	0.178734	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.218595	75,736	16,556	90.00
91.00	09100 EMERGENCY	0.096506	560,908	54,131	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.746021	757	565	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,113,455	239,315	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)		2,113,455		202.00

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

Provider CCN: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2019 3:06 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	55,788	994.36	32	31,820	1.00
2.00	INTENSIVE CARE UNIT	43.00	81,560	1,513.19	20	30,264	2.00
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)		137,348		52	62,084	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	0.197041	552,825	108,929	8.00
9.00	RECOVERY ROOM		51.00	0.299189	31,834	9,524	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.272634	85,604	23,339	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.151758	511,239	77,585	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.153019	3,907	598	13.00
14.00	RADIOISOTOPE		56.00	0.222190	184,720	41,043	14.00
15.00	CT SCAN		57.00	0.031917	783,754	25,015	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.082945	75,556	6,267	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.058768	774,983	45,544	17.00
18.00	LABORATORY		60.00	0.078292	3,650,084	285,772	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	0.425770	1,923	819	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.416012	14,250	5,928	22.00
23.00	RESPIRATORY THERAPY		65.00	0.187918	25,468	4,786	23.00
24.00	PHYSICAL THERAPY		66.00	0.321561	7,147	2,298	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.207510	2,684	557	25.00
26.00	SPEECH PATHOLOGY		68.00	0.193678	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.140107	290,363	40,682	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.304313	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT		71.00	0.409609	524,289	214,753	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.279309	4,707	1,315	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.119788	478,987	57,377	31.00
32.00	RENAL DIALYSIS		74.00	0.505002	2,700	1,364	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.178734	4,003	715	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	0.218595	163,564	35,754	37.00
38.00	EMERGENCY		91.00	0.096473	5,273	509	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT		92.00	0.746021	49,543	36,960	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				8,229,407	1,027,433	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	32	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	20	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				52	0	48.00

(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: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2019 3:06 pm

Cost Center Description		Kidney		Hospital		PPS	
		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	163,564	0.000000	0	51.00	
52.00	EMERGENCY	24.00	5,273	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	49,543	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)		218,380		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,089,517		8,366,755		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)	9,437,226		8,599,352		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)	10,526,743		16,966,107		61.00	
62.00	Total Usable Organs (see instructions)		69			62.00	
63.00	Medicare Usable Organs (see instructions)		63			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.913043			64.00	
65.00	Medicare Cost/Charges (see instructions)	9,611,369		15,490,785		65.00	
66.00	Revenue for Organs Sold	362,444		0		66.00	
67.00	Subtotal (Line 65 minus line 66)	9,248,925		15,490,785		67.00	
68.00	Organs Furnished Part B	0		0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	9,248,925		15,490,785	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		14		18		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		39		73.00
74.00	Total (sum of lines 70 through 73)		14		57		74.00
75.00	Organs Transplanted		14		39	2,885,522	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		16	80,007	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Disarded Organs		0		2	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		14		57		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: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2019 3:06 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	994.36	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	44,858	1,513.19	11	16,645	2.00
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)		44,858		11	16,645	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	0.197041	16,026	3,158	8.00	
9.00	RECOVERY ROOM	51.00	0.299189	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.272634	3,391	925	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.151758	89,542	13,589	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.153019	598	92	13.00	
14.00	RADIOISOTOPE	56.00	0.222190	16,738	3,719	14.00	
15.00	CT SCAN	57.00	0.031917	175,034	5,587	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.082945	110,707	9,183	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.058768	131,644	7,736	17.00	
18.00	LABORATORY	60.00	0.078292	338,706	26,518	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	0.425770	1,450	617	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.416012	2,640	1,098	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.187918	13,263	2,492	23.00	
24.00	PHYSICAL THERAPY	66.00	0.321561	8,016	2,578	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.207510	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.193678	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.140107	104,733	14,674	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.304313	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.409609	14,631	5,993	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.279309	396	111	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.119788	201,707	24,162	31.00	
32.00	RENAL DIALYSIS	74.00	0.505002	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.178734	11,084	1,981	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	0.218595	29,890	6,534	37.00	
38.00	EMERGENCY	91.00	0.096473	332	32	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.746021	5,032	3,754	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,275,560	134,533	41.00	
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	11	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			11	0	48.00	

