

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: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/20/2019 4:30 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/20/2019 Time: 4:30 pm

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 ST. LOUIS CHILDREN'S HOSPITAL (26-3301) 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) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	95,315	-19,778	0	36,870,042	1.00
2.00 Subprovider - IPF	0	0	0		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	95,315	-19,778	0	36,870,042	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: 26-3301			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/16/2019 1:49 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE CHILDREN'S PLACE			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: ST. LOUIS		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. LOUIS CHILDREN'S HOSPITAL	263301	41180	7	07/01/1966	0	T	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis		ST. LOUIS CHILDREN'S HOSPITAL	262309	41180		01/01/1974				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)						2		21.00		
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N	N		22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					0	0	0	0	0	24.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria 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)					N		60.00	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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)			4.23	75.51	0.053047	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.79	78.29	0.022353		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			8.06	100.35	0.074347		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)	PEDIATRICS	2000	10.64	71.98	0.128782		67.00
67.01		INTERNAL MEDICINE	1400	0.00	0.85	0.000000		67.01
					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.				N			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)						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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

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		Physical	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	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				2			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,196,161		762,500				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.				06/30/1977			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.				06/18/2009			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.				06/18/2009			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.				06/18/2009			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	269026		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/16/2019 1:49 pm	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 4901 FOREST PARK PARKWAY	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108		143.00	
144.00 Are provider based physicians' costs included in Worksheet A?							
						1.00	144.00
						Y	
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
						1.00	145.00
						N	Y
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
						1.00	146.00
						N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						1.00	147.00
						N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						1.00	148.00
						N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
						1.00	149.00
						N	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
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.							
						1.00	165.00
						N	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
166.00							
						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.							
						1.00	167.00
						N	
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)							
						1.00	168.00
						0	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							
						1.00	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)							
						1.00	169.00
						0.00	
Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
						1.00	170.00
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
						1.00	171.00
						N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/16/2019 1:49 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N					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.	N					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.	N					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.				N		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.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/02/2019	Y	04/02/2019		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: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/16/2019 1:49 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.	ANNIE		SAMPATH		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-6757		AXS9867@BJC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/16/2019 1:49 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part IX Date/Time Prepared: 5/16/2019 1:49 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-3301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2019 1:49 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	218	79,570	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)		218	79,570	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	40	14,600	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 NEONATAL INTENSIVE CARE UNIT	35.00	125	45,625	0.00	0	12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		383	139,795	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						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)		383				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: 26-3301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2019 1:49 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)	259	2,650	43,826			1.00
2.00 HMO and other (see instructions)	0	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	259	2,650	43,826			7.00
8.00 INTENSIVE CARE UNIT	80	1,344	9,333			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 NEONATAL INTENSIVE CARE UNIT	0	4,435	38,283			12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	339	8,429	91,442	191.88	2,950.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						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)				191.88	2,950.70	27.00
28.00 Observation Bed Days		190	4,526			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: 26-3301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2019 1:49 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	48	790	11,339	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	48	790	11,339	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						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

		Outpatient		Training		Home				
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD			
		1.00	2.00	3.00	4.00	5.00	6.00			
1.00	Number of patients in program at end of cost reporting period	0	6	0	0	0	10	1.00		
2.00	Number of times per week patient receives dialysis	0.00	4.00	0.00	0.00	0.00	7.00	2.00		
3.00	Average patient dialysis time including setup	0.00	4.50	0.00	0.00			3.00		
4.00	CAPD exchanges per day				0.00		0.00	4.00		
5.00	Number of days in year dialysis furnished	365	365					5.00		
6.00	Number of stations	5	5	0	0			6.00		
7.00	Treatment capacity per day per station	2	2					7.00		
8.00	Utilization (see instructions)	0.00	0.00					8.00		
9.00	Average times dialyzers re-used	0.00	0.00					9.00		
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00		
							Y/N			
							1.00			
ESRD PPS										
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y		10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02	
							Prior to 1/1	After 12/31		
							1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03	
TRANSPLANT INFORMATION										
11.00	Number of patients on transplant list						0		11.00	
12.00	Number of patients transplanted during the cost reporting period						0		12.00	
EPOETIN										
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00	
16.00	Number of EPO units furnished relating to the home dialysis department								16.00	
ARANESP										
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00	
							MCP	INITIAL METHOD		
							1.00	2.00		
PHYSICIAN PAYMENT METHOD										
21.00	Enter "X" if method(s) is applicable						X		21.00	
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
	1.00	2.00	3.00	4.00	5.00					
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-3301

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

Worksheet S-5

Date/Time Prepared:
5/16/2019 1:49 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	26309	5,487	23.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-3301

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

Worksheet A
Date/Time Prepared:
5/16/2019 1:49 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	0	0	14,714,209	14,714,209	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	41,917,666	41,917,666	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,479,726	4,436,205	6,915,931	-1,099,456	5,816,475	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,628,336	176,418,392	225,046,728	-97,044,782	128,001,946	5.00
6.00	00600	MAINTENANCE & REPAIRS	354,254	917,799	1,272,053	-732,524	539,529	6.00
7.00	00700	OPERATION OF PLANT	2,418,169	7,550,593	9,968,762	-1,752,313	8,216,449	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	322,778	322,778	0	322,778	8.00
9.00	00900	HOUSEKEEPING	4,160,938	2,852,533	7,013,471	-13,346	7,000,125	9.00
10.00	01000	DIETARY	572,039	255,504	827,543	351,109	1,178,652	10.00
11.00	01100	CAFETERIA	2,385,225	5,016,795	7,402,020	626,505	8,028,525	11.00
13.00	01300	NURSING ADMINISTRATION	6,699,773	7,166,909	13,866,682	-2,268,078	11,598,604	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,513,210	4,513,210	14.00
15.00	01500	PHARMACY	0	0	0	11,162,021	11,162,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,510,978	1,475,067	2,986,045	-14,887	2,971,158	16.00
17.00	01700	SOCIAL SERVICE	3,851,339	1,838,655	5,689,994	-132,079	5,557,915	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,090,160	3,190,743	13,280,903	55,927,025	69,207,928	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,710,756	20,336,116	50,046,872	-5,341,144	44,705,728	30.00
31.00	03100	INTENSIVE CARE UNIT	12,121,162	6,058,065	18,179,227	-305,597	17,873,630	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	29,838,378	14,744,052	44,582,430	-142,925	44,439,505	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,850,679	25,956,783	35,807,462	-15,314,247	20,493,215	50.00
51.00	05100	RECOVERY ROOM	4,191,661	1,918,801	6,110,462	3,507,569	9,618,031	51.00
53.00	05300	ANESTHESIOLOGY	395,667	7,458,832	7,854,499	68,394	7,922,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,378,321	2,959,678	6,337,999	-295,848	6,042,151	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	514,363	959,199	1,473,562	88,302	1,561,864	55.00
57.00	05700	CT SCAN	146,269	334,454	480,723	-172,888	307,835	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	832,326	1,408,562	2,240,888	-946,728	1,294,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	796,282	4,519,114	5,315,396	-2,125,938	3,189,458	59.00
60.00	06000	LABORATORY	3,785,149	17,843,552	21,628,701	-3,291,978	18,336,723	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	561,672	2,694,817	3,256,489	780,161	4,036,650	63.00
65.00	06500	RESPIRATORY THERAPY	4,985,560	6,301,625	11,287,185	-3,670,001	7,617,184	65.00
66.00	06600	PHYSICAL THERAPY	5,093,279	2,041,923	7,135,202	-105,935	7,029,267	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,621,701	471,895	2,093,596	-40,490	2,053,106	67.00
68.00	06800	SPEECH PATHOLOGY	2,457,294	2,878,296	5,335,590	-764,677	4,570,913	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,897,745	2,897,745	28,047	2,925,792	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	834,449	618,164	1,452,613	-231,867	1,220,746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	928,524	5,653,993	6,582,517	4,150,074	10,732,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,718,481	9,718,481	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,169,495	30,665,883	38,835,378	-12,396,094	26,439,284	73.00
74.00	07400	RENAL DIALYSIS	639,776	902,907	1,542,683	-221,480	1,321,203	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,973,110	4,103,203	9,076,313	886,467	9,962,780	90.00
91.00	09100	EMERGENCY	6,268,624	6,531,926	12,800,550	-106,381	12,694,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	196,457	196,457	-194,070	2,387	94.00
95.00	09500	AMBULANCE SERVICES	4,346,269	2,126,578	6,472,847	-296,096	6,176,751	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	288,811	288,811	70,204	359,015	105.00
106.00	10600	HEART ACQUISITION	0	1,343,151	1,343,151	258,100	1,601,251	106.00
107.00	10700	LIVER ACQUISITION	0	809,044	809,044	146,528	955,572	107.00
108.00	10800	LUNG ACQUISITION	0	750,804	750,804	155,010	905,814	108.00
112.00	08600	BONE MARROW ACQUISITION	0	1,816,940	1,816,940	0	1,816,940	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	219,591,703	389,033,343	608,625,046	47,233	608,672,279	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,143	1,143	0	1,143	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	7,111,211	9,040,138	16,151,349	-46,569	16,104,780	194.00
194.01	07951	RETAIL PHARMACY	630,191	3,700,288	4,330,479	-664	4,329,815	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	227,333,105	401,774,912	629,108,017	0	629,108,017	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-3301

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

Worksheet A
Date/Time Prepared:
5/16/2019 1:49 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	349,263	15,063,472	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	351,206	42,268,872	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,798,838	14,615,313	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-616,190	127,385,756	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	539,529	6.00
7.00	00700	OPERATION OF PLANT	-1,085	8,215,364	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	322,778	8.00
9.00	00900	HOUSEKEEPING	-2,308	6,997,817	9.00
10.00	01000	DIETARY	-76,521	1,102,131	10.00
11.00	01100	CAFETERIA	-5,476,145	2,552,380	11.00
13.00	01300	NURSING ADMINISTRATION	-264,115	11,334,489	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,513,210	14.00
15.00	01500	PHARMACY	0	11,162,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,411	2,962,747	16.00
17.00	01700	SOCIAL SERVICE	-44,693	5,513,222	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-837,116	68,370,812	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,516,468	42,189,260	30.00
31.00	03100	INTENSIVE CARE UNIT	741	17,874,371	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-107,622	44,331,883	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-195,806	20,297,409	50.00
51.00	05100	RECOVERY ROOM	-330	9,617,701	51.00
53.00	05300	ANESTHESIOLOGY	-5,974,255	1,948,638	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-65,937	5,976,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,561,864	55.00
57.00	05700	CT SCAN	0	307,835	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,294,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,192,840	1,996,618	59.00
60.00	06000	LABORATORY	-502,771	17,833,952	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	38,019	4,074,669	63.00
65.00	06500	RESPIRATORY THERAPY	-3,903	7,613,281	65.00
66.00	06600	PHYSICAL THERAPY	-24,261	7,005,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	-270	2,052,836	67.00
68.00	06800	SPEECH PATHOLOGY	-2,428	4,568,485	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,925,792	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,220,746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-539	10,732,052	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,718,481	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-203,632	26,235,652	73.00
74.00	07400	RENAL DIALYSIS	-5,715	1,315,488	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-390,362	9,572,418	90.00
91.00	09100	EMERGENCY	-171,983	12,522,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	2,387	94.00
95.00	09500	AMBULANCE SERVICES	-631,298	5,545,453	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	359,015	105.00
106.00	10600	HEART ACQUISITION	-95,000	1,506,251	106.00
107.00	10700	LIVER ACQUISITION	-68,000	887,572	107.00
108.00	10800	LUNG ACQUISITION	-45,000	860,814	108.00
112.00	08600	BONE MARROW ACQUISITION	0	1,816,940	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,986,937	598,685,342	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,143	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	16,104,780	194.00
194.01	07951	RETAIL PHARMACY	0	4,329,815	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,986,937	619,121,080	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet Non-CMS W Date/Time Prepared: 5/16/2019 1:49 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
98.00	ANY OTHER REIMBURSABLE DEPARTMENTS	09850		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
112.00	BONE MARROW ACQUISITION	08600		112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTAL EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,923,821	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
0			0	4,923,821	
B - PATIENT CONVENIENCE CARE					
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	216	1.00
0			0	216	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	472,377	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	194,666	2.00
0			0	667,043	
D - OUTPATIENT TREATMENT ROOM					
1.00	CLINIC	90.00	0	6,035	1.00
0			0	6,035	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,442,765	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,830,859	2.00
0			0	6,273,624	
F - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,799,067	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,968,320	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00

RECLASSIFICATIONS

Provider CCN: 26-3301

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
		0	0	44,767,387	
G - PHERESIS AND INFUSION					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	344,566	451,797	1.00
2.00	CLINIC	90.00	16,546	16,211	2.00
			361,112	468,008	
H - INFECTION SURVEULANCE					
1.00	INTENSIVE CARE UNIT	31.00	19,031	42,144	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	78,064	172,871	2.00
			97,095	215,015	
I - AFFILIATED SERVICES					
1.00	OPERATING ROOM	50.00	0	1,418,224	1.00
2.00	RECOVERY ROOM	51.00	0	20,934	2.00
3.00	ANESTHESIOLOGY	53.00	0	183,732	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	576,948	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	456,291	5.00
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,613	6.00
7.00	RESPIRATORY THERAPY	65.00	0	501	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	28,047	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	276,575	9.00
10.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	127,565	10.00
11.00	DRUGS CHARGED TO PATIENTS	73.00	0	30,558	11.00
			0	3,120,988	
J - CENTRAL SERVICE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	928,524	3,584,686	1.00
			928,524	3,584,686	
K - PHARMACY					
1.00	PHARMACY	15.00	8,169,495	2,992,526	1.00
			8,169,495	2,992,526	
L - WU TEACHING SERVICE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	55,929,542	1.00
			0	55,929,542	
M - TELEPHONE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,346	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
		0	0	13,346	
N - DIETARY					
1.00	DIETARY	10.00	119,908	252,201	1.00
2.00	CAFETERIA	11.00	0	1,096,121	2.00
			119,908	1,348,322	

RECLASSIFICATIONS

Provider CCN: 26-3301

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
O - MAINTENANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	971,039	170,103	1.00
2.00		0.00	0	0	2.00
	O		971,039	170,103	
P - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,140,629	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
	O		0	12,140,629	
R - EXTENDED RECOVERY					
1.00	RECOVERY ROOM	51.00	0	3,586,847	1.00
2.00		0.00	0	0	2.00
	O		0	3,586,847	
S - FAMILY CARE CENTER					
1.00	INTENSIVE CARE UNIT	31.00	21,034	20,119	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	86,281	82,525	2.00
	O		107,315	102,644	
T - INPATIENT CCPD					
1.00	RENAL DIALYSIS	74.00	0	194,070	1.00
	O		0	194,070	
U - EPO					
1.00	RENAL DIALYSIS	74.00	0	461,243	1.00
2.00		0.00	0	0	2.00
	O		0	461,243	
V - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,590,916	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
	O		0	9,590,916	
X - HEMATOLOGY ONCOLOGY CLINIC					
1.00	CLINIC	90.00	0	1,409,909	1.00
	O		0	1,409,909	
Y - PRE-TRANSPLANT DIETITIAN COSTS					
1.00	KIDNEY ACQUISITION	105.00	2,435	683	1.00
2.00	HEART ACQUISITION	106.00	6,932	1,943	2.00
3.00	LIVER ACQUISITION	107.00	4,181	1,172	3.00
4.00	LUNG ACQUISITION	108.00	2,850	799	4.00
	TOTALS		16,398	4,597	
Z - PRE-TRANSPLANT COSTS CHILD LIFE					
1.00	KIDNEY ACQUISITION	105.00	3,010	781	1.00
2.00	HEART ACQUISITION	106.00	7,933	2,058	2.00
3.00	LIVER ACQUISITION	107.00	2,808	728	3.00
4.00	LUNG ACQUISITION	108.00	3,175	824	4.00
	TOTALS		16,926	4,391	
AA - PRE-TRANSPLANT COSTS SOCIAL SERVICES					
1.00	KIDNEY ACQUISITION	105.00	6,472	1,745	1.00
2.00	HEART ACQUISITION	106.00	24,648	6,645	2.00
3.00	LIVER ACQUISITION	107.00	7,740	2,087	3.00
4.00	LUNG ACQUISITION	108.00	26,352	7,104	4.00
	TOTALS		65,212	17,581	
BB - PRE-TRANSPLANT COSTS FINANCIAL COORD					
1.00	KIDNEY ACQUISITION	105.00	8,794	2,241	1.00
2.00	HEART ACQUISITION	106.00	24,744	6,305	2.00
3.00	LIVER ACQUISITION	107.00	14,646	3,732	3.00
4.00	LUNG ACQUISITION	108.00	30,541	7,782	4.00
	TOTALS		78,725	20,060	

