

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet 5
Parts I-III
Date/Time Prepared:
7/9/2020 8:58 am

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 7/9/2020	Time: 8:58 am
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. <input type="checkbox"/> Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LOUIS CHILDREN'S HOSPITAL (26-3301) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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.

Encryption Information

ECR: Date: 7/9/2020 Time: 8:58 am
gHJNuHahUDWZ9txYLAB3kbZG41:8r0
14ecEOsAOPqS3DiTbvkpRCn1.9AFd1
oyO21evtcJ0RLr1q

PI: Date: 7/9/2020 Time: 8:58 am
t9XpUDPJmWhu7kdJfPYKEb1jv4L80
ivjfmOnOWLRC6MXthSf5dSX2Q8Meid
Os890nRPFc0NYwhk

(Signed) Michele M. Lee
Officer or Administrator of Provider(s)

VP Finance
Title

7-14-2020
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	448,506	5,016	0	40,893,285	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	6.00
200.00 Total	0	448,506	5,016	0	40,893,285	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 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/30/2020 3:09 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:		Zip Code: 63110	County: ST. LOUIS					1.00
2.00	City: ST. LOUIS	State: MO								2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. LOUIS CHILDREN'S HOSPITAL	263301	41180	7	07/01/1966	O	T	O	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)					01/01/2019	12/31/2019			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	0			24.00

Worksheet S-2
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

MCRIF32 - 16.1.168.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

	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	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			4.23	75.51	0.053047	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
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)			8.19	101.42	0.074719	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	12.04	73.76	0.140326	67.00
67.01		INTERNAL MEDICINE	1400	0.00	0.94	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/30/2020 3:09 pm	
				1.00	2.00
					3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/30/2020 3:09 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
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					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:	1,746,000	940,000			0	118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	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

Health Financial Systems		ST. LOUIS CHILDREN'S HOSPITAL		In Lieu of Form CMS-2552-10			
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/30/2020 3:09 pm	
		1.00		2.00			
133.00	Removed and reserved					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		HB1804		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: 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	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-3301	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/30/2020 3:09 pm
		Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
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 1.00	Type 2.00	Date 3.00
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 1.00	Legal Oper. 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 1.00	Date 2.00	Y/N 3.00
				Date 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	03/02/2020	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
6/30/2020 3:09 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 relifed 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 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/30/2020 3:09 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	

		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 "o") 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
		State 1.00		
STATE MEDICAID FORMS				
10.00	Select the state when using state Medicaid forms.			10.00

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	186	67,890	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)		186	67,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	78	28,470	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)		389	141,985	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)		389			0	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

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	232	4,101	44,045			1.00
2.00	HMO and other (see instructions)	0	44,373				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)	232	4,101	44,045			7.00
8.00	INTENSIVE CARE UNIT	78	1,193	11,697			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	3,388	41,336			12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	310	8,682	97,078	196.35	3,063.30	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)				196.35	3,063.30	27.00
28.00	Observation Bed Days		0	5,091			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

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
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	56	896	10,913	1.00
2.00 HMO and other (see instructions)			0	4,404		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	56	896	10,913	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	7	0	0	0	14	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)							N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02
						Prior to 1/1	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	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	0	22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-5