(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: 26-0105

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

Worksheet D-4

Date/Time Prepared:
5/28/2019 3:06 pm

		Liver		Hospital		PPS	
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	29,890	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	332	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	5,032	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)		35,254		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	151,178		1,320,418			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)	6,176,873		5,628,465			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)	6,328,051		6,948,883			61.00
62.00	Total Usable Organs (see instructions)		32				62.00
63.00	Medicare Usable Organs (see instructions)		12				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.375000				64.00
65.00	Medicare Cost/Charges (see instructions)	2,373,019		2,605,831			65.00
66.00	Revenue for Organs Sold	19,948		0			66.00
67.00	Subtotal (Line 65 minus line 66)	2,353,071		2,605,831			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)	2,353,071	0	2,605,831	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	1			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	32			73.00
74.00	Total (sum of lines 70 through 73)		0	33			74.00
75.00	Organs Transplanted		0	32	11,008,297		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	1			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	33			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: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2019 3:06 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Pancreas							
Hospital							
PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	994.36	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,078	1,513.19	1	1,513	2.00
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)		4,078		1	1,513	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		0.197041	2,679	528	8.00
9.00	RECOVERY ROOM	51.00		0.299189	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.272634	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.151758	1,549	235	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.153019	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.222190	0	0	14.00
15.00	CT SCAN	57.00		0.031917	2,609	83	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.082945	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.058768	5,292	311	17.00
18.00	LABORATORY	60.00		0.078292	7,906	619	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		0.425770	29	12	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.416012	267	111	22.00
23.00	RESPIRATORY THERAPY	65.00		0.187918	198	37	23.00
24.00	PHYSICAL THERAPY	66.00		0.321561	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.207510	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.193678	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.140107	4,242	594	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.304313	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00		0.409609	1,337	548	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.279309	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.119788	2,222	266	31.00
32.00	RENAL DIALYSIS	74.00		0.505002	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00		0.178734	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		0.218595	0	0	37.00
38.00	EMERGENCY	91.00		0.096473	80	8	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00		0.746021	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				28,410	3,352	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00		0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00		0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00		0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00		0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00		0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00		0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00

(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: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2019 3:06 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	22.00	0	0.000000	0	0	50.00
51.00	EMERGENCY	23.00	80	0.000000	0	0	51.00
52.00	OBSERVATION BEDS (NON-DISTINCT)	24.00	0	0.000000	0	0	52.00
53.00	OTHER OUTPATIENT SERVICE COST CENTER	25.00	0	0.000000	0	0	53.00
54.00	TOTAL (sum of lines 49 through 52)	26.00	80	0.000000	0	0	54.00
55.00							55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	4,865		32,488			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)	66,227		60,346			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)	71,092		92,834			61.00
62.00	Total Usable Organs (see instructions)		1				62.00
63.00	Medicare Usable Organs (see instructions)		0				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	0		0			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	0		0			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	1			73.00
74.00	Total (sum of lines 70 through 73)		0	1			74.00
75.00	Organs Transplanted		0	1		211,729	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	0		0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	1			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: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		37,792,795	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,753,047	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		3,973,472	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		19,389,525	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		276.23	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		220.45	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).		43.00	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)		263.45	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		266.01	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		263.45	12.00
13.00	Total allowable FTE count for the prior year.		255.45	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.		254.45	14.00
15.00	Sum of lines 12 through 14 divided by 3.		257.78	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		257.78	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.933208	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.924902	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.924902	21.00
22.00	IME payment adjustment (see instructions)		20,315,083	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		7,950,209	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		1.73	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		2.56	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)		1.73	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.006263	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001671	27.00
28.00	IME add-on adjustment amount (see instructions)		82,791	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		32,400	28.01
29.00	Total IME payment (sum of lines 22 and 28)		20,397,874	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		7,982,609	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.36	31.00
32.00	Sum of lines 30 and 31		42.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		27.40	33.00
34.00	Disproportionate share adjustment (see instructions)		3,393,891	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000587905	0.000650092	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,978,174	5,378,128	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,975,455	1,355,584	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,331,039		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	81,642,118		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		89,624,727	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,998,410	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).		10,445,115	52.00
53.00	Nursing and Allied Health Managed Care payment		22,586	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)		11,601,996	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).		98,520	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		21,120	58.00
59.00	Total (sum of amounts on lines 49 through 58)		117,812,474	59.00
60.00	Primary payer payments		295,261	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		117,517,213	61.00
62.00	Deductibles billed to program beneficiaries		3,367,560	62.00
63.00	Coinurance billed to program beneficiaries		521,798	63.00
64.00	Allowable bad debts (see instructions)		2,210,765	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,436,997	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		940,812	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		115,064,852	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)		-568,939	70.93
70.94	HRR adjustment amount (see instructions)		-79,527	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 3:06 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)		949,747	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		113,466,639	71.00
71.01	Sequestration adjustment (see instructions)		2,269,333	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		110,995,625	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)		201,681	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,364,868	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
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
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0105