Provider CCN: 26-3301

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	CC - PRE-TRANSPLANT COSTS UNIVERSAL				
1.00	KIDNEY ACQUISITION	105.00	35,100	8,943	1.00
2.00	HEART ACQUISITION	106.00	140,972	35,920	2.00
3.00	LIVER ACQUISITION	107.00	87,212	22,222	3.00
4.00	LUNG ACQUISITION	108.00	60,235	15,348	4.00
	TOTALS		323,519	82,433	
500.00	Grand Total: Increases		11,255,268	152,095,982	500.00

RECLASSIFICATIONS

Provider CCN: 26-3301

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

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RENTAL EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,286	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	643,539	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	6,208	0		3.00
4.00	CAFETERIA	11.00	0	6,745	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	6,096	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,123	0		6.00
7.00	SOCIAL SERVICE	17.00	0	2,855	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	27,670	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	39,874	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	26,158	0		10.00
11.00	OPERATING ROOM	50.00	0	11,626	0		11.00
12.00	RECOVERY ROOM	51.00	0	2,766	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,460	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,283	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,859	0		15.00
16.00	LABORATORY	60.00	0	9,007	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	143,833	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	7,796	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	3,852	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	858	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,181,169	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	744,595	0		22.00
23.00	CLINIC	90.00	0	15,827	0		23.00
24.00	EMERGENCY	91.00	0	4,070	0		24.00
25.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	20,651	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	2,515	0		26.00
27.00	HOUSEKEEPING	9.00	0	100	0		27.00
O				4,923,821			
B - PATIENT CONVENIENCE CARE							
1.00	ADULTS & PEDIATRICS	30.00	0	216	0		1.00
O				216			
C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	667,043	10		1.00
2.00		0.00	0	0	10		2.00
O				667,043			
D - OUTPATIENT TREATMENT ROOM							
1.00	ADULTS & PEDIATRICS	30.00	0	6,035	0		1.00
O				6,035			
E - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,273,624	11		1.00
2.00		0.00	0	0	11		2.00
O				6,273,624			
F - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,040	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	34,475,563	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	432,136	0		3.00
4.00	OPERATION OF PLANT	7.00	0	905,349	0		4.00
5.00	HOUSEKEEPING	9.00	0	13,236	0		5.00
6.00	CAFETERIA	11.00	0	90,757	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	346,823	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,569	0		8.00
9.00	SOCIAL SERVICE	17.00	0	25,094	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,509	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,204,999	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	271,091	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	533,321	0		13.00
14.00	OPERATING ROOM	50.00	0	2,254,594	0		14.00
15.00	RECOVERY ROOM	51.00	0	97,388	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	115,338	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	860,696	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	47,477	0		18.00
19.00	CT SCAN	57.00	0	146,406	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	929,517	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	162,771	0		21.00
22.00	LABORATORY	60.00	0	160,537	0		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	16,202	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	166,667	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	62,718	0		25.00

RECLASSIFICATIONS

Provider CCN: 26-3301

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

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	15,117	0	26.00
27.00	SPEECH PATHOLOGY	68.00	0	66,921	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	217,809	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	73,946	0	29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	59,752	0	30.00
31.00	RENAL DIALYSIS	74.00	0	47,673	0	31.00
32.00	CLINIC	90.00	0	536,894	0	32.00
33.00	EMERGENCY	91.00	0	101,455	0	33.00
34.00	AMBULANCE SERVICES	95.00	0	292,374	0	34.00
35.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	20,984	0	35.00
36.00	RETAIL PHARMACY	194.01	0	664	0	36.00
			0	44,767,387		
G - PHERESIS AND INFUSION						
1.00	RENAL DIALYSIS	74.00	361,112	468,008	0	1.00
2.00		0.00	0	0	0	2.00
			361,112	468,008		
H - INFECTION SURVEULANCE						
1.00	ADULTS & PEDIATRICS	30.00	97,095	215,015	0	1.00
2.00		0.00	0	0	0	2.00
			97,095	215,015		
I - AFFILIATED SERVICES						
1.00	LABORATORY	60.00	0	3,120,988	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
			0	3,120,988		
J - CENTRAL SERVICE						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	928,524	3,584,686	0	1.00
			928,524	3,584,686		
K - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	8,169,495	2,992,526	0	1.00
			8,169,495	2,992,526		
L - WU TEACHING SERVICE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	55,929,542	0	1.00
			0	55,929,542		
M - TELEPHONE						
1.00	CAFETERIA	11.00	0	5	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	513	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	195	0	3.00
4.00	SOCIAL SERVICE	17.00	0	20	0	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	56	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	227	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,331	0	8.00
9.00	OPERATING ROOM	50.00	0	23	0	9.00
10.00	RECOVERY ROOM	51.00	0	58	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	158	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	2,939	0	12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	0	147	0	13.00
14.00	CLINIC	90.00	0	154	0	14.00
15.00	EMERGENCY	91.00	0	856	0	15.00
16.00	AMBULANCE SERVICES	95.00	0	1,207	0	16.00
17.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	5,150	0	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9	0	18.00
19.00	OPERATION OF PLANT	7.00	0	2	0	19.00
20.00	DIETARY	10.00	0	5	0	20.00
21.00	LABORATORY	60.00	0	32	0	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	240	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	1	0	23.00
24.00	HOUSEKEEPING	9.00	0	10	0	24.00
			0	13,346		

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6
Date/Time Prepared:
5/16/2019 1:49 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
N - DIETARY						
1.00 CAFETERIA	11.00	119,908	252,201	0		1.00
2.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,096,121	0		2.00
		119,908	1,348,322			
O - MAINTENANCE						
1.00 MAINTENANCE & REPAIRS	6.00	124,077	170,103	0		1.00
2.00 OPERATION OF PLANT	7.00	846,962	0	0		2.00
		971,039	170,103			
P - MEDICAL SUPPLIES						
1.00 ADULTS & PEDIATRICS	30.00	0	216,457	0		1.00
2.00 NEONATAL INTENSIVE CARE UNIT	35.00	0	1,856	0		2.00
3.00 OPERATING ROOM	50.00	0	7,251,794	0		3.00
4.00 RADIOLOGY-DIAGNOSTIC	54.00	0	7,482	0		4.00
5.00 RADIOLOGY-THERAPEUTIC	55.00	0	306,568	0		5.00
6.00 CT SCAN	57.00	0	26,482	0		6.00
7.00 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	18,824	0		7.00
8.00 CARDIAC CATHETERIZATION	59.00	0	649,869	0		8.00
9.00 LABORATORY	60.00	0	308	0		9.00
10.00 RESPIRATORY THERAPY	65.00	0	3,360,002	0		10.00
11.00 PHYSICAL THERAPY	66.00	0	32,482	0		11.00
12.00 OCCUPATIONAL THERAPY	67.00	0	25,373	0		12.00
13.00 SPEECH PATHOLOGY	68.00	0	220,696	0		13.00
14.00 ELECTROENCEPHALOGRAPHY	70.00	0	13,200	0		14.00
15.00 CLINIC	90.00	0	9,236	0		15.00
		0	12,140,629			
R - EXTENDED RECOVERY						
1.00 ADULTS & PEDIATRICS	30.00	0	3,490,114	0		1.00
2.00 INTENSIVE CARE UNIT	31.00	0	96,733	0		2.00
		0	3,586,847			
S - FAMILY CARE CENTER						
1.00 ADMINISTRATIVE & GENERAL	5.00	107,315	102,644	0		1.00
2.00	0.00	0	0	0		2.00
		107,315	102,644			
T - INPATIENT CCPD						
1.00 HOME PROGRAM DIALYSIS	94.00	0	194,070	0		1.00
		0	194,070			
U - EPO						
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	460,137	0		1.00
2.00 LABORATORY	60.00	0	1,106	0		2.00
		0	461,243			
V - IMPLANTS						
1.00 ADULTS & PEDIATRICS	30.00	0	83,487	0		1.00
2.00 OPERATING ROOM	50.00	0	7,214,434	0		2.00
3.00 RADIOLOGY-THERAPEUTIC	55.00	0	10,661	0		3.00
4.00 CARDIAC CATHETERIZATION	59.00	0	1,310,438	0		4.00
5.00 SPEECH PATHOLOGY	68.00	0	473,208	0		5.00
6.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	498,565	0		6.00
7.00 CLINIC	90.00	0	123	0		7.00
		0	9,590,916			
X - HEMATOLOGY ONCOLOGY CLINIC						
1.00 NURSING ADMINISTRATION	13.00	0	1,409,909	0		1.00
		0	1,409,909			
Y - PRE-TRANSPLANT DIETITIAN COSTS						
1.00 DIETARY	10.00	16,398	4,597	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
		16,398	4,597			
Z - PRE-TRANSPLANT COSTS CHILD LIFE						
1.00 SOCIAL SERVICE	17.00	16,926	4,391	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
		16,926	4,391			
AA - PRE-TRANSPLANT COSTS SOCIAL SERVICES						
1.00 SOCIAL SERVICE	17.00	65,212	17,581	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
		65,212	17,581			

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6

Date/Time Prepared:
5/16/2019 1:49 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
BB - PRE-TRANSPLANT COSTS FINANCIAL COORD						
1.00	NURSING ADMINISTRATION	13.00	78,725	20,060	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
TOTALS			78,725	20,060		
CC - PRE-TRANSPLANT COSTS UNIVERSAL						
1.00	NURSING ADMINISTRATION	13.00	323,519	82,433	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
TOTALS			323,519	82,433		
500.00	Grand Total: Decreases		11,255,268	152,095,982		500.00

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - RENTAL EXPENSE									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,923,821	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,286	1.00
2.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	643,539	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	6,208	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	6,745	4.00
5.00		0.00	0	0	NURSING	13.00	0	6,096	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	3,123	6.00
8.00		0.00	0	0	SOCIAL SERVICE	17.00	0	2,855	7.00
9.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	27,670	8.00
10.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	39,874	9.00
11.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	26,158	10.00
12.00		0.00	0	0	OPERATING ROOM	50.00	0	11,626	11.00
13.00		0.00	0	0	RECOVERY ROOM	51.00	0	2,766	12.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,460	13.00
15.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	3,283	14.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,859	15.00
17.00		0.00	0	0	LABORATORY	60.00	0	9,007	16.00
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	143,833	17.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	7,796	18.00
20.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	3,852	19.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	858	20.00
22.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,181,169	21.00
23.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	744,595	22.00
24.00		0.00	0	0	CLINIC	90.00	0	15,827	23.00
25.00		0.00	0	0	EMERGENCY	91.00	0	4,070	24.00
26.00		0.00	0	0	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	20,651	25.00
27.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	2,515	26.00
		0.00	0	0	HOUSEKEEPING	9.00	0	100	27.00
			0	4,923,821			0	4,923,821	
B - PATIENT CONVENIENCE CARE									
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	216	ADULTS & PEDIATRICS	30.00	0	216	1.00
			0	216			0	216	
C - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	472,377	ADMINISTRATIVE & GENERAL	5.00	0	667,043	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	194,666		0.00	0	0	2.00
			0	667,043			0	667,043	
D - OUTPATIENT TREATMENT ROOM									
1.00	CLINIC	90.00	0	6,035	ADULTS & PEDIATRICS	30.00	0	6,035	1.00
			0	6,035			0	6,035	
E - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,442,765	ADMINISTRATIVE & GENERAL	5.00	0	6,273,624	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,830,859		0.00	0	0	2.00
			0	6,273,624			0	6,273,624	
F - DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,799,067	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,040	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,968,320	ADMINISTRATIVE & GENERAL	5.00	0	34,475,563	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	432,136	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	905,349	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	0	13,236	5.00
6.00		0.00	0	0	CAFETERIA	11.00	0	90,757	6.00
7.00		0.00	0	0	NURSING	13.00	0	346,823	7.00
8.00		0.00	0	0	ADMINISTRATION				
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	11,569	8.00
			0	0	SOCIAL SERVICE	17.00	0	25,094	9.00

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/16/2019 1:49 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
10.00	0.00	0			0	22.00	0	2,509	10.00
					0				
11.00	0.00	0			0	30.00	0	1,204,999	11.00
12.00	0.00	0			0	31.00	0	271,091	12.00
13.00	0.00	0			0	35.00	0	533,321	13.00
14.00	0.00	0			0	50.00	0	2,254,594	14.00
15.00	0.00	0			0	51.00	0	97,388	15.00
16.00	0.00	0			0	53.00	0	115,338	16.00
17.00	0.00	0			0	54.00	0	860,696	17.00
18.00	0.00	0			0	55.00	0	47,477	18.00
19.00	0.00	0			0	57.00	0	146,406	19.00
20.00	0.00	0			0	58.00	0	929,517	20.00
21.00	0.00	0			0	59.00	0	162,771	21.00
22.00	0.00	0			0	60.00	0	160,537	22.00
23.00	0.00	0			0	63.00	0	16,202	23.00
24.00	0.00	0			0	65.00	0	166,667	24.00
25.00	0.00	0			0	66.00	0	62,718	25.00
26.00	0.00	0			0	67.00	0	15,117	26.00
27.00	0.00	0			0	68.00	0	66,921	27.00
28.00	0.00	0			0	70.00	0	217,809	28.00
29.00	0.00	0			0	71.00	0	73,946	29.00
30.00	0.00	0			0	73.00	0	59,752	30.00
31.00	0.00	0			0	74.00	0	47,673	31.00
32.00	0.00	0			0	90.00	0	536,894	32.00
33.00	0.00	0			0	91.00	0	101,455	33.00
34.00	0.00	0			0	95.00	0	292,374	34.00
35.00	0.00	0			0	194.00	0	20,984	35.00
36.00	0.00	0			0	194.01	0	664	36.00
0			44,767,387	0				44,767,387	
G - PHERESIS AND INFUSION									
1.00	63.00	344,566	451,797		74.00		361,112	468,008	1.00
2.00	90.00	16,546	16,211		0.00		0	0	2.00
0		361,112	468,008	0			361,112	468,008	
H - INFECTION SURVEULANCE									
1.00	31.00	19,031	42,144		30.00		97,095	215,015	1.00
2.00	35.00	78,064	172,871		0.00		0	0	2.00
0		97,095	215,015	0			97,095	215,015	
I - AFFILIATED SERVICES									
1.00	50.00	0	1,418,224		60.00		0	3,120,988	1.00
2.00	51.00	0	20,934		0.00		0	0	2.00
3.00	53.00	0	183,732		0.00		0	0	3.00
4.00	54.00	0	576,948		0.00		0	0	4.00
5.00	55.00	0	456,291		0.00		0	0	5.00
6.00	58.00	0	1,613		0.00		0	0	6.00
7.00	65.00	0	501		0.00		0	0	7.00
8.00	69.00	0	28,047		0.00		0	0	8.00
9.00	71.00	0	276,575		0.00		0	0	9.00
10.00	72.00	0	127,565		0.00		0	0	10.00
11.00	73.00	0	30,558		0.00		0	0	11.00
0			3,120,988	0			0	3,120,988	
J - CENTRAL SERVICE									
1.00	14.00	928,524	3,584,686		71.00		928,524	3,584,686	1.00
0		928,524	3,584,686	0			928,524	3,584,686	
K - PHARMACY									
1.00	15.00	8,169,495	2,992,526		73.00		8,169,495	2,992,526	1.00
0		8,169,495	2,992,526	0			8,169,495	2,992,526	