Date/Time Prepared:
6/30/2020 3:09 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)		0	23.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 26-3301	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 6/30/2020 3:09 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	45,569,422	45,569,422	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	15,700,531	15,700,531	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,540,104	5,053,461	7,593,565	-439,892	7,153,673	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,910,606	171,163,821	220,074,427	-104,094,907	115,979,520	5.00
6.00	00600	MAINTENANCE & REPAIRS	380,253	1,247,534	1,627,787	-706,372	921,415	6.00
7.00	00700	OPERATION OF PLANT	2,748,255	9,570,668	12,318,923	-3,826,982	8,491,941	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	288,919	288,919	-19,896	269,023	8.00
9.00	00900	HOUSEKEEPING	4,453,032	4,369,382	8,822,414	-452,971	8,369,443	9.00
10.00	01000	DIETARY	614,505	288,198	902,703	1,087,212	1,989,915	10.00
11.00	01100	CAFETERIA	2,656,399	5,006,939	7,663,338	-820,174	6,843,164	11.00
13.00	01300	NURSING ADMINISTRATION	7,321,301	8,238,078	15,559,379	-2,527,901	13,031,478	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,875,770	3,875,770	14.00
15.00	01500	PHARMACY	0	0	0	14,625,385	14,625,385	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,427,241	1,155,032	2,582,273	-19,190	2,563,083	16.00
17.00	01700	SOCIAL SERVICE	4,224,945	2,368,135	6,593,080	-108,114	6,484,966	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,720,565	3,933,089	13,653,654	68,671,143	82,324,797	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,661,197	24,287,111	55,948,308	-5,897,304	50,051,004	30.00
31.00	03100	INTENSIVE CARE UNIT	13,782,907	7,610,114	21,393,021	-1,156,350	20,236,671	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	32,626,694	16,923,221	49,549,915	-857,362	48,692,553	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,590,877	29,446,836	40,037,713	-15,735,786	24,301,927	50.00
51.00	05100	RECOVERY ROOM	4,150,927	2,070,677	6,221,604	3,968,345	10,189,949	51.00
53.00	05300	ANESTHESIOLOGY	430,350	8,017,585	8,447,935	96,533	8,544,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,414,547	4,402,105	7,816,652	-2,475,672	5,340,980	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	570,115	1,038,393	1,608,508	382,798	1,991,306	55.00
57.00	05700	CT SCAN	464,872	406,924	871,796	-256,023	615,773	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	876,959	2,875,761	3,752,720	-2,548,102	1,204,618	58.00
59.00	05900	CARDIAC CATHETERIZATION	789,898	4,561,462	5,351,360	-2,032,623	3,318,737	59.00
60.00	06000	LABORATORY	4,213,562	20,104,330	24,317,892	-4,527,290	19,790,602	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	545,320	2,592,617	3,137,937	898,350	4,036,287	63.00
65.00	06500	RESPIRATORY THERAPY	6,013,316	7,835,348	13,848,664	-3,843,079	10,005,585	65.00
66.00	06600	PHYSICAL THERAPY	5,457,550	2,474,052	7,931,602	-210,054	7,721,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,625,002	487,386	2,112,388	-48,694	2,063,694	67.00
68.00	06800	SPEECH PATHOLOGY	2,794,158	2,496,368	5,290,526	-678,625	4,611,901	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,603,624	3,603,624	17,599	3,621,223	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	865,242	676,006	1,541,248	-274,846	1,266,402	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	988,547	5,619,614	6,608,161	5,221,764	11,829,925	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,980,655	8,980,655	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,616,145	42,980,486	51,596,631	-15,880,815	35,715,816	73.00
74.00	07400	RENAL DIALYSIS	749,407	1,037,237	1,786,644	-222,902	1,563,742	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,611,793	4,083,650	9,695,443	1,188,953	10,884,396	90.00
91.00	09100	EMERGENCY	6,376,273	6,280,252	12,656,525	-116,845	12,539,680	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	338,282	338,282	-332,243	6,039	94.00
95.00	09500	AMBULANCE SERVICES	5,116,690	2,360,139	7,476,829	-525,056	6,951,773	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	146,638	146,638	44,674	191,312	105.00
106.00	10600	HEART ACQUISITION	0	1,295,487	1,295,487	328,612	1,624,099	106.00
107.00	10700	LIVER ACQUISITION	0	702,326	702,326	157,414	859,740	107.00
108.00	10800	LUNG ACQUISITION	0	514,282	514,282	170,514	684,796	108.00
112.00	08600	BONE MARROW ACQUISITION	0	2,794,973	2,794,973	0	2,794,973	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	233,329,554	422,746,542	656,076,096	349,604	656,425,700	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	2,793	2,793	0	2,793	192.00
194.00	07950	VARIOUS NONREIMBURSABEL DEPARTMENTS	6,825,750	9,136,738	15,962,488	-348,554	15,613,934	194.00
194.01	07951	RETAIL PHARMACY	632,059	3,913,696	4,545,755	-1,050	4,544,705	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	240,787,363	435,799,769	676,587,132	0	676,587,132	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
6/30/2020 3:09 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	1,401,639	46,971,061	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	920,404	16,620,935	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,963,934	13,117,607	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,492,211	119,471,731	5.00
6.00	00600	MAINTENANCE & REPAIRS	-200	921,215	6.00
7.00	00700	OPERATION OF PLANT	0	8,491,941	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	269,023	8.00
9.00	00900	HOUSEKEEPING	-1,795	8,367,648	9.00
10.00	01000	DIETARY	-57,330	1,932,585	10.00
11.00	01100	CAFETERIA	-5,442,189	1,400,975	11.00
13.00	01300	NURSING ADMINISTRATION	-63,013	12,968,465	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,875,770	14.00
15.00	01500	PHARMACY	0	14,625,385	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,212	2,536,871	16.00
17.00	01700	SOCIAL SERVICE	-48,113	6,436,853	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-473,726	81,851,071	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,092,014	47,958,990	30.00
31.00	03100	INTENSIVE CARE UNIT	4,761	20,241,432	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-88,284	48,604,269	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-464,591	23,837,336	50.00
51.00	05100	RECOVERY ROOM	-557	10,189,392	51.00
53.00	05300	ANESTHESIOLOGY	-6,370,681	2,173,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-44,587	5,296,393	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,991,306	55.00
57.00	05700	CT SCAN	0	615,773	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,204,618	58.00
59.00	05900	CARDIAC CATHETERIZATION	-865,902	2,452,835	59.00
60.00	06000	LABORATORY	-1,361,459	18,429,143	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	112,235	4,148,522	63.00
65.00	06500	RESPIRATORY THERAPY	-10,061	9,995,524	65.00
66.00	06600	PHYSICAL THERAPY	-24,191	7,697,357	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,063,694	67.00
68.00	06800	SPEECH PATHOLOGY	-2,414	4,609,487	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,621,223	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-50	1,266,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,586	11,827,339	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,980,655	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-220,324	35,495,492	73.00
74.00	07400	RENAL DIALYSIS	-270	1,563,472	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-411,912	10,472,484	90.00
91.00	09100	EMERGENCY	-184,351	12,355,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	6,039	94.00
95.00	09500	AMBULANCE SERVICES	-525,843	6,425,930	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	191,312	105.00
106.00	10600	HEART ACQUISITION	0	1,624,099	106.00
107.00	10700	LIVER ACQUISITION	0	859,740	107.00
108.00	10800	LUNG ACQUISITION	0	684,796	108.00
112.00	08600	BONE MARROW ACQUISITION	0	2,794,973	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,887,471	649,538,229	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,793	192.00
194.00	07950	VARIOUS NONREIMBURSABEL DEPARTMENTS	507,056	16,120,990	194.00
194.01	07951	RETAIL PHARMACY	0	4,544,705	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,380,415	670,206,717	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet Non-CMS W

Date/Time Prepared:
6/30/2020 3:09 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	GIFT, 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	4,018,927		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,052,694		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
0			0	6,071,621		
B - PATIENT CONVENIENCE CARE						
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	74		1.00
0			0	74		
C - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	522,643		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	194,900		2.00
0			0	717,543		
D - OUTPATIENT TREATMENT ROOM						
1.00	CLINIC	90.00	0	4,366		1.00
0			0	4,366		
E - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,430,179		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,652,068		2.00
0			0	6,082,247		
F - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	38,563,906		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,834,636		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