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 3:06 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	37,792,795	0	37,792,795		37,792,795	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,753,047	0		11,753,047	11,753,047	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,973,472	0	2,922,753	1,050,719	3,973,472	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	19,389,525	0	14,269,783	5,119,742	19,389,525	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.924902	0.924902	0.924902	0.924902		5.00
6.00	IME payment adjustment (see instructions)	22.00	20,315,083	0	15,496,028	4,819,055	20,315,083	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,950,209	0	7,950,209	0	7,950,209	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001671	0.001671	0.001671	0.001671		7.00
8.00	IME adjustment (see instructions)	28.00	82,791	0	63,152	19,639	82,791	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	32,400	0	23,845	8,555	32,400	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	20,397,874	0	15,559,180	4,838,694	20,397,874	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,982,609	0	7,974,054	8,555	7,982,609	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2740	0.2740	0.2740	0.2740		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,393,891	0	2,588,807	805,084	3,393,891	11.00
11.01	Uncompensated care payments	36.00	4,331,039	0	2,606,766	1,002,719	3,609,485	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	81,642,118	0	62,191,855	19,450,263	81,642,118	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	89,624,727	0	70,165,909	19,458,818	89,624,727	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	5,998,410	0	4,570,103	1,428,307	5,998,410	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: 26-0105

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 3:06 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	74,736,012	20,887,125	95,623,137	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	4,003,768	0	3,054,155	949,613	4,003,768	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	242,192	0	179,144	63,048	242,192	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	0.3489	0.3489	0.3489	0.3489		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,396,915	0	1,065,595	331,320	1,396,915	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0888	0.0888	0.0888	0.0888		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	355,535	0	271,209	84,326	355,535	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,998,410	0	4,570,103	1,428,307	5,998,410	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: 26-0105