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
L - WU TEACHING SERVICE									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD 0	22.00	0	55,929,542	ADMINISTRATIVE & GENERAL 0	5.00	0	55,929,542	1.00
M - TELEPHONE									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,346	CAFETERIA	11.00	0	5	1.00
2.00		0.00	0	0	NURSING	13.00	0	513	2.00
3.00		0.00	0	0	ADMINISTRATION				
4.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	195	3.00
5.00		0.00	0	0	SOCIAL SERVICE	17.00	0	20	4.00
6.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8	5.00
7.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	56	6.00
8.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	227	7.00
9.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,331	8.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	23	9.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	58	10.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	158	11.00
13.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	2,939	12.00
14.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	147	13.00
15.00		0.00	0	0	CLINIC	90.00	0	154	14.00
16.00		0.00	0	0	EMERGENCY	91.00	0	856	15.00
17.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	1,207	16.00
18.00		0.00	0	0	VARIOUS	194.00	0	5,150	17.00
19.00		0.00	0	0	NONREIMBURSABLE DEPARTMENTS				
20.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9	18.00
21.00		0.00	0	0	OPERATION OF PLANT	7.00	0	2	19.00
22.00		0.00	0	0	DIETARY	10.00	0	5	20.00
23.00		0.00	0	0	LABORATORY	60.00	0	32	21.00
24.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	240	22.00
25.00		0.00	0	0	CARDIAC	59.00	0	1	23.00
26.00		0.00	0	0	CATHETERIZATION				
27.00		0.00	0	0	HOUSEKEEPING	9.00	0	10	24.00
	0		0	13,346	0		0	13,346	
N - DIETARY									
1.00	DIETARY	10.00	119,908	252,201	CAFETERIA	11.00	119,908	252,201	1.00
2.00	CAFETERIA	11.00	0	1,096,121	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,096,121	2.00
	0		119,908	1,348,322	0		119,908	1,348,322	
O - MAINTENANCE									
1.00	ADMINISTRATIVE & GENERAL	5.00	971,039	170,103	MAINTENANCE & REPAIRS	6.00	124,077	170,103	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	846,962	0	2.00
	0		971,039	170,103	0		971,039	170,103	
P - MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,140,629	ADULTS & PEDIATRICS	30.00	0	216,457	1.00
2.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,856	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	7,251,794	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	7,482	4.00
5.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	306,568	5.00
6.00		0.00	0	0	CT SCAN	57.00	0	26,482	6.00
7.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	18,824	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	649,869	8.00
9.00		0.00	0	0	LABORATORY	60.00	0	308	9.00
10.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	3,360,002	10.00
11.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	32,482	11.00
12.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	25,373	12.00
13.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	220,696	13.00
14.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	13,200	14.00
15.00		0.00	0	0	CLINIC	90.00	0	9,236	15.00
	0		0	12,140,629	0		0	12,140,629	

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/16/2019 1:49 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
R - EXTENDED RECOVERY									
1.00	RECOVERY ROOM	51.00	0	3,586,847	ADULTS & PEDIATRICS	30.00	0	3,490,114	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	96,733	2.00
	0		0	3,586,847	0		0	3,586,847	
S - FAMILY CARE CENTER									
1.00	INTENSIVE CARE UNIT	31.00	21,034	20,119	ADMINISTRATIVE & GENERAL	5.00	107,315	102,644	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	86,281	82,525		0.00	0	0	2.00
	0		107,315	102,644			107,315	102,644	
T - INPATIENT CCPD									
1.00	RENAL DIALYSIS	74.00	0	194,070	HOME PROGRAM DIALYSIS	94.00	0	194,070	1.00
	0		0	194,070	0		0	194,070	
U - EPO									
1.00	RENAL DIALYSIS	74.00	0	461,243	DRUGS CHARGED TO PATIENTS	73.00	0	460,137	1.00
2.00		0.00	0	0	LABORATORY	60.00	0	1,106	2.00
	0		0	461,243	0		0	461,243	
V - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,590,916	ADULTS & PEDIATRICS	30.00	0	83,487	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	7,214,434	2.00
3.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	10,661	3.00
4.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,310,438	4.00
5.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	473,208	5.00
6.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	498,565	6.00
7.00		0.00	0	0	CLINIC	90.00	0	123	7.00
	0		0	9,590,916	0		0	9,590,916	
X - HEMATOLOGY ONCOLOGY CLINIC									
1.00	CLINIC	90.00	0	1,409,909	NURSING ADMINISTRATION	13.00	0	1,409,909	1.00
	0		0	1,409,909	0		0	1,409,909	
Y - PRE-TRANSPLANT DIETITIAN COSTS									
1.00	KIDNEY ACQUISITION	105.00	2,435	683	DIETARY	10.00	16,398	4,597	1.00
2.00	HEART ACQUISITION	106.00	6,932	1,943		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	4,181	1,172		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	2,850	799		0.00	0	0	4.00
	TOTALS		16,398	4,597	TOTALS		16,398	4,597	
Z - PRE-TRANSPLANT COSTS CHILD LIFE									
1.00	KIDNEY ACQUISITION	105.00	3,010	781	SOCIAL SERVICE	17.00	16,926	4,391	1.00
2.00	HEART ACQUISITION	106.00	7,933	2,058		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	2,808	728		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	3,175	824		0.00	0	0	4.00
	TOTALS		16,926	4,391	TOTALS		16,926	4,391	
AA - PRE-TRANSPLANT COSTS SOCIAL SERVICES									
1.00	KIDNEY ACQUISITION	105.00	6,472	1,745	SOCIAL SERVICE	17.00	65,212	17,581	1.00
2.00	HEART ACQUISITION	106.00	24,648	6,645		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	7,740	2,087		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	26,352	7,104		0.00	0	0	4.00
	TOTALS		65,212	17,581	TOTALS		65,212	17,581	
BB - PRE-TRANSPLANT COSTS FINANCIAL COORD									
1.00	KIDNEY ACQUISITION	105.00	8,794	2,241	NURSING ADMINISTRATION	13.00	78,725	20,060	1.00
2.00	HEART ACQUISITION	106.00	24,744	6,305		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	14,646	3,732		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	30,541	7,782		0.00	0	0	4.00
	TOTALS		78,725	20,060	TOTALS		78,725	20,060	
CC - PRE-TRANSPLANT COSTS UNIVERSAL									
1.00	KIDNEY ACQUISITION	105.00	35,100	8,943	NURSING ADMINISTRATION	13.00	323,519	82,433	1.00
2.00	HEART ACQUISITION	106.00	140,972	35,920		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	87,212	22,222		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	60,235	15,348		0.00	0	0	4.00
	TOTALS		323,519	82,433	TOTALS		323,519	82,433	
500.00	Grand Total : Increases		11,255,268	152,095,982	Grand Total : Decreases		11,255,268	152,095,982	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

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

Worksheet A-7
Part I
Date/Time Prepared:
5/16/2019 1:49 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,508,366	0	0	0	1.00
2.00	Land Improvements	229,495	4,211	0	4,211	2.00
3.00	Buildings and Fixtures	328,190,231	1,579,112	0	1,579,112	3.00
4.00	Building Improvements	265,647,655	51,676,835	0	51,676,835	4.00
5.00	Fixed Equipment	2,090,415	46,050	0	46,050	5.00
6.00	Movable Equipment	234,036,473	13,757,684	0	13,757,684	6.00
7.00	HIT designated Assets	11,369,762	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	848,072,397	67,063,892	0	67,063,892	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	848,072,397	67,063,892	0	67,063,892	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,508,366	0			1.00
2.00	Land Improvements	233,706	0			2.00
3.00	Buildings and Fixtures	329,675,514	0			3.00
4.00	Building Improvements	302,102,658	0			4.00
5.00	Fixed Equipment	2,136,465	0			5.00
6.00	Movable Equipment	229,196,630	0			6.00
7.00	HIT designated Assets	6,778,828	0			7.00
8.00	Subtotal (sum of lines 1-7)	876,632,167	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	876,632,167	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

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

Worksheet A-7
Part II
Date/Time Prepared:
5/16/2019 1:49 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

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

Worksheet A-7
Part III
Date/Time Prepared:
5/16/2019 1:49 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	15,063,472	0	15,063,472	0.262740	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,268,872	0	42,268,872	0.737260	0	2.00
3.00	Total (sum of lines 1-2)	57,332,344	0	57,332,344	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	9,799,067	472,377	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	34,968,320	5,118,487	2.00
3.00	Total (sum of lines 1-2)	0	0	0	44,767,387	5,590,864	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	2,633,599	0	0	2,158,429	15,063,472	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,085,304	0	0	1,096,761	42,268,872	2.00
3.00	Total (sum of lines 1-2)	3,718,903	0	0	3,255,190	57,332,344	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-3301

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

Worksheet A-8

Date/Time Prepared:
5/16/2019 1:49 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	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,809,166	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-745,555	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-16,195,737				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	-6,713,504				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-5,437,348	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-38,647	CAFETERIA		11.00	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	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 NON ALLOWED DEPRECIATION	A	-49,521	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	
34.00 OTHER OPERATING REVENUE	B	-4,591,308	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.01 OTHER OPERATING REVENUE	B	-1,075	OPERATION OF PLANT		7.00	0 34.01
34.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 34.02
34.03 OTHER OPERATING REVENUE	B	-76,521	DIETARY		10.00	0 34.03
34.04 OTHER OPERATING REVENUE		0			0.00	0 34.04
34.05 OTHER OPERATING REVENUE	B	-5,922	MEDICAL RECORDS & LIBRARY		16.00	0 34.05
34.06 OTHER OPERATING REVENUE	B	-673,891	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 34.06
34.07 OTHER OPERATING REVENUE	B	-1,785	CLINIC		90.00	0 34.07
34.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 34.08
34.09 OTHER OPERATING REVENUE	B	-1,375	RADIOLOGY-DIAGNOSTIC		54.00	0 34.09
34.10 OTHER OPERATING REVENUE	B	0	LABORATORY		60.00	0 34.10
34.11 OTHER OPERATING REVENUE	B	-14,397	PHYSICAL THERAPY		66.00	0 34.11
34.12 OTHER OPERATING REVENUE	B	-1,644	SPEECH PATHOLOGY		68.00	0 34.12
34.13 OTHER OPERATING REVENUE	B	-209,067	DRUGS CHARGED TO PATIENTS		73.00	0 34.13
34.14 OTHER OPERATING REVENUE	B	-311	EMERGENCY		91.00	0 34.14
34.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 34.15
35.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 35.00
35.01 NON ALLOWABLE SWAP INTEREST EXP	A	-1,316,575	ADMINISTRATIVE & GENERAL		5.00	0 35.01
35.02 ENTERTAINMENT EXPENSE	A	-734,989	ADMINISTRATIVE & GENERAL		5.00	0 35.02
35.03 ENTERTAINMENT EXPENSE	A	-10	OPERATION OF PLANT		7.00	0 35.03
35.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 35.04
35.05 ENTERTAINMENT EXPENSE	A	-2,308	HOUSEKEEPING		9.00	0 35.05
35.06 ENTERTAINMENT EXPENSE	A	-150	CAFETERIA		11.00	0 35.06
35.07 ENTERTAINMENT EXPENSE	A	-14,411	NURSING ADMINISTRATION		13.00	0 35.07
35.08 ENTERTAINMENT EXPENSE	A	-2,489	MEDICAL RECORDS & LIBRARY		16.00	0 35.08
35.09 ENTERTAINMENT EXPENSE	A	-8,893	SOCIAL SERVICE		17.00	0 35.09
35.10 ENTERTAINMENT EXPENSE	A	-58,328	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 35.10
35.11 ENTERTAINMENT EXPENSE	A	-20,600	ADULTS & PEDIATRICS		30.00	0 35.11
35.12 ENTERTAINMENT EXPENSE	A	-7,078	INTENSIVE CARE UNIT		31.00	0 35.12
35.13 ENTERTAINMENT EXPENSE	A	-12,624	NEONATAL INTENSIVE CARE UNIT		35.00	0 35.13
35.14 ENTERTAINMENT EXPENSE	A	-9,648	OPERATING ROOM		50.00	0 35.14
35.15 ENTERTAINMENT EXPENSE	A	-330	RECOVERY ROOM		51.00	0 35.15
35.16 ENTERTAINMENT EXPENSE	A	-5,933	RADIOLOGY-DIAGNOSTIC		54.00	0 35.16
35.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 35.17
35.18 ENTERTAINMENT EXPENSE	A	-975	LABORATORY		60.00	0 35.18
35.19 ENTERTAINMENT EXPENSE	A	-3,903	RESPIRATORY THERAPY		65.00	0 35.19
35.20 ENTERTAINMENT EXPENSE	A	-3,704	PHYSICAL THERAPY		66.00	0 35.20
35.21 ENTERTAINMENT EXPENSE	A	-270	OCCUPATIONAL THERAPY		67.00	0 35.21
35.22 ENTERTAINMENT EXPENSE	A	-784	SPEECH PATHOLOGY		68.00	0 35.22
35.23 ENTERTAINMENT EXPENSE	A	-539	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0 35.23
35.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 35.24
35.25 ENTERTAINMENT EXPENSE	A	-485	DRUGS CHARGED TO PATIENTS		73.00	0 35.25
36.00 ENTERTAINMENT EXPENSE	A	-5,715	RENAL DIALYSIS		74.00	0 36.00
36.01 ENTERTAINMENT EXPENSE	A	-1,417	CLINIC		90.00	0 36.01
36.02 ENTERTAINMENT EXPENSE	A	-19,709	EMERGENCY		91.00	0 36.02
36.03 ENTERTAINMENT EXPENSE	A	-1,870	AMBULANCE SERVICES		95.00	0 36.03
37.00 FRA ADD-ON	A	31,348,375	ADMINISTRATIVE & GENERAL		5.00	0 37.00
38.00 PENSION EXPENSE	A	1,200,700	ADMINISTRATIVE & GENERAL		5.00	0 38.00
39.00 MALPRACTICE	A	-1,196,161	ADMINISTRATIVE & GENERAL		5.00	0 39.00
40.00 CONTRIBUTIONS	A	-2,191,958	ADMINISTRATIVE & GENERAL		5.00	0 40.00
40.01 CONTRIBUTIONS	A	-58,629	RADIOLOGY-DIAGNOSTIC		54.00	0 40.01
40.02 CONTRIBUTIONS	A	-35,800	SOCIAL SERVICE		17.00	0 40.02
40.03 CONTRIBUTIONS	A	-250	EMERGENCY		91.00	0 40.03
40.04 CONTRIBUTIONS	A	-1,500	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 40.04
41.00 LOBBYING	A	-44,297	ADMINISTRATIVE & GENERAL		5.00	0 41.00
42.00 ADVERTISING	A	-408,392	ADMINISTRATIVE & GENERAL		5.00	0 42.00
42.01 ADVERTISING	A	-6,160	PHYSICAL THERAPY		66.00	0 42.01
42.02 ADVERTISING	A	-5,746	CLINIC		90.00	0 42.02
42.03 ADVERTISING	A	-6,573	AMBULANCE SERVICES		95.00	0 42.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-3301