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
26.00		0.00	0	0		
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
0			0	48,398,542		
G - PHERESIS AND INFUSION						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	397,810	514,219		1.00
2.00	CLINIC	90.00	11,006	10,964		2.00
0			408,816	525,183		
H - INFECTION SURVEILLANCE						
1.00	INTENSIVE CARE UNIT	31.00	25,979	45,368		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	91,807	160,326		2.00
0			117,786	205,694		
I - AFFILIATED SERVICES						
1.00	OPERATING ROOM	50.00	0	1,913,302		1.00
2.00	RECOVERY ROOM	51.00	0	74,735		2.00
3.00	ANESTHESIOLOGY	53.00	0	315,726		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	356,584		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	727,110		5.00
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,511		6.00
7.00	RESPIRATORY THERAPY	65.00	0	1,301		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	17,599		8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	336,377		9.00
10.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	301,606		10.00
11.00	DRUGS CHARGED TO PATIENTS	73.00	0	44,795		11.00
12.00	CT SCAN	57.00	0	4,233		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	40,387		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,430		14.00
0			0	4,137,696		
J - CENTRAL SERVICE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	988,547	2,887,223		1.00
0			988,547	2,887,223		
K - PHARMACY						
1.00	PHARMACY	15.00	8,616,145	6,009,240		1.00
0			8,616,145	6,009,240		
L - WU TEACHING SERVICE						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	68,673,692		1.00
0			0	68,673,692		
M - TELEPHONE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,353		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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			0	11,353	
N - DIETARY					
1.00	DIETARY	10.00	0	1,110,071	1.00
2.00	CAFETERIA	11.00	151,316	285,209	2.00
0			151,316	1,395,280	
O - MAINTENANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	701,465	2,326,960	1.00
2.00		0.00	0	0	2.00
0			701,465	2,326,960	
P - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,247,627	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
0			0	12,247,627	
R - EXTENDED RECOVERY					
1.00	RECOVERY ROOM	51.00	0	4,212,175	1.00
2.00		0.00	0	0	2.00
0			0	4,212,175	
S - FAMILY CARE CENTER					
1.00	INTENSIVE CARE UNIT	31.00	26,376	37,709	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	93,210	133,259	2.00
0			119,586	170,968	
T - INPATIENT CCPD					
1.00	RENAL DIALYSIS	74.00	0	332,243	1.00
0			0	332,243	
U - EPO					
1.00	RENAL DIALYSIS	74.00	0	442,367	1.00
2.00		0.00	0	0	2.00
0			0	442,367	
V - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,679,049	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
0			0	8,679,049	
X - HEMATOLOGY ONCOLOGY CLINIC					
1.00	CLINIC	90.00	0	1,831,650	1.00
0			0	1,831,650	
Y - PRE-TRANSPLANT DIETITIAN COSTS					
1.00	KIDNEY ACQUISITION	105.00	2,091	564	1.00
2.00	HEART ACQUISITION	106.00	9,169	2,475	2.00
3.00	LIVER ACQUISITION	107.00	4,053	1,094	3.00
4.00	LUNG ACQUISITION	108.00	2,682	724	4.00
0			17,995	4,857	
Z - PRE-TRANSPLANT COSTS CHILD LIFE					
1.00	KIDNEY ACQUISITION	105.00	412	108	1.00
2.00	HEART ACQUISITION	106.00	6,237	1,633	2.00
3.00	LIVER ACQUISITION	107.00	1,241	325	3.00
4.00	LUNG ACQUISITION	108.00	1,214	318	4.00
0			9,104	2,384	
AA - PRE-TRANSPLANT COSTS SOCIAL SERVICES					
1.00	KIDNEY ACQUISITION	105.00	4,203	1,231	1.00
2.00	HEART ACQUISITION	106.00	31,775	9,307	2.00
3.00	LIVER ACQUISITION	107.00	5,363	1,571	3.00
4.00	LUNG ACQUISITION	108.00	13,221	3,872	4.00
0			54,562	15,981	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	BB - PRE-TRANSPLANT COSTS FINANCIAL COORD					
1.00	KIDNEY ACQUISITION	105.00	506	127	1.00	
2.00	HEART ACQUISITION	106.00	5,712	1,439	2.00	
3.00	LIVER ACQUISITION	107.00	3,828	964	3.00	
4.00	LUNG ACQUISITION	108.00	2,944	742	4.00	
	0		12,990	3,272		
	CC - PRE-TRANSPLANT COSTS UNIVERSAL					
1.00	KIDNEY ACQUISITION	105.00	24,178	6,090	1.00	
2.00	HEART ACQUISITION	106.00	170,380	42,919	2.00	
3.00	LIVER ACQUISITION	107.00	96,029	24,190	3.00	
4.00	LUNG ACQUISITION	108.00	77,228	19,454	4.00	
	0		367,815	92,653		
	DD - PRE-TRANSPLANT COSTS FIN COORD A&G					
1.00	KIDNEY ACQUISITION	105.00	2,555	781	1.00	
2.00	HEART ACQUISITION	106.00	19,848	6,084	2.00	
3.00	LIVER ACQUISITION	107.00	10,150	3,106	3.00	
4.00	LUNG ACQUISITION	108.00	28,614	8,807	4.00	
	0		61,167	18,778		
	EE - PRE-TRANSPLANT COSTS PHARMACY					
1.00	KIDNEY ACQUISITION	105.00	1,487	341	1.00	
2.00	HEART ACQUISITION	106.00	17,596	4,038	2.00	
3.00	LIVER ACQUISITION	107.00	4,473	1,027	3.00	
4.00	LUNG ACQUISITION	108.00	8,698	1,996	4.00	
	0		32,254	7,402		
500.00	Grand Total: Increases		11,659,548	175,508,120	500.00	