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2019 3:06 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	37,792,795	37,792,795		37,792,795	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,753,047		11,753,047	11,753,047	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,973,472	2,922,753	1,050,719	3,973,472	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	19,389,525	14,269,783	5,119,742	19,389,525	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.924902	0.924902	0.924902		5.00
6.00	IME payment adjustment (see instructions)	22.00	20,315,083	15,496,028	4,819,055	20,315,083	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,950,209	5,850,982	2,099,227	7,950,209	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001671	0.001671	0.001671		7.00
8.00	IME adjustment (see instructions)	28.00	82,791	63,152	19,639	82,791	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	32,400	23,845	8,555	32,400	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	20,397,874	15,559,180	4,838,694	20,397,874	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,982,609	5,874,827	2,107,782	7,982,609	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2740	0.2740	0.2740		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,393,891	2,588,807	805,084	3,393,891	11.00
11.01	Uncompensated care payments	36.00	4,331,039	2,975,455	1,355,584	4,331,039	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	81,642,118	61,838,990	19,803,128	81,642,118	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	89,624,727	67,713,817	21,910,910	89,624,727	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,998,410	4,570,103	1,428,307	5,998,410	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			72,283,920	23,339,217	95,623,137	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,003,768	3,054,155	949,613	4,003,768	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	242,192	179,144	63,048	242,192	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	0.3489	0.3489	0.3489		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,396,915	1,065,595	331,320	1,396,915	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0888	0.0888	0.0888		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	355,535	271,209	84,326	355,535	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,998,410	4,570,103	1,428,307	5,998,410	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	-568,939	-468,152	-100,787	-568,939	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	-79,527	-64,248	-15,279	-79,527	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		717,515	232,232	949,747	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		70,926	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,719,591	2.00
3.00	OPPS payments		25,535,319	3.00
4.00	Outlier payment (see instructions)		319,653	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		11,935	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		70,926	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		516,583	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)		516,583	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		516,583	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		445,657	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)		70,926	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)		25,866,907	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		17,978	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,383,153	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)		21,536,702	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,703,461	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)		25,240,163	30.00
31.00	Primary payer payments		27,056	31.00
32.00	Subtotal (line 30 minus line 31)		25,213,107	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,010,457	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		656,797	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		450,395	36.00
37.00	Subtotal (see instructions)		25,869,904	37.00
38.00	MSP-LCC reconciliation amount from PS&R		12	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)		25,869,892	40.00
40.01	Sequestration adjustment (see instructions)		517,398	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		21,055,219	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		4,297,275	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		97	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		426	2.00
3.00	OPPS payments		471	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		97	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		809	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)		809	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		809	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		712	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)		97	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)		471	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)		73	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)		495	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)		495	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		495	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		495	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		495	40.00
40.01	Sequestration adjustment (see instructions)		10	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		465	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		20	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0105

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		87,259,328		21,055,219	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		21,801,934		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/10/2018	1,934,363		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,934,363		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)		110,995,625		21,055,219	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		201,681		4,297,275	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		111,197,306		25,352,494	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: 26-0105
Component CCN: 26-S105

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 3:06 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,351,759		465	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	10/26/2018	35,411		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		35,411		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,387,170		465	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		13,579		20	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,400,749		485	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: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,479,254 1.00
2.00	Net IPF PPS Outlier Payments			49,113 2.00
3.00	Net IPF PPS ECT Payments			18,785 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)			6.12 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)			3.86 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)			3.86 8.00
9.00	Average Daily Census (see instructions)			25.906849 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.074147 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			109,682 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,656,834 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,656,834 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,656,834 18.00
19.00	Deductibles			132,976 19.00
20.00	Subtotal (line 18 minus line 19)			1,523,858 20.00
21.00	Coinsurance			157,450 21.00
22.00	Subtotal (line 20 minus line 21)			1,366,408 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			92,463 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			60,101 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			22,897 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,426,509 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)			2,827 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,429,336 31.00
31.01	Sequestration adjustment (see instructions)			28,587 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,387,170 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)			13,579 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			49,113 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: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 3:06 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			226.61	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))			48.50	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			275.11	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			281.61	6.00
7.00	Enter the lesser of line 5 or line 6			275.11	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.	64.26	188.03	252.29	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.	62.78	183.69	246.47	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	62.78	183.69		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	61.63	172.45		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	64.24	167.26		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	62.88	174.47		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	62.88	174.47		17.00
18.00	Per resident amount	148,645.68	149,119.51		18.00
19.00	Approved amount for resident costs	9,346,840	26,016,881	35,363,721	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)			23.85	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.50	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.82	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			107,376.18	23.00
24.00	Multiply line 22 time line 23			624,929	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			35,988,650	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	29,233	11,169		26.00
27.00	Total Inpatient Days (see instructions)	98,753	98,753		27.00
28.00	Ratio of inpatient days to total inpatient days	0.296021	0.113100		28.00
29.00	Program direct GME amount	10,653,396	4,070,316		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		575,136		30.00
31.00	Net Program direct GME amount			14,148,576	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,409,271	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		83,953,819	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		11,601,996	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		295,261	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		95,260,554	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		33,802,975	42.00
43.00	Primary payer payments (see instructions)		27,056	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		33,775,919	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		129,036,473	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.738245	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.261755	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		14,148,576	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,445,115	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,703,461	50.00