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

Worksheet A-8

Date/Time Prepared:
5/16/2019 1:49 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		
43.00 RESEARCH & DEVELOPMENT	A	58,678	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00 COST OF ED AT PARKLAND	A	161,287	EMERGENCY	91.00	0	44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,986,937				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: 26-3301
 Period: From 01/01/2018 To 12/31/2018
 Worksheet A-8-1
 Date/Time Prepared: 5/16/2019 1:49 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	2,158,429	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,096,761	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY-HO	1,453,577	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	OTHER EXPENSE-HO	7,346,761	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY-HO	35,633,299	25,845,476 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-HO	20,373,812	47,980,778 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TFC	2,196,768	2,640,976 4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	BJH SPACE	385,971	0 4.04
4.05	50.00	OPERATING ROOM	OTHER EXPENSE-LI THOTRIPSY	30,786	37,380 4.05
4.06	59.00	CARDIAC CATHETERIZATION	OTHER EXPENSE-AFFILIATE	76,115	1,268,955 4.06
4.07	60.00	LABORATORY	OTHER EXPENSE-AFFILIATE	2,559,614	2,333,245 4.07
4.08	63.00	BLOOD STORING, PROCESSING &	OTHER EXPENSE-AFFILIATE	147,335	109,316 4.08
4.09	31.00	INTENSIVE CARE UNIT	BJH SPACE	7,819	0 4.09
4.10	60.00	LABORATORY	BJH SPACE	29,655	0 4.10
4.11	73.00	DRUGS CHARGED TO PATIENTS	BJH SPACE	5,920	0 4.11
5.00	0			73,502,622	80,216,126 5.00

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

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

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

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

6.00	B	BJC HEALTHCARE	0.01	BJC HEALTHCARE	0.01	6.00
7.00	G	JOINT VENTURE	0.01	TELEPHONE FAC	0.01	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:	JOINT VENTURE				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 26-3301

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

Worksheet A-8-1

Date/Time Prepared:
5/16/2019 1:49 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	2,158,429	14		1.00
2.00	1,096,761	14		2.00
3.00	1,453,577	0		3.00
4.00	7,346,761	0		4.00
4.01	9,787,823	0		4.01
4.02	-27,606,966	0		4.02
4.03	-444,208	0		4.03
4.04	385,971	0		4.04
4.05	-6,594	0		4.05
4.06	-1,192,840	0		4.06
4.07	226,369	0		4.07
4.08	38,019	0		4.08
4.09	7,819	0		4.09
4.10	29,655	0		4.10
4.11	5,920	0		4.11
5.00	-6,713,504			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	COMMUNICATIONS		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: 26-3301

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2019 1:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	4,813,362	4,813,362	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	249,704	249,704	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	104,897	104,897	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	2,495,868	2,495,868	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	94,998	94,998	0	0	0	5.00
6.00	50.00	OPERATING ROOM	179,564	179,564	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	5,974,255	5,974,255	0	0	0	7.00
8.00	60.00	LABORATORY	757,820	757,820	0	0	0	8.00
9.00	90.00	CLINIC	381,414	381,414	0	0	0	9.00
10.00	91.00	EMERGENCY	313,000	313,000	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	622,855	622,855	0	0	0	11.00
12.00	106.00	HEART ACQUISITION	95,000	95,000	0	0	0	12.00
13.00	107.00	LIVER ACQUISITION	68,000	68,000	0	0	0	13.00
14.00	108.00	LUNG ACQUISITION	45,000	45,000	0	0	0	14.00
200.00			16,195,737	16,195,737	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	11.00
12.00	106.00	HEART ACQUISITION	0	0	0	0	0	12.00
13.00	107.00	LIVER ACQUISITION	0	0	0	0	0	13.00
14.00	108.00	LUNG ACQUISITION	0	0	0	0	0	14.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	4,813,362		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	249,704		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	104,897		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,495,868		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	94,998		5.00
6.00	50.00	OPERATING ROOM	0	0	0	179,564		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	5,974,255		7.00
8.00	60.00	LABORATORY	0	0	0	757,820		8.00
9.00	90.00	CLINIC	0	0	0	381,414		9.00
10.00	91.00	EMERGENCY	0	0	0	313,000		10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	622,855		11.00
12.00	106.00	HEART ACQUISITION	0	0	0	95,000		12.00
13.00	107.00	LIVER ACQUISITION	0	0	0	68,000		13.00
14.00	108.00	LUNG ACQUISITION	0	0	0	45,000		14.00
200.00			0	0	0	16,195,737		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:49 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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	15,063,472	15,063,472			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	42,268,872		42,268,872		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,615,313	22,855	64,131	14,702,299	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	127,385,756	5,684,684	15,951,522	4,418,236	153,440,198
6.00 00600	MAINTENANCE & REPAIRS	539,529	109,499	307,260	13,499	969,787
7.00 00700	OPERATION OF PLANT	8,215,364	231,955	650,878	92,143	9,190,340
8.00 00800	LAUNDRY & LINEN SERVICE	322,778	40,721	114,266	0	477,765
9.00 00900	HOUSEKEEPING	6,997,817	0	0	244,018	7,241,835
10.00 01000	DIETARY	1,102,131	163,703	459,360	40,579	1,765,773
11.00 01100	CAFETERIA	2,552,380	314,917	883,675	132,850	3,883,822
13.00 01300	NURSING ADMINISTRATION	11,334,489	66,771	187,363	392,908	11,981,531
14.00 01400	CENTRAL SERVICES & SUPPLY	4,513,210	0	0	54,453	4,567,663
15.00 01500	PHARMACY	11,162,021	0	0	479,100	11,641,121
16.00 01600	MEDICAL RECORDS & LIBRARY	2,962,747	115,754	324,810	88,611	3,491,922
17.00 01700	SOCIAL SERVICE	5,513,222	99,913	280,362	225,862	6,119,359
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	68,370,812	62,563	175,554	591,737	69,200,666
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	42,189,260	2,994,843	8,403,683	1,736,693	55,324,479
31.00 03100	INTENSIVE CARE UNIT	17,874,371	233,826	656,127	713,195	19,477,519
35.00 02060	NEONATAL INTENSIVE CARE UNIT	44,331,883	601,194	1,686,980	1,759,510	48,379,567
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,297,409	731,015	2,051,264	577,693	23,657,381
51.00 05100	RECOVERY ROOM	9,617,701	321,289	901,553	245,820	11,086,363
53.00 05300	ANESTHESIOLOGY	1,948,638	0	0	23,204	1,971,842
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,976,214	344,455	966,558	198,122	7,485,349
55.00 05500	RADIOLOGY-THERAPEUTIC	1,561,864	38,344	107,596	30,165	1,737,969
57.00 05700	CT SCAN	307,835	10,794	30,289	8,578	357,496
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,294,160	39,611	111,150	48,812	1,493,733
59.00 05900	CARDIAC CATHETERIZATION	1,996,618	115,578	324,318	46,698	2,483,212
60.00 06000	LABORATORY	17,833,952	262,896	737,698	221,980	19,056,526
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	4,074,669	16,522	46,362	53,146	4,190,699
65.00 06500	RESPIRATORY THERAPY	7,613,281	75,617	212,185	292,378	8,193,461
66.00 06600	PHYSICAL THERAPY	7,005,006	392,561	1,101,545	298,695	8,797,807
67.00 06700	OCCUPATIONAL THERAPY	2,052,836	0	0	95,105	2,147,941
68.00 06800	SPEECH PATHOLOGY	4,568,485	116,572	327,107	144,108	5,156,272
69.00 06900	ELECTROCARDIOLOGY	2,925,792	0	0	0	2,925,792
70.00 07000	ELECTROENCEPHALOGRAPHY	1,220,746	31,447	88,242	48,936	1,389,371
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,732,052	292,901	821,894	0	11,846,847
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,718,481	0	0	0	9,718,481
73.00 07300	DRUGS CHARGED TO PATIENTS	26,235,652	130,094	365,049	0	26,730,795
74.00 07400	RENAL DIALYSIS	1,315,488	60,848	170,743	16,342	1,563,421
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,572,418	770,606	2,162,359	292,618	12,798,001
91.00 09100	EMERGENCY	12,522,186	333,486	935,778	367,623	14,159,073
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	2,387	0	0	0	2,387
95.00 09500	AMBULANCE SERVICES	5,545,453	32,772	91,959	254,887	5,925,071
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	359,015	0	0	0	359,015
106.00 10600	HEART ACQUISITION	1,506,251	0	0	0	1,506,251
107.00 10700	LIVER ACQUISITION	887,572	0	0	0	887,572
108.00 10800	LUNG ACQUISITION	860,814	0	0	0	860,814
112.00 08600	BONE MARROW ACQUISITION	1,816,940	0	0	0	1,816,940
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	598,685,342	14,860,606	41,699,620	14,248,304	597,459,229
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,143	0	0	0	1,143
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	16,104,780	190,611	534,863	417,037	17,247,291
194.01 07951	RETAIL PHARMACY	4,329,815	12,255	34,389	36,958	4,413,417
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)	619,121,080	15,063,472	42,268,872	14,702,299	619,121,080

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:49 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	153,440,198				5.00
6.00	00600	MAINTENANCE & REPAIRS	319,541	1,289,328			6.00
7.00	00700	OPERATION OF PLANT	3,028,180	32,344	12,250,864		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	157,422	5,678	55,341	696,206	8.00
9.00	00900	HOUSEKEEPING	2,386,156	0	0	0	9,627,991
10.00	01000	DIETARY	581,815	22,827	222,476	0	175,638
11.00	01100	CAFETERIA	1,279,704	43,912	427,980	0	337,877
13.00	01300	NURSING ADMINISTRATION	3,947,867	9,311	90,743	0	71,639
14.00	01400	CENTRAL SERVICES & SUPPLY	1,505,027	0	0	0	0
15.00	01500	PHARMACY	3,835,703	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,150,574	16,141	157,312	0	124,193
17.00	01700	SOCIAL SERVICE	2,016,304	13,932	135,784	0	107,197
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,801,550	8,724	85,024	0	67,124
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,229,195	417,602	4,070,054	447,043	3,213,182
31.00	03100	INTENSIVE CARE UNIT	6,417,765	32,605	317,774	51,035	250,873
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,940,874	83,831	817,035	67,424	645,024
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,795,012	101,933	993,464	4,078	784,310
51.00	05100	RECOVERY ROOM	3,652,912	44,801	436,638	14,711	344,712
53.00	05300	ANESTHESIOLOGY	649,714	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,466,393	48,031	468,122	13,701	369,568
55.00	05500	RADIOLOGY-THERAPEUTIC	572,654	5,347	52,111	1,887	41,140
57.00	05700	CT SCAN	117,794	1,505	14,669	0	11,581
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	492,179	5,523	53,832	10,208	42,499
59.00	05900	CARDIAC CATHETERIZATION	818,208	16,116	157,073	26,259	124,004
60.00	06000	LABORATORY	6,279,049	36,658	357,281	0	282,062
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,380,819	2,304	22,454	0	17,727
65.00	06500	RESPIRATORY THERAPY	2,699,713	10,544	102,765	0	81,130
66.00	06600	PHYSICAL THERAPY	2,898,842	54,739	533,498	10,891	421,180
67.00	06700	OCCUPATIONAL THERAPY	707,738	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	1,698,971	16,255	158,424	54	125,071
69.00	06900	ELECTROCARDIOLOGY	964,037	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	457,792	4,385	42,737	432	33,740
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,903,489	40,842	398,058	0	314,255
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,202,201	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,807,690	18,140	176,800	0	139,578
74.00	07400	RENAL DIALYSIS	515,141	8,485	82,694	367	65,284
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,216,890	107,454	1,047,270	8,047	826,787
91.00	09100	EMERGENCY	4,665,358	46,501	453,214	36,082	357,799
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	787	0	0	0	0
95.00	09500	AMBULANCE SERVICES	1,952,287	4,570	44,538	0	35,161
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	118,294	0	0	0	0
106.00	10600	HEART ACQUISITION	496,304	0	0	0	0
107.00	10700	LIVER ACQUISITION	292,451	0	0	0	0
108.00	10800	LUNG ACQUISITION	283,635	0	0	0	0
112.00	08600	BONE MARROW ACQUISITION	598,674	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,302,705	1,261,040	11,975,165	692,219	9,410,335
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	377	0	0	3,987	0
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	5,682,913	26,579	259,044	0	204,507
194.01	07951	RETAIL PHARMACY	1,454,203	1,709	16,655	0	13,149
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	153,440,198	1,289,328	12,250,864	696,206	9,627,991

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:49 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	2,768,529					10.00
11.00	01100	1,852,781	7,826,076				11.00
13.00	01300	0	229,009	16,330,100			13.00
14.00	01400	0	0	0	6,072,690		14.00
15.00	01500	0	0	0	0	15,476,824	15.00
16.00	01600	0	89,177	0	0	0	16.00
17.00	01700	0	225,030	0	0	0	17.00
22.00	02200	0	558,558	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	114,742	1,608,293	5,499,831	0	0	30.00
31.00	03100	24,435	519,792	1,756,190	0	0	31.00
35.00	02060	0	1,228,141	4,324,721	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	374,244	1,355,239	0	0	50.00
51.00	05100	0	181,049	709,804	0	0	51.00
53.00	05300	0	29,751	11,735	0	0	53.00
54.00	05400	0	170,350	432	0	0	54.00
55.00	05500	0	23,257	33,277	0	0	55.00
57.00	05700	0	6,093	0	0	0	57.00
58.00	05800	0	39,530	0	0	0	58.00
59.00	05900	0	33,267	124,295	0	0	59.00
60.00	06000	0	229,106	96	0	0	60.00
63.00	06300	0	23,537	0	0	0	63.00
65.00	06500	0	258,299	0	0	0	65.00
66.00	06600	0	250,996	552	0	0	66.00
67.00	06700	0	67,977	0	0	0	67.00
68.00	06800	0	108,999	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	65,374	216	0	0	70.00
71.00	07100	0	75,733	0	3,392,595	0	71.00
72.00	07200	0	0	0	2,680,095	0	72.00
73.00	07300	0	304,285	0	0	15,218,944	73.00
74.00	07400	0	27,860	96,429	0	257,880	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	184,372	512,550	0	0	90.00
91.00	09100	0	301,503	933,242	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	167,186	499,206	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	2,601	0	0	0	105.00
106.00	10600	0	8,105	0	0	0	106.00
107.00	10700	0	4,570	0	0	0	107.00
108.00	10800	0	6,709	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		1,991,958	7,402,753	15,857,815	6,072,690	15,476,824	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	776,571	394,138	472,285	0	0	194.00
194.01	07951	0	29,185	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,768,529	7,826,076	16,330,100	6,072,690	15,476,824	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:49 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	16.00	17.00	22.00				24.00
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	5,029,319					16.00	
17.00 01700 SOCIAL SERVICE	0	8,617,606				17.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	92,721,646			22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,193,178	3,593,182	24,393,117	118,103,898	-24,393,117	30.00	
31.00 03100 INTENSIVE CARE UNIT	254,113	765,172	7,572,381	37,439,654	-7,572,381	31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	1,042,206	3,138,963	10,558,296	86,226,082	-10,558,296	35.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	15,751,212	50,816,873	-15,751,212	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	16,470,990	0	51.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	2,663,042	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,495,789	12,517,735	-1,495,789	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	1,811,369	4,279,011	-1,811,369	55.00	
57.00 05700 CT SCAN	0	0	1,083,938	1,593,076	-1,083,938	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,083,938	3,221,442	-1,083,938	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	997,450	4,779,884	-997,450	59.00	
60.00 06000 LABORATORY	0	0	0	26,240,778	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,637,540	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	488,043	11,833,955	-488,043	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	12,968,505	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,923,656	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	1,162,705	8,426,751	-1,162,705	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	3,889,829	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,032,200	3,026,247	-1,032,200	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,971,819	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,600,777	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	51,396,232	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	2,617,561	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,002,043	0	14,982,597	36,686,011	-14,982,597	90.00	
91.00 09100 EMERGENCY	537,779	1,120,289	10,308,611	32,919,451	-10,308,611	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	3,174	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	8,628,019	0	95.00	
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	479,910	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	2,010,660	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	1,184,593	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	1,151,158	0	108.00	
112.00 08600 BONE MARROW ACQUISITION	0	0	0	2,415,614	0	112.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,029,319	8,617,606	92,721,646	588,123,927	-92,721,646	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	5,507	0	192.00	
194.00 07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	0	25,063,328	0	194.00	
194.01 07951 RETAIL PHARMACY	0	0	0	5,928,318	0	194.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	5,029,319	8,617,606	92,721,646	619,121,080	-92,721,646	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2019 1:49 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
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	93,710,781	30.00
31.00	03100 INTENSIVE CARE UNIT	29,867,273	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	75,667,786	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	35,065,661	50.00
51.00	05100 RECOVERY ROOM	16,470,990	51.00
53.00	05300 ANESTHESIOLOGY	2,663,042	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,021,946	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,467,642	55.00
57.00	05700 CT SCAN	509,138	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,137,504	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,782,434	59.00
60.00	06000 LABORATORY	26,240,778	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,637,540	63.00
65.00	06500 RESPIRATORY THERAPY	11,345,912	65.00
66.00	06600 PHYSICAL THERAPY	12,968,505	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,923,656	67.00
68.00	06800 SPEECH PATHOLOGY	7,264,046	68.00
69.00	06900 ELECTROCARDIOLOGY	3,889,829	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,994,047	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,971,819	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,600,777	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,396,232	73.00
74.00	07400 RENAL DIALYSIS	2,617,561	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	21,703,414	90.00
91.00	09100 EMERGENCY	22,610,840	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	3,174	94.00
95.00	09500 AMBULANCE SERVICES	8,628,019	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	479,910	105.00
106.00	10600 HEART ACQUISITION	2,010,660	106.00
107.00	10700 LIVER ACQUISITION	1,184,593	107.00
108.00	10800 LUNG ACQUISITION	1,151,158	108.00
112.00	08600 BONE MARROW ACQUISITION	2,415,614	112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	495,402,281	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,507	192.00
194.00	07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	25,063,328	194.00
194.01	07951 RETAIL PHARMACY	5,928,318	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	526,399,434	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-3301