		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	2,632	10		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,219,044	10		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	5,813	0		3.00	
4.00	CAFETERIA	11.00	0	9,987	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	5,532	0		5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	18,493	0		6.00	
7.00	SOCIAL SERVICE	17.00	0	2,565	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	29,583	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	26,036	0		9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	34,190	0		10.00	
11.00	OPERATING ROOM	50.00	0	14,167	0		11.00	
12.00	RECOVERY ROOM	51.00	0	3,747	0		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	142,482	0		13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,155	0		14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	415	0		15.00	
16.00	LABORATORY	60.00	0	9,592	0		16.00	
17.00	RESPIRATORY THERAPY	65.00	0	182,467	0		17.00	
18.00	PHYSICAL THERAPY	66.00	0	9,960	0		18.00	
19.00	SPEECH PATHOLOGY	68.00	0	2,849	0		19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	865	0		20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,230,584	0		21.00	
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	760,426	0		22.00	
23.00	CLINIC	90.00	0	83,279	0		23.00	
24.00	EMERGENCY	91.00	0	4,026	0		24.00	
25.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	26,396	0		25.00	
26.00	AMBULANCE SERVICES	95.00	0	2,651	0		26.00	
27.00	HOUSEKEEPING	9.00	0	4,088	0		27.00	
28.00	CT SCAN	57.00	0	113,781	0		28.00	
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	113,781	0		29.00	
30.00	RENAL DIALYSIS	74.00	0	8,649	0		30.00	
31.00	RETAIL PHARMACY	194.01	0	386	0		31.00	
	0		0	6,071,621				
B - PATIENT CONVENIENCE CARE								
1.00	ADULTS & PEDIATRICS	30.00	0	74	0		1.00	
	0		0	74				
C - PROPERTY INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	717,543	10		1.00	
2.00		0.00	0	0	10		2.00	
	0		0	717,543				
D - OUTPATIENT TREATMENT ROOM								
1.00	ADULTS & PEDIATRICS	30.00	0	4,366	0		1.00	
	0		0	4,366				
E - INTEREST EXPENSE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,082,247	11		1.00	
2.00		0.00	0	0	11		2.00	
	0		0	6,082,247				
F - DEPRECIATION EXPENSE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	735	9		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	29,071,660	9		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	434,241	0		3.00	
4.00	OPERATION OF PLANT	7.00	0	1,064,867	0		4.00	
5.00	HOUSEKEEPING	9.00	0	448,875	0		5.00	
6.00	CAFETERIA	11.00	0	136,641	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	213,153	0		7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	0	19,896	0		8.00	
9.00	SOCIAL SERVICE	17.00	0	23,513	0		9.00	
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,376	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	1,108,624	0		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	1,072,644	0		12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,040,244	0		13.00	
14.00	OPERATING ROOM	50.00	0	4,421,959	0		14.00	
15.00	RECOVERY ROOM	51.00	0	314,812	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	219,193	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,687,058	0		17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	61,087	0		18.00	
19.00	CT SCAN	57.00	0	146,406	0		19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,426,026	0		20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	171,719	0		21.00	

		Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
22.00	LABORATORY	60.00	0	378,419	0		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	13,679	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	153,252	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	172,274	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	15,019	0		26.00
27.00	SPEECH PATHOLOGY	68.00	0	151,550	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	252,707	0		28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	679,736	0		29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	58,754	0		30.00
31.00	RENAL DIALYSIS	74.00	0	54,839	0		31.00
32.00	CLINIC	90.00	0	430,414	0		32.00
33.00	EMERGENCY	91.00	0	112,626	0		33.00
34.00	AMBULANCE SERVICES	95.00	0	521,587	0		34.00
35.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	317,293	0		35.00
36.00	RETAIL PHARMACY	194.01	0	664	0		36.00
	0		0	48,398,542			
G - PHERESIS AND INFUSION							
1.00	RENAL DIALYSIS	74.00	408,816	525,183	0		1.00
2.00		0.00	0	0	0		2.00
	0		408,816	525,183			
H - INFECTION SURVEILLANCE							
1.00	ADULTS & PEDIATRICS	30.00	117,786	205,694	0		1.00
2.00		0.00	0	0	0		2.00
	0		117,786	205,694			
I - AFFILIATED SERVICES							
1.00	LABORATORY	60.00	0	4,137,696	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	0		0	4,137,696			
J - CENTRAL SERVICE							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	988,547	2,887,223	0		1.00
	0		988,547	2,887,223			
K - PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	8,616,145	6,009,240	0		1.00
	0		8,616,145	6,009,240			
L - WU TEACHING SERVICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	68,673,692	0		1.00
	0		0	68,673,692			
M - TELEPHONE							
1.00	MAINTENANCE & REPAIRS	6.00	0	8	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	836	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	697	0		3.00
4.00	SOCIAL SERVICE	17.00	0	5	0		4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	173	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	25	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	187	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,643	0		8.00
9.00	OPERATING ROOM	50.00	0	99	0		9.00
10.00	RECOVERY ROOM	51.00	0	6	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	113	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	588	0		12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	0	546	0		13.00
14.00	CLINIC	90.00	0	234	0		14.00
15.00	EMERGENCY	91.00	0	193	0		15.00
16.00	AMBULANCE SERVICES	95.00	0	818	0		16.00
17.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	4,939	0		17.00
18.00	RENAL DIALYSIS	74.00	0	25	0		18.00