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

Provider CCN: 26-0105

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

Worksheet G
Date/Time Prepared:
5/28/2019 3:06 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-291,171,983	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	99,525,280	0	0	0	4.00
5.00	Other receivable	3,094,087	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,706,694	0	0	0	7.00
8.00	Prepaid expenses	3,744,203	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	-174,101,719	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,930,263	0	0	0	12.00
13.00	Land improvements	180,478	0	0	0	13.00
14.00	Accumulated depreciation	-103,482	0	0	0	14.00
15.00	Buildings	277,917,721	0	0	0	15.00
16.00	Accumulated depreciation	-40,147,506	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	953,258	0	0	0	19.00
20.00	Accumulated depreciation	-513,515	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	55,281,105	0	0	0	23.00
24.00	Accumulated depreciation	-31,546,263	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	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)	277,952,059	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	12,795,543	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	1,156,613	2,361,926	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,952,156	2,361,926	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	117,802,496	2,361,926	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	71,297,740	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,679,217	0	0	0	38.00
39.00	Payroll taxes payable	-11,668	0	0	0	39.00
40.00	Notes and loans payable (short term)	402,612	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	1,417,722	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,785,623	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	88,569	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,988	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	96,557	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	81,882,180	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	35,920,316				52.00
53.00	Specific purpose fund		2,361,926			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	35,920,316	2,361,926	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	117,802,496	2,361,926	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0105

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 3:06 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		61,583,198		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-25,662,882			2.00
3.00	Total (sum of line 1 and line 2)		35,920,316		0	3.00
4.00	NET ASSETS - FOUNDATION	0		2,361,926		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		2,361,926	10.00
11.00	Subtotal (line 3 plus line 10)		35,920,316		2,361,926	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		35,920,316		2,361,926	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	NET ASSETS - FOUNDATION		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0105

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 3:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	154,611,411		154,611,411	1.00
2.00	SUBPROVIDER - IPF	20,108,726		20,108,726	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)	174,720,137		174,720,137	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	87,040,612		87,040,612	11.00
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)	87,040,612		87,040,612	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	261,760,749		261,760,749	17.00
18.00	Ancillary services	934,321,967	805,892,301	1,740,214,268	18.00
19.00	Outpatient services	84,841,769	152,763,776	237,605,545	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 PRO FEES	410	66,739,821	66,740,231	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,280,924,895	1,025,395,898	2,306,320,793	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		575,206,026		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)		575,206,026		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0105

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 3:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,306,320,793	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,781,182,399	2.00
3.00	Net patient revenues (line 1 minus line 2)	525,138,394	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	575,206,026	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-50,067,632	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	90,569	6.00
7.00	Income from investments	1,407,793	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	407,854	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,788,720	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	13,976,759	17.00
18.00	Revenue from sale of medical records and abstracts	4,956	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	42,585	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	3,064,374	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	3,624,446	24.00
25.00	Total other income (sum of lines 6-24)	24,408,056	25.00
26.00	Total (line 5 plus line 25)	-25,659,576	26.00
27.00	OTHER EXPENSES	3,306	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,306	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-25,662,882	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0105	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 3:06 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,003,768	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		242,192	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)		244.65	3.00
4.00	Number of interns & residents (see instructions)		259.51	4.00
5.00	Indirect medical education percentage (see instructions)		34.89	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)		1,396,915	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.36	8.00
9.00	Sum of lines 7 and 8		42.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.88	10.00
11.00	Disproportionate share adjustment (see instructions)		355,535	11.00
12.00	Total prospective capital payments (see instructions)		5,998,410	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00