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

Worksheet Non-CMS W
Date/Time Prepared:
5/16/2019 1:49 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	21	ASSIGNED TIME	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	TIME SPENT	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2019 1:49 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	1,207	22,855	64,131	88,193	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	225,068	5,684,684	15,951,522	21,861,274	5.00
6.00 00600	MAINTENANCE & REPAIRS	7,219	109,499	307,260	423,978	6.00
7.00 00700	OPERATION OF PLANT	9,987	231,955	650,878	892,820	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	82	40,721	114,266	155,069	8.00
9.00 00900	HOUSEKEEPING	9,440	0	0	9,440	9.00
10.00 01000	DIETARY	2,941	163,703	459,360	626,004	10.00
11.00 01100	CAFETERIA	4,272	314,917	883,675	1,202,864	11.00
13.00 01300	NURSING ADMINISTRATION	19,038	66,771	187,363	273,172	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,460	115,754	324,810	448,024	16.00
17.00 01700	SOCIAL SERVICE	14,807	99,913	280,362	395,082	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,329	62,563	175,554	269,446	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	83,310	2,994,843	8,403,683	11,481,836	30.00
31.00 03100	INTENSIVE CARE UNIT	22,057	233,826	656,127	912,010	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	60,298	601,194	1,686,980	2,348,472	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,412	731,015	2,051,264	2,807,691	50.00
51.00 05100	RECOVERY ROOM	16,328	321,289	901,553	1,239,170	51.00
53.00 05300	ANESTHESIOLOGY	1,190	0	0	1,190	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,685	344,455	966,558	1,326,698	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,094	38,344	107,596	149,034	55.00
57.00 05700	CT SCAN	0	10,794	30,289	41,083	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,169	39,611	111,150	152,930	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,937	115,578	324,318	443,833	59.00
60.00 06000	LABORATORY	8,683	262,896	737,698	1,009,277	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	990	16,522	46,362	63,874	63.00
65.00 06500	RESPIRATORY THERAPY	7,862	75,617	212,185	295,664	65.00
66.00 06600	PHYSICAL THERAPY	31,828	392,561	1,101,545	1,525,934	66.00
67.00 06700	OCCUPATIONAL THERAPY	383	0	0	383	67.00
68.00 06800	SPEECH PATHOLOGY	749	116,572	327,107	444,428	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,760	31,447	88,242	125,449	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,897	292,901	821,894	1,118,692	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,621	130,094	365,049	511,764	73.00
74.00 07400	RENAL DIALYSIS	3,749	60,848	170,743	235,340	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	17,589	770,606	2,162,359	2,950,554	90.00
91.00 09100	EMERGENCY	15,779	333,486	935,778	1,285,043	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	9,117	32,772	91,959	133,848	95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
112.00 08600	BONE MARROW ACQUISITION	0	0	0	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	689,337	14,860,606	41,699,620	57,249,563	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	VARIABLE NONREIMBURSABLE DEPARTMENTS	25,896	190,611	534,863	751,370	194.00
194.01 07951	RETAIL PHARMACY	796	12,255	34,389	47,440	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	716,029	15,063,472	42,268,872	58,048,373	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2019 1:49 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	21,887,740				5.00
6.00	00600	MAINTENANCE & REPAIRS	45,582	469,641			6.00
7.00	00700	OPERATION OF PLANT	431,964	11,781	1,337,118		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,456	2,068	6,040	185,633	8.00
9.00	00900	HOUSEKEEPING	340,381	0	0	0	351,286
10.00	01000	DIETARY	82,995	8,315	24,282	0	6,408
11.00	01100	CAFETERIA	182,547	15,995	46,712	0	12,328
13.00	01300	NURSING ADMINISTRATION	563,156	3,391	9,904	0	2,614
14.00	01400	CENTRAL SERVICES & SUPPLY	214,689	0	0	0	0
15.00	01500	PHARMACY	547,156	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	164,127	5,879	17,170	0	4,531
17.00	01700	SOCIAL SERVICE	287,622	5,075	14,820	0	3,911
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,252,378	3,178	9,280	0	2,449
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,600,361	152,114	444,225	119,197	117,236
31.00	03100	INTENSIVE CARE UNIT	915,482	11,876	34,683	13,608	9,153
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,273,936	30,536	89,175	17,978	23,534
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,111,944	37,129	108,431	1,087	28,616
51.00	05100	RECOVERY ROOM	521,081	16,319	47,657	3,922	12,577
53.00	05300	ANESTHESIOLOGY	92,681	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	351,826	17,495	51,093	3,653	13,484
55.00	05500	RADIOLOGY-THERAPEUTIC	81,688	1,948	5,688	503	1,501
57.00	05700	CT SCAN	16,803	548	1,601	0	423
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	70,208	2,012	5,875	2,722	1,551
59.00	05900	CARDIAC CATHETERIZATION	116,716	5,870	17,144	7,002	4,524
60.00	06000	LABORATORY	895,695	13,353	38,995	0	10,291
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	196,971	839	2,451	0	647
65.00	06500	RESPIRATORY THERAPY	385,109	3,841	11,216	0	2,960
66.00	06600	PHYSICAL THERAPY	413,515	19,939	58,229	2,904	15,367
67.00	06700	OCCUPATIONAL THERAPY	100,958	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	242,355	5,921	17,291	14	4,563
69.00	06900	ELECTROCARDIOLOGY	137,518	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	65,303	1,597	4,665	115	1,231
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	556,826	14,877	43,446	0	11,466
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	456,788	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,256,401	6,608	19,297	0	5,093
74.00	07400	RENAL DIALYSIS	73,484	3,091	9,026	98	2,382
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	601,532	39,140	114,304	2,146	30,166
91.00	09100	EMERGENCY	665,505	16,938	49,466	9,621	13,055
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	112	0	0	0	0
95.00	09500	AMBULANCE SERVICES	278,490	1,665	4,861	0	1,283
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	16,874	0	0	0	0
106.00	10600	HEART ACQUISITION	70,797	0	0	0	0
107.00	10700	LIVER ACQUISITION	41,718	0	0	0	0
108.00	10800	LUNG ACQUISITION	40,460	0	0	0	0
112.00	08600	BONE MARROW ACQUISITION	85,400	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,869,590	459,338	1,307,027	184,570	343,344
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54	0	0	1,063	0
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	810,657	9,681	28,273	0	7,462
194.01	07951	RETAIL PHARMACY	207,439	622	1,818	0	480
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	21,887,740	469,641	1,337,118	185,633	351,286

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/16/2019 1:49 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	748,248					10.00
11.00	01100	500,750	1,961,993				11.00
13.00	01300	0	57,413	912,008			13.00
14.00	01400	0	0	0	215,016		14.00
15.00	01500	0	0	0	0	550,032	15.00
16.00	01600	0	22,357	0	0	0	16.00
17.00	01700	0	56,415	0	0	0	17.00
22.00	02200	0	140,030	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	31,011	403,197	307,158	0	0	30.00
31.00	03100	6,604	130,312	98,080	0	0	31.00
35.00	02060	0	307,894	241,528	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	93,823	75,688	0	0	50.00
51.00	05100	0	45,389	39,641	0	0	51.00
53.00	05300	0	7,458	655	0	0	53.00
54.00	05400	0	42,707	24	0	0	54.00
55.00	05500	0	5,830	1,858	0	0	55.00
57.00	05700	0	1,528	0	0	0	57.00
58.00	05800	0	9,910	0	0	0	58.00
59.00	05900	0	8,340	6,942	0	0	59.00
60.00	06000	0	57,437	5	0	0	60.00
63.00	06300	0	5,901	0	0	0	63.00
65.00	06500	0	64,755	0	0	0	65.00
66.00	06600	0	62,925	31	0	0	66.00
67.00	06700	0	17,042	0	0	0	67.00
68.00	06800	0	27,326	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	16,389	12	0	0	70.00
71.00	07100	0	18,986	0	120,123	0	71.00
72.00	07200	0	0	0	94,893	0	72.00
73.00	07300	0	76,284	0	0	540,867	73.00
74.00	07400	0	6,984	5,385	0	9,165	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	46,222	28,625	0	0	90.00
91.00	09100	0	75,587	52,120	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	41,913	27,880	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	652	0	0	0	105.00
106.00	10600	0	2,032	0	0	0	106.00
107.00	10700	0	1,146	0	0	0	107.00
108.00	10800	0	1,682	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		538,365	1,855,866	885,632	215,016	550,032	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	209,883	98,810	26,376	0	0	194.00
194.01	07951	0	7,317	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		748,248	1,961,993	912,008	215,016	550,032	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/16/2019 1:49 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	16.00	17.00	22.00	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	662,620			16.00
17.00 01700	SOCIAL SERVICE	0	764,281		17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,680,313	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	157,203	318,673	16,142,635	0 30.00
31.00 03100	INTENSIVE CARE UNIT	33,480	67,862	2,237,431	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	137,312	278,389	5,759,315	0 35.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	4,267,876	0 50.00
51.00 05100	RECOVERY ROOM	0	0	1,927,231	0 51.00
53.00 05300	ANESTHESIOLOGY	0	0	102,123	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,808,169	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	248,231	0 55.00
57.00 05700	CT SCAN	0	0	62,037	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	245,501	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	610,651	0 59.00
60.00 06000	LABORATORY	0	0	2,026,385	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	271,002	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	765,300	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,100,637	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	118,954	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	742,763	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	137,518	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	215,055	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,884,416	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	551,681	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	2,416,314	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	345,053	0 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	263,772	0	4,078,217	0 90.00
91.00 09100	EMERGENCY	70,853	99,357	2,339,752	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	112	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	491,470	0 95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	0	0	17,526	0 105.00
106.00 10600	HEART ACQUISITION	0	0	72,829	0 106.00
107.00 10700	LIVER ACQUISITION	0	0	42,864	0 107.00
108.00 10800	LUNG ACQUISITION	0	0	42,142	0 108.00
112.00 08600	BONE MARROW ACQUISITION	0	0	85,400	0 112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	662,620	764,281	0	52,156,590 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,117	0 192.00
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	1,945,015	0 194.00
194.01 07951	RETAIL PHARMACY	0	0	265,338	0 194.01
200.00	Cross Foot Adjustments			3,680,313	0 200.00
201.00	Negative Cost Centers	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	662,620	764,281	3,680,313	58,048,373 0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/16/2019 1:49 pm
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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
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	16,142,635	30.00
31.00	03100 INTENSIVE CARE UNIT	2,237,431	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	5,759,315	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,267,876	50.00
51.00	05100 RECOVERY ROOM	1,927,231	51.00
53.00	05300 ANESTHESIOLOGY	102,123	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,808,169	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	248,231	55.00
57.00	05700 CT SCAN	62,037	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	245,501	58.00
59.00	05900 CARDIAC CATHETERIZATION	610,651	59.00
60.00	06000 LABORATORY	2,026,385	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	271,002	63.00
65.00	06500 RESPIRATORY THERAPY	765,300	65.00
66.00	06600 PHYSICAL THERAPY	2,100,637	66.00
67.00	06700 OCCUPATIONAL THERAPY	118,954	67.00
68.00	06800 SPEECH PATHOLOGY	742,763	68.00
69.00	06900 ELECTROCARDIOLOGY	137,518	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	215,055	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,884,416	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	551,681	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,416,314	73.00
74.00	07400 RENAL DIALYSIS	345,053	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	4,078,217	90.00
91.00	09100 EMERGENCY	2,339,752	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	112	94.00
95.00	09500 AMBULANCE SERVICES	491,470	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	17,526	105.00
106.00	10600 HEART ACQUISITION	72,829	106.00
107.00	10700 LIVER ACQUISITION	42,864	107.00
108.00	10800 LUNG ACQUISITION	42,142	108.00
112.00	08600 BONE MARROW ACQUISITION	85,400	112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	52,156,590	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,117	192.00
194.00	07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	1,945,015	194.00
194.01	07951 RETAIL PHARMACY	265,338	194.01
200.00	Cross Foot Adjustments	3,680,313	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	58,048,373	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:49 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				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	773,126				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		773,126			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,173	1,173	250,698,855		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	291,764	291,764	75,337,536	-153,440,198	5.00
6.00 00600	MAINTENANCE & REPAIRS	5,620	5,620	230,177	0	6.00
7.00 00700	OPERATION OF PLANT	11,905	11,905	1,571,207	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,090	2,090	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	4,160,938	0	9.00
10.00 01000	DIETARY	8,402	8,402	691,947	0	10.00
11.00 01100	CAFETERIA	16,163	16,163	2,265,317	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,427	3,427	6,699,773	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	928,524	0	14.00
15.00 01500	PHARMACY	0	0	8,169,495	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	1,510,978	0	16.00
17.00 01700	SOCIAL SERVICE	5,128	5,128	3,851,339	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,211	3,211	10,090,160	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	153,709	153,709	29,613,661	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,001	12,001	12,161,227	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	30,856	30,856	30,002,723	0	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	37,519	37,519	9,850,679	0	50.00
51.00 05100	RECOVERY ROOM	16,490	16,490	4,191,661	0	51.00
53.00 05300	ANESTHESIOLOGY	0	0	395,667	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,679	17,679	3,378,321	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,968	1,968	514,363	0	55.00
57.00 05700	CT SCAN	554	554	146,269	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,033	2,033	832,326	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,932	5,932	796,282	0	59.00
60.00 06000	LABORATORY	13,493	13,493	3,785,149	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	848	848	906,238	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,881	3,881	4,985,560	0	65.00
66.00 06600	PHYSICAL THERAPY	20,148	20,148	5,093,279	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,621,701	0	67.00
68.00 06800	SPEECH PATHOLOGY	5,983	5,983	2,457,294	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,614	1,614	834,449	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,033	15,033	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	6,677	6,677	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,123	3,123	278,664	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	39,551	39,551	4,989,656	0	90.00
91.00 09100	EMERGENCY	17,116	17,116	6,268,624	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	1,682	1,682	4,346,269	0	95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
112.00 08600	BONE MARROW ACQUISITION	0	0	0	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	762,714	762,714	242,957,453	-153,440,198	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	9,783	9,783	7,111,211	0	194.00
194.01 07951	RETAIL PHARMACY	629	629	630,191	0	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	15,063,472	42,268,872	14,702,299	153,440,198	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.483851	54.672682	0.058645	0.329496	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			88,193	21,887,740	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1
Date/Time Prepared:
5/16/2019 1:49 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				
205.00	Unit cost multiplier (Wkst. B, Part II)					205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0.000352		0.047002	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1
Date/Time Prepared:
5/16/2019 1:49 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		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	474,569					6.00
7.00	00700	11,905	462,664				7.00
8.00	00800	2,090	2,090	670,078			8.00
9.00	00900	0	0	0	460,574		9.00
10.00	01000	8,402	8,402	0	8,402	2,051,633	10.00
11.00	01100	16,163	16,163	0	16,163	1,373,013	11.00
13.00	01300	3,427	3,427	0	3,427	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	5,941	5,941	0	5,941	0	16.00
17.00	01700	5,128	5,128	0	5,128	0	17.00
22.00	02200	3,211	3,211	0	3,211	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	153,709	153,709	430,265	153,709	85,030	30.00
31.00	03100	12,001	12,001	49,120	12,001	18,108	31.00
35.00	02060	30,856	30,856	64,894	30,856	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	37,519	37,519	3,925	37,519	0	50.00
51.00	05100	16,490	16,490	14,159	16,490	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	17,679	17,679	13,187	17,679	0	54.00
55.00	05500	1,968	1,968	1,816	1,968	0	55.00
57.00	05700	554	554	0	554	0	57.00
58.00	05800	2,033	2,033	9,825	2,033	0	58.00
59.00	05900	5,932	5,932	25,274	5,932	0	59.00
60.00	06000	13,493	13,493	0	13,493	0	60.00
63.00	06300	848	848	0	848	0	63.00
65.00	06500	3,881	3,881	0	3,881	0	65.00
66.00	06600	20,148	20,148	10,482	20,148	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	5,983	5,983	52	5,983	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	1,614	1,614	416	1,614	0	70.00
71.00	07100	15,033	15,033	0	15,033	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	6,677	6,677	0	6,677	0	73.00
74.00	07400	3,123	3,123	353	3,123	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	39,551	39,551	7,745	39,551	0	90.00
91.00	09100	17,116	17,116	34,728	17,116	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	1,682	1,682	0	1,682	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		464,157	452,252	666,241	450,162	1,476,151	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	3,837	0	0	192.00
194.00	07950	9,783	9,783	0	9,783	575,482	194.00
194.01	07951	629	629	0	629	0	194.01
200.00							200.00
201.00							201.00
202.00		1,289,328	12,250,864	696,206	9,627,991	2,768,529	202.00
203.00		2.716840	26.478965	1.038992	20.904330	1.349427	203.00
204.00		469,641	1,337,118	185,633	351,286	748,248	204.00
205.00		0.989616	2.890041	0.277032	0.762713	0.364709	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 26-3301			Period: From 01/01/2018 To 12/31/2018		Worksheet B-1 Date/Time Prepared: 5/16/2019 1:49 pm	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
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: 26-3301