		Decreases				wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00		10.00		
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	22	0			19.00
20.00	DIETARY	10.00	0	7	0			20.00
21.00	LABORATORY	60.00	0	59	0			21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	122	0			22.00
23.00	HOUSEKEEPING	9.00	0	8	0			23.00
	0		0	11,353				
N - DIETARY								
1.00	CAFETERIA	11.00	0	1,110,071	0			1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	151,316	285,209	0			2.00
	0		151,316	1,395,280				
O - MAINTENANCE								
1.00	MAINTENANCE & REPAIRS	6.00	85,259	181,051	0			1.00
2.00	OPERATION OF PLANT	7.00	616,206	2,145,909	0			2.00
	0		701,465	2,326,960				
P - MEDICAL SUPPLIES								
1.00	ADULTS & PEDIATRICS	30.00	0	228,943	0			1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	259,887	0			2.00
3.00	OPERATING ROOM	50.00	0	6,705,807	0			3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,603	0			4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	255,576	0			5.00
6.00	CT SCAN	57.00	0	69	0			6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,806	0			7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	922,063	0			8.00
9.00	INTENSIVE CARE UNIT	31.00	0	196	0			9.00
10.00	RESPIRATORY THERAPY	65.00	0	3,508,661	0			10.00
11.00	PHYSICAL THERAPY	66.00	0	27,232	0			11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	33,675	0			12.00
13.00	SPEECH PATHOLOGY	68.00	0	213,186	0			13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	22,704	0			14.00
15.00	CLINIC	90.00	0	56,219	0			15.00
	0		0	12,247,627				
R - EXTENDED RECOVERY								
1.00	ADULTS & PEDIATRICS	30.00	0	4,019,456	0			1.00
2.00	INTENSIVE CARE UNIT	31.00	0	192,719	0			2.00
	0		0	4,212,175				
S - FAMILY CARE CENTER								
1.00	ADMINISTRATIVE & GENERAL	5.00	119,586	170,968	0			1.00
2.00		0.00	0	0	0			2.00
	0		119,586	170,968				
T - INPATIENT CCPD								
1.00	HOME PROGRAM DIALYSIS	94.00	0	332,243	0			1.00
	0		0	332,243				
U - EPO								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	440,843	0			1.00
2.00	LABORATORY	60.00	0	1,524	0			2.00
	0		0	442,367				
V - IMPLANTS								
1.00	ADULTS & PEDIATRICS	30.00	0	182,753	0			1.00
2.00	OPERATING ROOM	50.00	0	6,507,056	0			2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	24,472	0			3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	978,813	0			4.00
5.00	SPEECH PATHOLOGY	68.00	0	311,040	0			5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	576,028	0			6.00
7.00	CLINIC	90.00	0	98,887	0			7.00
	0		0	8,679,049				
X - HEMATOLOGY ONCOLOGY CLINIC								
1.00	NURSING ADMINISTRATION	13.00	0	1,831,650	0			1.00
	0		0	1,831,650				
Y - PRE-TRANSPLANT DIETITIAN COSTS								
1.00	DIETARY	10.00	17,995	4,857	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
	0		17,995	4,857				
Z - PRE-TRANSPLANT COSTS CHILD LIFE								
1.00	SOCIAL SERVICE	17.00	9,104	2,384	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
	0		9,104	2,384				

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
AA - PRE-TRANSPLANT COSTS SOCIAL SERVICES						
1.00	SOCIAL SERVICE	17.00	54,562	15,981	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
0			54,562	15,981		
BB - PRE-TRANSPLANT COSTS FINANCIAL COORD						
1.00	NURSING ADMINISTRATION	13.00	12,990	3,272	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
0			12,990	3,272		
CC - PRE-TRANSPLANT COSTS UNIVERSAL						
1.00	NURSING ADMINISTRATION	13.00	367,815	92,653	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
0			367,815	92,653		
DD - PRE-TRANSPLANT COSTS FIN COORD A&G						
1.00	ADMINISTRATIVE & GENERAL	5.00	61,167	18,778	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
0			61,167	18,778		
EE - PRE-TRANSPLANT COSTS PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	32,254	7,402	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
0			32,254	7,402		
500.00	Grand Total: Decreases		11,659,548	175,508,120		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	4,018,927	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,632	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,052,694	ADMINISTRATIVE & GENERAL	5.00	0	2,219,044	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	5,813	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	9,987	4.00
5.00		0.00	0	0	NURSING	13.00	0	5,532	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	18,493	6.00
8.00		0.00	0	0	SOCIAL SERVICE	17.00	0	2,565	7.00
9.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	29,583	8.00
10.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	26,036	9.00
11.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	34,190	10.00
12.00		0.00	0	0	OPERATING ROOM	50.00	0	14,167	11.00
13.00		0.00	0	0	RECOVERY ROOM	51.00	0	3,747	12.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	142,482	13.00
15.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	3,155	14.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	415	15.00
17.00		0.00	0	0	LABORATORY	60.00	0	9,592	16.00
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	182,467	17.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	9,960	18.00
20.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	2,849	19.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	865	20.00
22.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,230,584	21.00
23.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	760,426	22.00
24.00		0.00	0	0	CLINIC	90.00	0	83,279	23.00
25.00		0.00	0	0	EMERGENCY	91.00	0	4,026	24.00
26.00		0.00	0	0	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	26,396	25.00
27.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	2,651	26.00
28.00		0.00	0	0	HOUSEKEEPING	9.00	0	4,088	27.00
29.00		0.00	0	0	CT SCAN	57.00	0	113,781	28.00
30.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	113,781	29.00
31.00		0.00	0	0	RENAL DIALYSIS	74.00	0	8,649	30.00
0		0.00	0	0	RETAIL PHARMACY	194.01	0	386	31.00
0			0	6,071,621	0		0	6,071,621	
B - PATIENT CONVENIENCE CARE									
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	74	ADULTS & PEDIATRICS	30.00	0	74	1.00
0			0	74	0		0	74	
C - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	522,643	ADMINISTRATIVE & GENERAL	5.00	0	717,543	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	194,900		0.00	0	0	2.00
0			0	717,543	0		0	717,543	
D - OUTPATIENT TREATMENT ROOM									
1.00	CLINIC	90.00	0	4,366	ADULTS & PEDIATRICS	30.00	0	4,366	1.00
0			0	4,366	0		0	4,366	
E - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,430,179	ADMINISTRATIVE & GENERAL	5.00	0	6,082,247	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,652,068		0.00	0	0	2.00
0			0	6,082,247	0		0	6,082,247	
F - DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	38,563,906	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	735	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,834,636	ADMINISTRATIVE & GENERAL	5.00	0	29,071,660	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	434,241	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	1,064,867	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	0	448,875	5.00
6.00		0.00	0	0	CAFETERIA	11.00	0	136,641	6.00

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/30/2020 3:09 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	
7.00	0.00	0		0	NURSING	13.00	0	213,153	7.00
8.00	0.00	0		0	ADMINISTRATION				
9.00	0.00	0		0	LAUNDRY & LINEN	8.00	0	19,896	8.00
10.00	0.00	0		0	SERVICE				
11.00	0.00	0		0	SOCIAL SERVICE	17.00	0	23,513	9.00
12.00	0.00	0		0	I&R SERVICES-OTHER	22.00	0	2,376	10.00
13.00	0.00	0		0	PRGM COSTS APPRVD				
14.00	0.00	0		0	ADULTS & PEDIATRICS	30.00	0	1,108,624	11.00
15.00	0.00	0		0	INTENSIVE CARE UNIT	31.00	0	1,072,644	12.00
16.00	0.00	0		0	NEONATAL INTENSIVE	35.00	0	1,040,244	13.00
17.00	0.00	0		0	CARE UNIT				
18.00	0.00	0		0	OPERATING ROOM	50.00	0	4,421,959	14.00
19.00	0.00	0		0	RECOVERY ROOM	51.00	0	314,812	15.00
20.00	0.00	0		0	ANESTHESIOLOGY	53.00	0	219,193	16.00
21.00	0.00	0		0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,687,058	17.00
22.00	0.00	0		0	RADIOLOGY-THERAPEUTIC	55.00	0	61,087	18.00
23.00	0.00	0		0	CT SCAN	57.00	0	146,406	19.00
24.00	0.00	0		0	MAGNETIC RESONANCE	58.00	0	2,426,026	20.00
25.00	0.00	0		0	IMAGING (MRI)				
26.00	0.00	0		0	CARDIAC	59.00	0	171,719	21.00
27.00	0.00	0		0	CATHETERIZATION				
28.00	0.00	0		0	LABORATORY	60.00	0	378,419	22.00
29.00	0.00	0		0	BLOOD STORING,	63.00	0	13,679	23.00
30.00	0.00	0		0	PROCESSING & TRANS.				
31.00	0.00	0		0	RESPIRATORY THERAPY	65.00	0	153,252	24.00
32.00	0.00	0		0	PHYSICAL THERAPY	66.00	0	172,274	25.00
33.00	0.00	0		0	OCCUPATIONAL THERAPY	67.00	0	15,019	26.00
34.00	0.00	0		0	SPEECH PATHOLOGY	68.00	0	151,550	27.00
35.00	0.00	0		0	ELECTROENCEPHALOGRAPH	70.00	0	252,707	28.00
					Y				
	0.00	0		0	MEDICAL SUPPLIES	71.00	0	679,736	29.00
	0.00	0		0	CHARGED TO PATIENTS				
	0.00	0		0	DRUGS CHARGED TO	73.00	0	58,754	30.00
	0.00	0		0	PATIENTS				
	0.00	0		0	RENAL DIALYSIS	74.00	0	54,839	31.00
	0.00	0		0	CLINIC	90.00	0	430,414	32.00
	0.00	0		0	EMERGENCY	91.00	0	112,626	33.00
	0.00	0		0	AMBULANCE SERVICES	95.00	0	521,587	34.00
	0.00	0		0	VARIOUS	194.00	0	317,293	35.00
					NONREIMBURSABLE				
					DEPARTMENTS				
36.00	0.00	0		0	RETAIL PHARMACY	194.01	0	664	36.00
0		0	48,398,542	0			0	48,398,542	
G - PHERESIS AND INFUSION									
1.00	BLOOD STORING,	63.00	397,810	514,219	RENAL DIALYSIS	74.00	408,816	525,183	1.00
	PROCESSING & TRANS.								
2.00	CLINIC	90.00	11,006	10,964		0.00	0	0	2.00
0			408,816	525,183	0		408,816	525,183	
H - INFECTION SURVEULANCE									
1.00	INTENSIVE CARE UNIT	31.00	25,979	45,368	ADULTS & PEDIATRICS	30.00	117,786	205,694	1.00
2.00	NEONATAL INTENSIVE	35.00	91,807	160,326		0.00	0	0	2.00
	CARE UNIT								
0			117,786	205,694	0		117,786	205,694	
I - AFFILIATED SERVICES									
1.00	OPERATING ROOM	50.00	0	1,913,302	LABORATORY	60.00	0	4,137,696	1.00
2.00	RECOVERY ROOM	51.00	0	74,735		0.00	0	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	315,726		0.00	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	356,584		0.00	0	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	727,110		0.00	0	0	5.00
6.00	MAGNETIC RESONANCE	58.00	0	2,511		0.00	0	0	6.00
	IMAGING (MRI)								
7.00	RESPIRATORY THERAPY	65.00	0	1,301		0.00	0	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	17,599		0.00	0	0	8.00
9.00	MEDICAL SUPPLIES	71.00	0	336,377		0.00	0	0	9.00
	CHARGED TO PATIENTS								
10.00	IMPL. DEV. CHARGED TO	72.00	0	301,606		0.00	0	0	10.00
	PATIENTS								
11.00	DRUGS CHARGED TO	73.00	0	44,795		0.00	0	0	11.00
	PATIENTS								
12.00	CT SCAN	57.00	0	4,233		0.00	0	0	12.00
13.00	CARDIAC	59.00	0	40,387		0.00	0	0	13.00
	CATHETERIZATION								
14.00	ELECTROENCEPHALOGRAPH	70.00	0	1,430		0.00	0	0	14.00
	Y								
0			0	4,137,696	0		0	4,137,696	