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

Worksheet B-1
Date/Time Prepared:
5/16/2019 1:49 pm

Cost Center Description			CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
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	4,804,978					11.00
13.00	01300	NURSING ADMINISTRATION	140,605	2,039,963				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	21,731,545			14.00
15.00	01500	PHARMACY	0	0	0	27,681,795		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,752	0	0	0	42,374	16.00
17.00	01700	SOCIAL SERVICE	138,162	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	342,938	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	987,443	687,041	0	0	10,053	30.00
31.00	03100	INTENSIVE CARE UNIT	319,137	219,384	0	0	2,141	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	754,042	540,246	0	0	8,781	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	229,775	169,297	0	0	0	50.00
51.00	05100	RECOVERY ROOM	111,159	88,669	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	18,266	1,466	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	104,590	54	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,279	4,157	0	0	0	55.00
57.00	05700	CT SCAN	3,741	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,270	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,425	15,527	0	0	0	59.00
60.00	06000	LABORATORY	140,664	12	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,451	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	158,588	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	154,104	69	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,736	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	66,922	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,138	27	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	46,498	0	12,140,629	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,590,916	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,822	0	0	27,220,552	0	73.00
74.00	07400	RENAL DIALYSIS	17,105	12,046	0	461,243	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	113,199	64,028	0	0	16,868	90.00
91.00	09100	EMERGENCY	185,114	116,581	0	0	4,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	102,647	62,361	0	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,597	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,976	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,806	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,119	0	0	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,545,070	1,980,965	21,731,545	27,681,795	42,374	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	241,989	58,998	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	17,919	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,826,076	16,330,100	6,072,690	15,476,824	5,029,319	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.628743	8.005096	0.279441	0.559098	118.688795	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,961,993	912,008	215,016	550,032	662,620	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.408325	0.447071	0.009894	0.019870	15.637419	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1

Date/Time Prepared:
5/16/2019 1:49 pm

Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
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: 26-3301

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

Worksheet B-1
Date/Time Prepared:
5/16/2019 1:49 pm

Line	Code	Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	
			(TIME SPENT)	SERVICES-OTHER PRGM COSTS	
			17.00	(TIME SPENT) 22.00	
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	24,000		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	360,215	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	10,007	94,765	30.00
31.00	03100	INTENSIVE CARE UNIT	2,131	29,418	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,742	41,018	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	61,192	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	5,811	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,037	55.00
57.00	05700	CT SCAN	0	4,211	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,211	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,875	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,896	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	4,517	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	58,206	90.00
91.00	09100	EMERGENCY	3,120	40,048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,000	360,215	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	194.01
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,617,606	92,721,646	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	359.066917	257.406399	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	764,281	3,680,313	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	31.845042	10.216990	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1
Date/Time Prepared:
5/16/2019 1:49 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS (TIME SPENT)		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	17.00	22.00	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2019 1:49 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Dissallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	93,710,781		93,710,781	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	29,867,273		29,867,273	0	0 31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	75,667,786		75,667,786	0	0 35.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	35,065,661		35,065,661	0	0 50.00
51.00	05100 RECOVERY ROOM	16,470,990		16,470,990	0	0 51.00
53.00	05300 ANESTHESIOLOGY	2,663,042		2,663,042	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,021,946		11,021,946	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,467,642		2,467,642	0	0 55.00
57.00	05700 CT SCAN	509,138		509,138	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,137,504		2,137,504	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	3,782,434		3,782,434	0	0 59.00
60.00	06000 LABORATORY	26,240,778		26,240,778	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,637,540		5,637,540	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	11,345,912	0	11,345,912	0	0 65.00
66.00	06600 PHYSICAL THERAPY	12,968,505	0	12,968,505	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	2,923,656	0	2,923,656	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	7,264,046	0	7,264,046	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	3,889,829		3,889,829	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,994,047		1,994,047	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,971,819		19,971,819	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,600,777		15,600,777	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,396,232		51,396,232	0	0 73.00
74.00	07400 RENAL DIALYSIS	2,617,561		2,617,561	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	21,703,414		21,703,414	0	0 90.00
91.00	09100 EMERGENCY	22,610,840		22,610,840	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,771,841		8,771,841	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	3,174		3,174	0	0 94.00
95.00	09500 AMBULANCE SERVICES	8,628,019		8,628,019	0	0 95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0 98.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	479,910		479,910		0 105.00
106.00	10600 HEART ACQUISITION	2,010,660		2,010,660		0 106.00
107.00	10700 LIVER ACQUISITION	1,184,593		1,184,593		0 107.00
108.00	10800 LUNG ACQUISITION	1,151,158		1,151,158		0 108.00
112.00	08600 BONE MARROW ACQUISITION	2,415,614		2,415,614		0 112.00
200.00	Subtotal (see instructions)	504,174,122	0	504,174,122	0	0 200.00
201.00	Less Observation Beds	8,771,841		8,771,841		0 201.00
202.00	Total (see instructions)	495,402,281	0	495,402,281	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2019 1:49 pm

			Title XVIII			Hospital		TEFRA	
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	134,612,214		134,612,214				30.00
31.00	03100	INTENSIVE CARE UNIT	63,852,836		63,852,836				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	129,508,512		129,508,512				35.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	59,165,793	60,059,765	119,225,558	0.294112	0.294112		50.00
51.00	05100	RECOVERY ROOM	3,371,065	22,675,524	26,046,589	0.632366	0.632366		51.00
53.00	05300	ANESTHESIOLOGY	13,209,421	22,891,704	36,101,125	0.073766	0.073766		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,476,693	33,166,669	47,643,362	0.231343	0.231343		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,163,096	3,732,746	7,895,842	0.312524	0.312524		55.00
57.00	05700	CT SCAN	6,119,147	9,019,719	15,138,866	0.033631	0.033631		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,235,080	37,707,366	48,942,446	0.043674	0.043674		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,625,291	19,098,869	25,724,160	0.147038	0.147038		59.00
60.00	06000	LABORATORY	58,102,285	65,467,436	123,569,721	0.212356	0.212356		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,168,198	5,013,550	20,181,748	0.279339	0.279339		63.00
65.00	06500	RESPIRATORY THERAPY	41,349,013	1,631,926	42,980,939	0.263975	0.263975		65.00
66.00	06600	PHYSICAL THERAPY	6,333,765	12,027,140	18,360,905	0.706311	0.706311		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,359,288	3,887,438	8,246,726	0.354523	0.354523		67.00
68.00	06800	SPEECH PATHOLOGY	1,978,561	10,498,601	12,477,162	0.582187	0.582187		68.00
69.00	06900	ELECTROCARDIOLOGY	6,660,638	1,131,064	7,791,702	0.499227	0.499227		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,819,633	5,074,452	10,894,085	0.183039	0.183039		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,689,504	13,254,514	47,944,018	0.416565	0.416565		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,529,206	15,321,551	33,850,757	0.460869	0.460869		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,850,843	68,793,455	143,644,298	0.357802	0.357802		73.00
74.00	07400	RENAL DIALYSIS	2,051,761	382,364	2,434,125	1.075360	1.075360		74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,593,555	21,324,306	22,917,861	0.947009	0.947009		90.00
91.00	09100	EMERGENCY	8,954,474	55,355,042	64,309,516	0.351594	0.351594		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,392,631	9,119,659	10,512,290	0.834437	0.834437		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	1,359	1,034,719	1,036,078	0.003063	0.003063		94.00
95.00	09500	AMBULANCE SERVICES	434,099	15,081,830	15,515,929	0.556075	0.556075		95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	0.000000		98.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	506,640	0	506,640				105.00
106.00	10600	HEART ACQUISITION	2,186,250	132,507	2,318,757				106.00
107.00	10700	LIVER ACQUISITION	1,286,240	142,740	1,428,980				107.00
108.00	10800	LUNG ACQUISITION	1,395,700	0	1,395,700				108.00
112.00	08600	BONE MARROW ACQUISITION	3,196,753	1,668,705	4,865,458				112.00
200.00		Subtotal (see instructions)	737,179,544	514,695,361	1,251,874,905				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	737,179,544	514,695,361	1,251,874,905				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/16/2019 1:49 pm
		Title XVIII	Hospital	TEFRA

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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
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
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO 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
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 BONE MARROW ACQUISITION			112.00
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: 26-3301