		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	
J - CENTRAL SERVICE									
1.00	CENTRAL SERVICES & SUPPLY	14.00	988,547	2,887,223	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	988,547	2,887,223	1.00
	0		988,547	2,887,223	0		988,547	2,887,223	
K - PHARMACY									
1.00	PHARMACY	15.00	8,616,145	6,009,240	DRUGS CHARGED TO PATIENTS	73.00	8,616,145	6,009,240	1.00
	0		8,616,145	6,009,240	0		8,616,145	6,009,240	
L - WU TEACHING SERVICE									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	68,673,692	ADMINISTRATIVE & GENERAL	5.00	0	68,673,692	1.00
	0		0	68,673,692	0		0	68,673,692	
M - TELEPHONE									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,353	MAINTENANCE & REPAIRS	6.00	0	8	1.00
2.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	836	2.00
3.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	697	3.00
4.00		0.00	0	0	SOCIAL SERVICE	17.00	0	5	4.00
5.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	173	5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	25	6.00
7.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	187	7.00
8.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,643	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	99	9.00
10.00		0.00	0	0	RECOVERY ROOM	51.00	0	6	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	113	11.00
12.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	588	12.00
13.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	546	13.00
14.00		0.00	0	0	CLINIC	90.00	0	234	14.00
15.00		0.00	0	0	EMERGENCY	91.00	0	193	15.00
16.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	818	16.00
17.00		0.00	0	0	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	4,939	17.00
18.00		0.00	0	0	RENAL DIALYSIS	74.00	0	25	18.00
19.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	22	19.00
20.00		0.00	0	0	DIETARY	10.00	0	7	20.00
21.00		0.00	0	0	LABORATORY	60.00	0	59	21.00
22.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	122	22.00
23.00		0.00	0	0	HOUSEKEEPING	9.00	0	8	23.00
	0		0	11,353	0		0	11,353	
N - DIETARY									
1.00	DIETARY	10.00	0	1,110,071	CAFETERIA	11.00	0	1,110,071	1.00
2.00	CAFETERIA	11.00	151,316	285,209	EMPLOYEE BENEFITS DEPARTMENT	4.00	151,316	285,209	2.00
	0		151,316	1,395,280	0		151,316	1,395,280	
O - MAINTENANCE									
1.00	ADMINISTRATIVE & GENERAL	5.00	701,465	2,326,960	MAINTENANCE & REPAIRS	6.00	85,259	181,051	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	616,206	2,145,909	2.00
	0		701,465	2,326,960	0		701,465	2,326,960	
P - MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,247,627	ADULTS & PEDIATRICS	30.00	0	228,943	1.00
2.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	259,887	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	6,705,807	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,603	4.00
5.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	255,576	5.00
6.00		0.00	0	0	CT SCAN	57.00	0	69	6.00
7.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,806	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	922,063	8.00
9.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	196	9.00
10.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	3,508,661	10.00
11.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	27,232	11.00
12.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	33,675	12.00
13.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	213,186	13.00

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	
14.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	22,704	14.00
15.00		0.00	0	0	CLINIC	90.00	0	56,219	15.00
			0	12,247,627			0	12,247,627	
R - EXTENDED RECOVERY									
1.00	RECOVERY ROOM	51.00	0	4,212,175	ADULTS & PEDIATRICS	30.00	0	4,019,456	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	192,719	2.00
			0	4,212,175			0	4,212,175	
S - FAMILY CARE CENTER									
1.00	INTENSIVE CARE UNIT	31.00	26,376	37,709	ADMINISTRATIVE & GENERAL	5.00	119,586	170,968	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	93,210	133,259		0.00	0	0	2.00
			119,586	170,968			119,586	170,968	
T - INPATIENT CCPD									
1.00	RENAL DIALYSIS	74.00	0	332,243	HOME PROGRAM DIALYSIS	94.00	0	332,243	1.00
			0	332,243			0	332,243	
U - EPO									
1.00	RENAL DIALYSIS	74.00	0	442,367	DRUGS CHARGED TO PATIENTS	73.00	0	440,843	1.00
2.00		0.00	0	0	LABORATORY	60.00	0	1,524	2.00
			0	442,367			0	442,367	
V - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,679,049	ADULTS & PEDIATRICS	30.00	0	182,753	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	6,507,056	2.00
3.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	24,472	3.00
4.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	978,813	4.00
5.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	311,040	5.00
6.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	576,028	6.00
7.00		0.00	0	0	CLINIC	90.00	0	98,887	7.00
			0	8,679,049			0	8,679,049	
X - HEMATOLOGY ONCOLOGY CLINIC									
1.00	CLINIC	90.00	0	1,831,650	NURSING ADMINISTRATION	13.00	0	1,831,650	1.00
			0	1,831,650			0	1,831,650	
Y - PRE-TRANSPLANT DIETITIAN COSTS									
1.00	KIDNEY ACQUISITION	105.00	2,091	564	DIETARY	10.00	17,995	4,857	1.00
2.00	HEART ACQUISITION	106.00	9,169	2,475		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	4,053	1,094		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	2,682	724		0.00	0	0	4.00
			17,995	4,857			17,995	4,857	
Z - PRE-TRANSPLANT COSTS CHILD LIFE									
1.00	KIDNEY ACQUISITION	105.00	412	108	SOCIAL SERVICE	17.00	9,104	2,384	1.00
2.00	HEART ACQUISITION	106.00	6,237	1,633		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	1,241	325		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	1,214	318		0.00	0	0	4.00
			9,104	2,384			9,104	2,384	
AA - PRE-TRANSPLANT COSTS SOCIAL SERVICES									
1.00	KIDNEY ACQUISITION	105.00	4,203	1,231	SOCIAL SERVICE	17.00	54,562	15,981	1.00
2.00	HEART ACQUISITION	106.00	31,775	9,307		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	5,363	1,571		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	13,221	3,872		0.00	0	0	4.00
			54,562	15,981			54,562	15,981	
BB - PRE-TRANSPLANT COSTS FINANCIAL COORD									
1.00	KIDNEY ACQUISITION	105.00	506	127	NURSING ADMINISTRATION	13.00	12,990	3,272	1.00
2.00	HEART ACQUISITION	106.00	5,712	1,439		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	3,828	964		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	2,944	742		0.00	0	0	4.00
			12,990	3,272			12,990	3,272	
CC - PRE-TRANSPLANT COSTS UNIVERSAL									
1.00	KIDNEY ACQUISITION	105.00	24,178	6,090	NURSING ADMINISTRATION	13.00	367,815	92,653	1.00
2.00	HEART ACQUISITION	106.00	170,380	42,919		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	96,029	24,190		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	77,228	19,454		0.00	0	0	4.00
			367,815	92,653			367,815	92,653	
DD - PRE-TRANSPLANT COSTS FIN COORD A&G									
1.00	KIDNEY ACQUISITION	105.00	2,555	781	ADMINISTRATIVE & GENERAL	5.00	61,167	18,778	1.00
2.00	HEART ACQUISITION	106.00	19,848	6,084		0.00	0	0	2.00