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2019 1:49 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		93,710,781	0	93,710,781	30.00
31.00	03100 INTENSIVE CARE UNIT		29,867,273	0	29,867,273	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		75,667,786	0	75,667,786	35.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		35,065,661	0	35,065,661	50.00
51.00	05100 RECOVERY ROOM		16,470,990	0	16,470,990	51.00
53.00	05300 ANESTHESIOLOGY		2,663,042	0	2,663,042	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,021,946	0	11,021,946	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		2,467,642	0	2,467,642	55.00
57.00	05700 CT SCAN		509,138	0	509,138	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,137,504	0	2,137,504	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,782,434	0	3,782,434	59.00
60.00	06000 LABORATORY		26,240,778	0	26,240,778	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		5,637,540	0	5,637,540	63.00
65.00	06500 RESPIRATORY THERAPY	0	11,345,912	0	11,345,912	65.00
66.00	06600 PHYSICAL THERAPY	0	12,968,505	0	12,968,505	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,923,656	0	2,923,656	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,264,046	0	7,264,046	68.00
69.00	06900 ELECTROCARDIOLOGY		3,889,829	0	3,889,829	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,994,047	0	1,994,047	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		19,971,819	0	19,971,819	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,600,777	0	15,600,777	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		51,396,232	0	51,396,232	73.00
74.00	07400 RENAL DIALYSIS		2,617,561	0	2,617,561	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		21,703,414	0	21,703,414	90.00
91.00	09100 EMERGENCY		22,610,840	0	22,610,840	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,771,841	0	8,771,841	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		3,174	0	3,174	94.00
95.00	09500 AMBULANCE SERVICES		8,628,019	0	8,628,019	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		479,910	0	479,910	105.00
106.00	10600 HEART ACQUISITION		2,010,660	0	2,010,660	106.00
107.00	10700 LIVER ACQUISITION		1,184,593	0	1,184,593	107.00
108.00	10800 LUNG ACQUISITION		1,151,158	0	1,151,158	108.00
112.00	08600 BONE MARROW ACQUISITION		2,415,614	0	2,415,614	112.00
200.00	Subtotal (see instructions)	0	504,174,122	0	504,174,122	200.00
201.00	Less Observation Beds		8,771,841	0	8,771,841	201.00
202.00	Total (see instructions)	0	495,402,281	0	495,402,281	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/16/2019 1:49 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	134,612,214		134,612,214				30.00
31.00	03100	INTENSIVE CARE UNIT	63,852,836		63,852,836				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	129,508,512		129,508,512				35.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	59,165,793	60,059,765	119,225,558	0.294112	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,371,065	22,675,524	26,046,589	0.632366	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	13,209,421	22,891,704	36,101,125	0.073766	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,476,693	33,166,669	47,643,362	0.231343	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,163,096	3,732,746	7,895,842	0.312524	0.000000		55.00
57.00	05700	CT SCAN	6,119,147	9,019,719	15,138,866	0.033631	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,235,080	37,707,366	48,942,446	0.043674	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,625,291	19,098,869	25,724,160	0.147038	0.000000		59.00
60.00	06000	LABORATORY	58,102,285	65,467,436	123,569,721	0.212356	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,168,198	5,013,550	20,181,748	0.279339	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	41,349,013	1,631,926	42,980,939	0.263975	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,333,765	12,027,140	18,360,905	0.706311	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,359,288	3,887,438	8,246,726	0.354523	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,978,561	10,498,601	12,477,162	0.582187	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	6,660,638	1,131,064	7,791,702	0.499227	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,819,633	5,074,452	10,894,085	0.183039	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,689,504	13,254,514	47,944,018	0.416565	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,529,206	15,321,551	33,850,757	0.460869	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,850,843	68,793,455	143,644,298	0.357802	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,051,761	382,364	2,434,125	1.075360	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,593,555	21,324,306	22,917,861	0.947009	0.000000		90.00
91.00	09100	EMERGENCY	8,954,474	55,355,042	64,309,516	0.351594	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,392,631	9,119,659	10,512,290	0.834437	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	1,359	1,034,719	1,036,078	0.003063	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	434,099	15,081,830	15,515,929	0.556075	0.000000		95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	0.000000		98.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	506,640	0	506,640				105.00
106.00	10600	HEART ACQUISITION	2,186,250	132,507	2,318,757				106.00
107.00	10700	LIVER ACQUISITION	1,286,240	142,740	1,428,980				107.00
108.00	10800	LUNG ACQUISITION	1,395,700	0	1,395,700				108.00
112.00	08600	BONE MARROW ACQUISITION	3,196,753	1,668,705	4,865,458				112.00
200.00		Subtotal (see instructions)	737,179,544	514,695,361	1,251,874,905				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	737,179,544	514,695,361	1,251,874,905				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/16/2019 1:49 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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
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
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO 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
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 BONE MARROW ACQUISITION			112.00
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: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part I Date/Time Prepared: 5/16/2019 1:49 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	16,142,635	0	16,142,635	48,352	333.86	30.00
31.00	INTENSIVE CARE UNIT	2,237,431		2,237,431	9,333	239.73	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	5,759,315		5,759,315	38,283	150.44	35.00
200.00	Total (Lines 30 through 199)	24,139,381		24,139,381	95,968		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	259	86,470				
31.00	INTENSIVE CARE UNIT	80	19,178				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
200.00	Total (Lines 30 through 199)	339	105,648				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/16/2019 1:49 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	4,267,876	119,225,558	0.035797	473,085	16,935	50.00
51.00	05100 RECOVERY ROOM	1,927,231	26,046,589	0.073992	0	0	51.00
53.00	05300 ANESTHESIOLOGY	102,123	36,101,125	0.002829	68,799	195	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,808,169	47,643,362	0.037952	60,211	2,285	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	248,231	7,895,842	0.031438	8,477	266	55.00
57.00	05700 CT SCAN	62,037	15,138,866	0.004098	30,225	124	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	245,501	48,942,446	0.005016	27,120	136	58.00
59.00	05900 CARDIAC CATHETERIZATION	610,651	25,724,160	0.023738	0	0	59.00
60.00	06000 LABORATORY	2,026,385	123,569,721	0.016399	340,116	5,578	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	271,002	20,181,748	0.013428	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	765,300	42,980,939	0.017806	88,200	1,570	65.00
66.00	06600 PHYSICAL THERAPY	2,100,637	18,360,905	0.114408	16,419	1,878	66.00
67.00	06700 OCCUPATIONAL THERAPY	118,954	8,246,726	0.014424	13,557	196	67.00
68.00	06800 SPEECH PATHOLOGY	742,763	12,477,162	0.059530	2,819	168	68.00
69.00	06900 ELECTROCARDIOLOGY	137,518	7,791,702	0.017649	21,189	374	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	215,055	10,894,085	0.019741	5,564	110	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,884,416	47,944,018	0.039305	42,784	1,682	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	551,681	33,850,757	0.016297	195,995	3,194	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,416,314	143,644,298	0.016822	737,983	12,414	73.00
74.00	07400 RENAL DIALYSIS	345,053	2,434,125	0.141756	190,539	27,010	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	4,078,217	22,917,861	0.177949	266	47	90.00
91.00	09100 EMERGENCY	2,339,752	64,309,516	0.036383	58,188	2,117	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,511,037	10,512,290	0.143740	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	112	1,036,078	0.000108	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	28,776,015	897,869,879		2,381,536	76,279	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/16/2019 1:49 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	48,352	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	9,333	0.00	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	38,283	0.00	35.00
200.00		Total (lines 30 through 199)	0	0	95,968	339	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
		9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0			35.00
200.00		Total (lines 30 through 199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:49 pm
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Cost Center Description	Title XVIII			Hospital			
	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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO 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	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:49 pm
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Cost Center Description		Title XVIII			Hospital	TEFRA		
		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	119,225,558	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	26,046,589	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,101,125	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	47,643,362	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,895,842	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	15,138,866	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	48,942,446	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	25,724,160	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	123,569,721	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	20,181,748	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	42,980,939	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,360,905	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,246,726	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	12,477,162	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,791,702	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,894,085	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,944,018	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,850,757	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	143,644,298	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,434,125	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	22,917,861	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	64,309,516	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	10,512,290	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,036,078	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	897,869,879		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:49 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
Title XVIII Hospital TEFRA							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	473,085	0	101,909	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	68,799	0	19,448	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	60,211	0	57,691	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	8,477	0	6,728	0	55.00
57.00	05700 CT SCAN	0.000000	30,225	0	4,013	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	27,120	0	74,211	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	23,128	0	59.00
60.00	06000 LABORATORY	0.000000	340,116	0	60,835	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	88,200	0	4,611	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	16,419	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	13,557	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,819	0	1,377	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	21,189	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	5,564	0	2,910	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	42,784	0	6,176	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	195,995	0	90,191	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	737,983	0	31,549	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	190,539	0	1,359	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	266	0	880	0	90.00
91.00	09100 EMERGENCY	0.000000	58,188	0	16,137	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		2,381,536	0	503,153	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/16/2019 1:49 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	TEFRA
ANCILLARY SERVICE COST CENTERS		21.00	24.00			
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
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0			98.00
200.00	Total (lines 50 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:49 pm
		Title XVIII	Hospital	TEFRA

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	0.294112	101,909	0	29,973	50.00
51.00	05100 RECOVERY ROOM	0.632366	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.073766	19,448	0	1,435	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.231343	57,691	0	13,346	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.312524	6,728	0	2,103	55.00
57.00	05700 CT SCAN	0.033631	4,013	0	135	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.043674	74,211	0	3,241	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.147038	23,128	0	3,401	59.00
60.00	06000 LABORATORY	0.212356	60,835	0	12,919	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.279339	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.263975	4,611	0	1,217	65.00
66.00	06600 PHYSICAL THERAPY	0.706311	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.354523	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.582187	1,377	0	802	68.00
69.00	06900 ELECTROCARDIOLOGY	0.499227	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.183039	2,910	0	533	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416565	6,176	0	2,573	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.460869	90,191	0	41,566	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.357802	31,549	0	11,288	73.00
74.00	07400 RENAL DIALYSIS	1.075360	1,359	0	1,461	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.947009	880	0	833	90.00
91.00	09100 EMERGENCY	0.351594	16,137	0	5,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.834437	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.003063		0		94.00
95.00	09500 AMBULANCE SERVICES	0.556075		0		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		503,153	0	132,500	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		503,153	0	132,500	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:49 pm
Title XVIII		Hospital	TEFRA

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
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		98.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:49 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.294112	0	12,063	0	0	50.00
51.00	05100 RECOVERY ROOM	0.632366	0	1,154	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.073766	0	884	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.231343	0	904,075	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.312524	0	53,017	0	0	55.00
57.00	05700 CT SCAN	0.033631	0	169,067	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.043674	0	1,194,950	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.147038	0	352,203	0	0	59.00
60.00	06000 LABORATORY	0.212356	0	2,436,413	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.279339	0	157,955	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.263975	0	56,183	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.706311	0	282,083	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.354523	0	160,745	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.582187	0	333,341	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.499227	0	200,737	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.183039	0	553,837	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416565	0	1,264,452	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.460869	0	31,840	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.357802	0	2,642,553	0	0	73.00
74.00	07400 RENAL DIALYSIS	1.075360	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.947009	0	3,724,266	0	0	90.00
91.00	09100 EMERGENCY	0.351594	0	1,378,755	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.834437	0	235,660	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.003063		219,107			94.00
95.00	09500 AMBULANCE SERVICES	0.556075	0	858,436			95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	17,223,776	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	17,223,776	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/16/2019 1:49 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	3,548	0	50.00
51.00	05100 RECOVERY ROOM	730	0	51.00
53.00	05300 ANESTHESIOLOGY	65	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	209,151	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	16,569	0	55.00
57.00	05700 CT SCAN	5,686	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	52,188	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	51,787	0	59.00
60.00	06000 LABORATORY	517,387	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	44,123	0	63.00
65.00	06500 RESPIRATORY THERAPY	14,831	0	65.00
66.00	06600 PHYSICAL THERAPY	199,238	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	56,988	0	67.00
68.00	06800 SPEECH PATHOLOGY	194,067	0	68.00
69.00	06900 ELECTROCARDIOLOGY	100,213	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	101,374	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	526,726	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,674	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	945,511	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	3,526,913	0	90.00
91.00	09100 EMERGENCY	484,762	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	196,643	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	671	0	94.00
95.00	09500 AMBULANCE SERVICES	477,355	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
200.00	Subtotal (see instructions)	7,741,200	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	7,741,200	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:49 pm
Cost Center Description		Title XVIII	Hospital	TEFRA
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,352	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,352	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		43,826	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)		259	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)		93,710,781	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)		93,710,781	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		93,710,781	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)		1,938.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		501,968	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)		501,968	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:49 pm	
Cost Center Description			Title XVIII		Hospital	TEFRA
	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	29,867,273	9,333	3,200.18	80	256,014	43.00
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	75,667,786	38,283	1,976.54	0	0	47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				885,953	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,643,935	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)				105,648	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				76,279	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				181,927	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				1,462,008	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				48	54.00
55.00	Target amount per discharge				28,872.42	55.00
56.00	Target amount (line 54 x line 55)				1,385,876	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				-76,132	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				14,931.23	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				22,239.70	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)				1,567,803	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)				4,526	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,938.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				8,771,841	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/16/2019 1:49 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	16,142,635	93,710,781	0.172260	8,771,841	1,511,037	90.00
91.00	Nursing School cost	0	93,710,781	0.000000	8,771,841	0	91.00
92.00	Allied health cost	0	93,710,781	0.000000	8,771,841	0	92.00
93.00	All other Medical Education	0	93,710,781	0.000000	8,771,841	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/16/2019 1:49 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)		48,352	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,352	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		43,826	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)		2,650	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)		93,710,781	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)		93,710,781	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		93,710,781	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)		1,938.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,135,965	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,135,965	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/16/2019 1:49 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	Cost
		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	29,867,273	9,333	3,200.18	1,344	4,301,042	43.00
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	NEONATAL INTENSIVE CARE UNIT	75,667,786	38,283	1,976.54	4,435	8,765,955	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,925,880	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,128,842	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)					4,526	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,938.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,771,841	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/16/2019 1:49 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	16,142,635	93,710,781	0.172260	8,771,841	1,511,037	90.00
91.00	Nursing School cost	0	93,710,781	0.000000	8,771,841	0	91.00
92.00	Allied health cost	0	93,710,781	0.000000	8,771,841	0	92.00
93.00	All other Medical Education	0	93,710,781	0.000000	8,771,841	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/16/2019 1:49 pm
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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		615,332		30.00
31.00	03100 INTENSIVE CARE UNIT		591,371		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.294112	473,085	139,140	50.00
51.00	05100 RECOVERY ROOM	0.632366	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.073766	68,799	5,075	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.231343	60,211	13,929	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.312524	8,477	2,649	55.00
57.00	05700 CT SCAN	0.033631	30,225	1,016	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.043674	27,120	1,184	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.147038	0	0	59.00
60.00	06000 LABORATORY	0.212356	340,116	72,226	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.279339	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.263975	88,200	23,283	65.00
66.00	06600 PHYSICAL THERAPY	0.706311	16,419	11,597	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.354523	13,557	4,806	67.00
68.00	06800 SPEECH PATHOLOGY	0.582187	2,819	1,641	68.00
69.00	06900 ELECTROCARDIOLOGY	0.499227	21,189	10,578	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.183039	5,564	1,018	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416565	42,784	17,822	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.460869	195,995	90,328	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.357802	737,983	264,052	73.00
74.00	07400 RENAL DIALYSIS	1.075360	190,539	204,898	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.947009	266	252	90.00
91.00	09100 EMERGENCY	0.351594	58,188	20,459	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.834437	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.003063	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,381,536	885,953	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)		2,381,536		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/16/2019 1:49 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		6,860,552	30.00
31.00	03100	INTENSIVE CARE UNIT		8,727,392	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		14,760,166	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.294112	2,968,164	50.00
51.00	05100	RECOVERY ROOM	0.632366	212,795	51.00
53.00	05300	ANESTHESIOLOGY	0.073766	706,072	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.231343	1,229,217	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.312524	98,658	55.00
57.00	05700	CT SCAN	0.033631	340,779	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043674	707,787	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.147038	310,608	59.00
60.00	06000	LABORATORY	0.212356	5,135,505	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.279339	879,522	63.00
65.00	06500	RESPIRATORY THERAPY	0.263975	5,681,445	65.00
66.00	06600	PHYSICAL THERAPY	0.706311	535,379	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.354523	439,369	67.00
68.00	06800	SPEECH PATHOLOGY	0.582187	156,525	68.00
69.00	06900	ELECTROCARDIOLOGY	0.499227	583,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183039	662,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416565	4,683,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.460869	2,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.357802	5,857,789	73.00
74.00	07400	RENAL DIALYSIS	1.075360	190,016	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.947009	845,096	90.00
91.00	09100	EMERGENCY	0.351594	1,040,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.834437	205,228	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.003063	1,359	94.00
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		33,472,859	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)		33,472,859	202.00

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

Provider CCN: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/16/2019 1:49 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	1,938.10	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,200.18	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,976.54	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.294112	0	8.00
9.00	RECOVERY ROOM		51.00	0.632366	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.073766	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.231343	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.312524	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	14.00
15.00	CT SCAN		57.00	0.033631	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.043674	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.147038	0	17.00
18.00	LABORATORY		60.00	0.212356	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.279339	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.263975	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.706311	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.354523	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.582187	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.499227	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.183039	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.416565	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.460869	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.357802	0	31.00
32.00	RENAL DIALYSIS		74.00	1.075360	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	36.00
37.00	CLINIC		90.00	0.947009	0	37.00
38.00	EMERGENCY		91.00	0.351594	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.834437	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)				0	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	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				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: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/16/2019 1:49 pm

Cost Center Description		Kidney		Hospital		TEFRA	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		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	0		0		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	479,910		506,640		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)	479,910		506,640		61.00	
62.00	Total Usable Organs (see instructions)		8			62.00	
63.00	Medicare Usable Organs (see instructions)		2			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.250000			64.00	
65.00	Medicare Cost/Charges (see instructions)	119,978		126,660		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (Line 65 minus line 66)	119,978		126,660		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	119,978	0	126,660	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	8		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	0		73.00	
74.00	Total (sum of lines 70 through 73)		0	8		74.00	
75.00	Organs Transplanted		0	8	506,640	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	8		84.00	

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

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

Provider CCN: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/16/2019 1:49 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	1,938.10	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,200.18	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,976.54	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.294112	0	8.00
9.00	RECOVERY ROOM		51.00	0.632366	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.073766	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.231343	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.312524	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	14.00
15.00	CT SCAN		57.00	0.033631	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.043674	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.147038	0	17.00
18.00	LABORATORY		60.00	0.212356	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.279339	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.263975	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.706311	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.354523	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.582187	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.499227	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.183039	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.416565	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.460869	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.357802	0	31.00
32.00	RENAL DIALYSIS		74.00	1.075360	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	36.00
37.00	CLINIC		90.00	0.947009	0	37.00
38.00	EMERGENCY		91.00	0.351594	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.834437	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER				0	40.00
41.00	TOTAL (sum of lines 8 through 40)				0	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	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				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: 26-3301

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

Worksheet D-4

Date/Time Prepared:
5/16/2019 1:49 pm

		Liver		Hospital		TEFRA	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,184,593		1,428,980			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)	1,184,593		1,428,980			61.00
62.00	Total Usable Organs (see instructions)		12				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	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	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	12			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	0			73.00
74.00	Total (sum of lines 70 through 73)		0	12			74.00
75.00	Organs Transplanted		0	12	1,428,980		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	12			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: 26-3301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/16/2019 1:49 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	1,938.10	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,200.18	0	0	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	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,976.54	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.294112	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.632366	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.073766	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.231343	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.312524	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.033631	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.043674	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.147038	0	0	17.00
18.00	LABORATORY		60.00	0.212356	0	0	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	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.279339	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.263975	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.706311	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.354523	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.582187	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.499227	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.183039	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.416565	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.460869	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.357802	0	0	31.00
32.00	RENAL DIALYSIS		74.00	1.075360	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	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	0.947009	0	0	37.00
38.00	EMERGENCY		91.00	0.351594	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.834437	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				0	0	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	0	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				0	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: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/16/2019 1:49 pm

Cost Center Description		Heart		Hospital		TEFRA	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		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	0		0		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,010,660		2,318,757		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)	2,010,660		2,318,757		61.00	
62.00	Total Usable Organs (see instructions)		19			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	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	19		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	0		73.00	
74.00	Total (sum of lines 70 through 73)		0	19		74.00	
75.00	Organs Transplanted		0	19	2,318,757	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	19		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: 26-3301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/16/2019 1:49 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	1,938.10	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,200.18	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,976.54	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.294112	0	8.00
9.00	RECOVERY ROOM		51.00	0.632366	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.073766	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.231343	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.312524	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	14.00
15.00	CT SCAN		57.00	0.033631	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.043674	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.147038	0	17.00
18.00	LABORATORY		60.00	0.212356	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.279339	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.263975	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.706311	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.354523	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.582187	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.499227	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.183039	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.416565	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.460869	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.357802	0	31.00
32.00	RENAL DIALYSIS		74.00	1.075360	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	36.00
37.00	CLINIC		90.00	0.947009	0	37.00
38.00	EMERGENCY		91.00	0.351594	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.834437	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)				0	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	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				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: 26-3301

Period: From 01/01/2018

Worksheet D-4

Component CCN:

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:49 pm

		Lung		Hospital		TEFRA	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,151,158		1,395,700			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)	1,151,158		1,395,700			61.00
62.00	Total Usable Organs (see instructions)		18				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	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	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	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	0			73.00
74.00	Total (sum of lines 70 through 73)		0	18			74.00
75.00	Organs Transplanted		0	18	1,395,700		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	18			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: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/16/2019 1:49 pm
		Title XVIII	Hospital	TEFRA
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		132,500	2.00
3.00	OPPS payments		61,033	3.00
4.00	Outlier payment (see instructions)		9,737	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		117,925	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		60.01	7.00
8.00	Transitional corridor payment (see instructions)		47,155	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		117,925	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)		11,251	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)		106,674	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,341	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)		109,015	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		109,015	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)		11,589	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		7,533	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		11,589	36.00
37.00	Subtotal (see instructions)		116,548	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		116,548	40.00
40.01	Sequestration adjustment (see instructions)		2,331	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		133,995	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-19,778	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: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/16/2019 1:49 pm
		Title XVIII	Hospital
			TEFRA
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/16/2019 1:49 pm	
		Title XVIII		Hospital		TEFRA	
		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		1,552,879		133,995		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,552,879		133,995		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		95,315		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		19,778		6.02
7.00	Total Medicare program liability (see instructions)		1,648,194		114,217		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		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part I Date/Time Prepared: 5/16/2019 1:49 pm
		Title XVIII	Hospital	TEFRA
		1.00		
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		1,567,803	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		119,978	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,687,781	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5)		1,687,781	6.00
7.00	Deductibles		36,108	7.00
8.00	Subtotal (line 6 minus line 7)		1,651,673	8.00
9.00	Coinsurance		1,005	9.00
10.00	Subtotal (line 8 minus line 9)		1,650,668	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		1,650,668	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		31,163	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Demonstration payment adjustment amount before sequestration		0	17.99
18.00	Total amount payable to the provider (see instructions)		1,681,831	18.00
18.01	Sequestration adjustment (see instructions)		33,637	18.01
18.02	Demonstration payment adjustment amount after sequestration		0	18.02
19.00	Interim payments		1,552,879	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)		95,315	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/16/2019 1:49 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	29,128,842			1.00
2.00	Medical and other services		7,741,200		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	29,128,842	7,741,200		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	29,128,842	7,741,200		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	30,348,110			8.00
9.00	Ancillary service charges	33,472,859	17,223,776		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	63,820,969	17,223,776		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	63,820,969	17,223,776		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	34,692,127	9,482,576		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	29,128,842	7,741,200		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0	0		24.00
25.00	Capital exception payments (see instructions)	0	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	29,128,842	7,741,200		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	29,128,842	7,741,200		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	29,128,842	7,741,200		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	29,128,842	7,741,200		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	29,128,842	7,741,200		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	29,128,842	7,741,200		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)	0	0		109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/16/2019 1:49 pm	
		Title XVIII	Hospital	TEFRA	
				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.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			191.88	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	83.47	79.91	163.38	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.	50.81	48.64	99.45	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	50.81	48.64		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	53.46	46.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	56.45	43.51		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	53.57	46.11		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	53.57	46.11		17.00
18.00	Per resident amount	90,669.64	90,669.64		18.00
19.00	Approved amount for resident costs	4,857,173	4,180,777	9,037,950	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			75.09	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			9,037,950	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	339	0		26.00
27.00	Total Inpatient Days (see instructions)	91,442	91,442		27.00
28.00	Ratio of inpatient days to total inpatient days	0.003707	0.000000		28.00
29.00	Program direct GME amount	33,504	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			33,504	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/16/2019 1:49 pm
		Title XVIII	Hospital	TEFRA
				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)		3,470,203	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)		1,643,935	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		119,978	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,763,913	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		132,500	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		132,500	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,896,413	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.930131	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.069869	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		33,504	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		31,163	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,341	50.00

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

Provider CCN: 26-3301

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

Worksheet G

Date/Time Prepared:
5/16/2019 1:49 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	917,152	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	148,813,180	0	0	0	4.00
5.00	Other receivable	20,047,054	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,568,373	0	0	0	6.00
7.00	Inventory	12,254,814	0	0	0	7.00
8.00	Prepaid expenses	1,191,966	0	0	0	8.00
9.00	Other current assets	13,937,092	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)	191,592,885	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,508,366	0	0	0	12.00
13.00	Land improvements	398,933	0	0	0	13.00
14.00	Accumulated depreciation	-113,112	0	0	0	14.00
15.00	Buildings	631,612,946	0	0	0	15.00
16.00	Accumulated depreciation	-259,634,715	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	20,359,143	0	0	0	19.00
20.00	Accumulated depreciation	-8,362,672	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	217,752,779	0	0	0	23.00
24.00	Accumulated depreciation	-213,795,183	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)	394,726,485	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	586,319,370	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,694,506	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,097,036	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	60,433,451	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	87,224,993	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	64,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	64,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	87,288,993	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	499,030,377				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	499,030,377	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	586,319,370	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-3301

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

Worksheet G-1

Date/Time Prepared:
5/16/2019 1:49 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		467,589,157		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		65,225,936			2.00
3.00	Total (sum of line 1 and line 2)		532,815,093		0	3.00
4.00	TRANSFER TO GENERAL FUND	2,415,783		0		4.00
5.00	ASSETS RELEASED FROM RESTRICTION	945,787		0		5.00
6.00	TRANSFER TO/FROM BJC	-37,146,286		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)		-33,784,716		0	10.00
11.00	Subtotal (line 3 plus line 10)		499,030,377		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		499,030,377		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TRANSFER TO GENERAL FUND		0			4.00
5.00	ASSETS RELEASED FROM RESTRICTION		0			5.00
6.00	TRANSFER TO/FROM BJC		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: 26-3301

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/16/2019 1:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	133,952,861		133,952,861	1.00
2.00	SUBPROVIDER - IPF				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)	133,952,861		133,952,861	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	63,835,194		63,835,194	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	NEONATAL INTENSIVE CARE UNIT	129,508,386		129,508,386	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	193,343,580		193,343,580	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	327,296,441		327,296,441	17.00
18.00	Ancillary services	397,675,068	413,618,941	811,294,009	18.00
19.00	Outpatient services	11,940,660	85,799,007	97,739,667	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	434,099	15,081,830	15,515,929	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL SERVICES	0	5,074,893	5,074,893	27.00
27.01	OTHER REVENUE	0	495,976	495,976	27.01
27.02	OFFICE VISIT REVENUE	0	1,067,980	1,067,980	27.02
27.03	NON ALLOWED	0	291	291	27.03
27.04	HOME PROGRAM DIALYSIS	0	1,036,078	1,036,078	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	737,346,268	522,174,996	1,259,521,264	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		629,108,017		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	NON OPERATING DEPT.	2,472,140			37.00
38.00	PHYSICIAN OPERATIONS	303,786			38.00
39.00	OPERATING DEPT	872,290			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		3,648,216		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		625,459,801		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet G-3 Date/Time Prepared: 5/16/2019 1:49 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,259,521,264	1.00
2.00	Less contractual allowances and discounts on patients' accounts	590,621,050	2.00
3.00	Net patient revenues (line 1 minus line 2)	668,900,214	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	625,459,801	4.00
5.00	Net income from service to patients (line 3 minus line 4)	43,440,413	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	437,925	6.00
7.00	Income from investments	2,554,721	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	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5,437,348	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	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	39,193	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE MEDICAID	0	24.00
24.01	MEANINGFUL USE MEDICARE	0	24.01
24.02	BJC ACO SHARED SAVINGS	0	24.02
24.03	BJC OTHER OPERATING REVENUE	0	24.03
24.04	MISC OTHER OPERATING REVENUE	15,536,467	24.04
25.00	Total other income (sum of lines 6-24)	24,005,654	25.00
26.00	Total (line 5 plus line 25)	67,446,067	26.00
27.00	PHYSICIAN OPERATIONS	2,220,131	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,220,131	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	65,225,936	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-3301
Component CCN: 26-2309

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

Worksheet 1-1
Date/Time Prepared:
5/16/2019 1:49 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	223,860	HOURS OF SERVICE	5,731.00	2.76	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	114,201	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	54,826	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	392,887				9.00
10.00	EMPLOYEE BENEFITS	70,964	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	327,313	REQUISITIONS			14.00
15.00	DRUGS	34,111	REQUISITIONS			15.00
16.00	OTHER	490,213	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,315,488				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	60,848	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	170,743	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	16,342	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	515,141	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	156,463	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	257,880	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	124,656	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,617,561				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,617,561				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 26-3301

Period: From 01/01/2018

Worksheet 1-2

Component CCN: 26-2309

To 12/31/2018

Date/Time Prepared: 5/16/2019 1:49 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other				
		1.00	2.00	3.00	4.00				
1.00	Total Renal Department Costs	217,311	170,743	223,860	0	87,306	291,991	1.00	
MAINTENANCE									
2.00	Hemodialysis	111,543	87,079	114,918	0	44,817	149,886	2.00	
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00	
6.00	CAPD	0	0	0	0	0	0	6.00	
7.00	CCPD	0	0	0	0	0	0	7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0	0	8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
10.00	CAPD	0	0	0	0	0	0	10.00	
11.00	CCPD	0	0	0	0	0	0	11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	105,768	83,664	108,942	0	42,489	142,105	12.00	
13.00	Method II Home Patient	0	0	0	0	0	0	13.00	
14.00	ESAs (included in Renal Department)						0	14.00	
15.00								15.00	
16.00	Other	0	0	0	0	0	0	16.00	
17.00	Total (sum of lines 2 through 16)	217,311	170,743	223,860	0	87,306	291,991	17.00	
18.00	Medical Educational Program Costs							18.00	
19.00	Total Renal Costs (line 17 + line 18)							19.00	
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)			
		7.00	8.00	9.00	10.00	11.00			
1.00	Total Renal Department Costs	327,313	0	1,318,524	1,299,037	2,617,561		1.00	
MAINTENANCE									
2.00	Hemodialysis	168,021	0	676,264	666,269	1,342,533		2.00	
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01	
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0		4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00	
6.00	CAPD	0	0	0	0	0		6.00	
7.00	CCPD	0	0	0	0	0		7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0		8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00	
10.00	CAPD	0	0	0	0	0		10.00	
11.00	CCPD	0	0	0	0	0		11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	159,292	0	642,260	632,768	1,275,028		12.00	
13.00	Method II Home Patient	0	0	0	0	0		13.00	
14.00	ESAs (included in Renal Department)							14.00	
15.00								15.00	
16.00	Other	0	0	0	0	0		16.00	
17.00	Total (sum of lines 2 through 16)	327,313	0	1,318,524	1,299,037	2,617,561		17.00	
18.00	Medical Educational Program Costs					0		18.00	
19.00	Total Renal Costs (line 17 + line 18)					2,617,561		19.00	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301
Component CCN: 26-2309

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

Worksheet 1-3
Date/Time Prepared:
5/16/2019 1:49 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	217,311	170,743	223,860	0	87,306	1.00
MAINTENANCE							
2.00	Hemodialysis	1,603	0.51	2,942.00	883.00	143,059	2.00
2.01	AKI -Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI -Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	657	1,520	0.49	2,789.00	837.00	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	3,123	1.00	5,731.00	1,720.00	278,686	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	69.584054	170,743.000000	39.061246	0.000000	0.313277	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	291,991	327,313	0	1,318,524	1,299,037	1.00
MAINTENANCE							
2.00	Hemodialysis	17,510	164,037	0			2.00
2.01	AKI -Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI -Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	16,601	155,515	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	34,111	319,552	0		1,318,524	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	8.560025	1.024287	0.000000		0.985221	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-3301
Component CCN: 26-2309

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

Worksheet 1-4
Date/Time Prepared:
5/16/2019 1:49 pm

		Rate 0		Renal Dialysis			
	Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
1.00	Maintenance - Hemodialysis	671	1,342,533	2,000.79	600	1,200,474	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	16	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	687	1,342,533		600	1,200,474	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	687					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	178,560	297.60				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	178,560					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-3301

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

Worksheet 1-1
Date/Time Prepared:
5/16/2019 1:49 pm

Home Program
Dialysis

TEFRA

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES		HOURS OF SERVICE	0.00	0.00	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	0				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	194,070	REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	2,384	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	196,454				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT		SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	787	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING		SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS		ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	197,241				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	197,241				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 26-3301

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

Worksheet 1-2
Date/Time Prepared:
5/16/2019 1:49 pm

		Capital Related Costs		Direct Patient Care Salary		Home Program Dialysis	Drugs	
		Building	Equipment	RNs	Other	Employee Benefits Department		
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	0	0	0	0	0	0	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI -Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI -Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	0	0	0	0	0	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	194,070	0	194,070	3,171	197,241		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI -Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI -Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	194,070	0	194,070	3,171	197,241		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	194,070	0	194,070	3,171	197,241		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					197,241		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet 1-3 Date/Time Prepared: 5/16/2019 1:49 pm
		Home Program Dialysis	TEFRA

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)		
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			
		0	1.00	2.00	3.00			4.00
1.00	Total Renal Department Costs	0	1.00	0	0	0	0	1.00
MAINTENANCE								
2.00	Hemodialysis		0	0.00	5.00	0.00	0	2.00
2.01	AKI-Hemodialysis		0	0.00	1.50	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	96.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	4.75	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		0	0.00	107.25	0.00	0	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	0.000000	0.000000	0.000000	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	194,070	0	194,070	3,171		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	194,070	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	194,070	0		194,070		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.016339		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS		Provider CCN: 26-3301		Period: From 01/01/2018 To 12/31/2018		Worksheet 1-4 Date/Time Prepared: 5/16/2019 1:49 pm	
		Rate 0		Home Program Dialysis		TEFRA	
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	3,360	0	0.00	1,460	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	480	197,241	410.92	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	3,360	197,241		1,460	0	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	4,800					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	149,183	102.18				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	149,183					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 26-3301	Period: From 01/01/2018 To 12/31/2018	Worksheet 1-5 Date/Time Prepared: 5/16/2019 1:49 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,200,474		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	327,743	327,743	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	327,743	327,743	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	262,194	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,539,774		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,539,774		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00