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	
LIVER ACQUISITION	107.00	10,150	3,106			0.00	0	0	3.00
LUNG ACQUISITION	108.00	28,614	8,807			0.00	0	0	4.00
0		61,167	18,778	0			61,167	18,778	
EE - PRE-TRANSPLANT COSTS PHARMACY									
KIDNEY ACQUISITION	105.00	1,487	341		DRUGS CHARGED TO PATIENTS	73.00	32,254	7,402	1.00
HEART ACQUISITION	106.00	17,596	4,038			0.00	0	0	2.00
LIVER ACQUISITION	107.00	4,473	1,027			0.00	0	0	3.00
LUNG ACQUISITION	108.00	8,698	1,996			0.00	0	0	4.00
0		32,254	7,402	0			32,254	7,402	
500.00	Grand Total:	11,659,548	175,508,120		Grand Total:		11,659,548	175,508,120	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	6,508,366	1,481,961	0	1,481,961	0	1.00	
2.00	Land Improvements	233,707	9,319,836	0	9,319,836	0	2.00	
3.00	Buildings and Fixtures	329,675,514	111,288,814	0	111,288,814	90,349	3.00	
4.00	Building Improvements	302,102,658	66,297,314	0	66,297,314	278,967,604	4.00	
5.00	Fixed Equipment	2,136,465	575,762	0	575,762	3,822	5.00	
6.00	Movable Equipment	229,196,629	156,136,004	0	156,136,004	4,611,152	6.00	
7.00	HIT designated Assets	6,778,828	0	0	0	83,959	7.00	
8.00	Subtotal (sum of lines 1-7)	876,632,167	345,099,691	0	345,099,691	283,756,886	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	876,632,167	345,099,691	0	345,099,691	283,756,886	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	7,990,327	0					1.00
2.00	Land Improvements	9,553,543	0					2.00
3.00	Buildings and Fixtures	440,873,979	0					3.00
4.00	Building Improvements	89,432,368	0					4.00
5.00	Fixed Equipment	2,708,405	0					5.00
6.00	Movable Equipment	380,721,481	0					6.00
7.00	HIT designated Assets	6,694,869	473,852					7.00
8.00	Subtotal (sum of lines 1-7)	937,974,972	473,852					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	937,974,972	473,852					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
6/30/2020 3:09 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 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
6/30/2020 3:09 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	46,971,061	0	46,971,061	0.738632	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	16,620,935	0	16,620,935	0.261368	0	2.00
3.00	Total (sum of lines 1-2)	63,591,996	0	63,591,996	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	38,563,906	2,575,337	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,834,636	4,213,827	2.00
3.00	Total (sum of lines 1-2)	0	0	0	48,398,542	6,789,164	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	3,480,195	0	0	2,351,623	46,971,061	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,297,808	0	0	1,274,664	16,620,935	2.00
3.00	Total (sum of lines 1-2)	4,778,003	0	0	3,626,287	63,591,996	3.00

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00		1.00	2.00	3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-949,984	CAP REL COSTS-BLDG & FIXT		1.00		11 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-354,260	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	-14,075,480					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	-7,330,988					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-5,410,077	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	-32,110	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	-303,755	ADMINISTRATIVE & GENERAL		5.00		0 33.00

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/30/2020 3:09 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00	5.00
34.00	OTHER OPERATING REVENUE	B		-5,515,489	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01	OTHER OPERATING REVENUE	B		-6,100	RESPIRATORY THERAPY	65.00	0 34.01
34.02	OTHER OPERATING REVENUE	B		-2,586	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 34.02
34.03	OTHER OPERATING REVENUE	B		-57,330	DIETARY	10.00	0 34.03
34.04	OTHER OPERATING REVENUE	B		-20,467	NURSING ADMINISTRATION	13.00	0 34.04
34.05	OTHER OPERATING REVENUE	B		-25,346	MEDICAL RECORDS & LIBRARY	16.00	0 34.05
34.06	OTHER OPERATING REVENUE	B		-391,158	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 34.06
34.07	OTHER OPERATING REVENUE	B		-206	CLINIC	90.00	0 34.07
34.08	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 34.08
34.09	OTHER OPERATING REVENUE	B		-8,294	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		-9,661	PHYSICAL THERAPY	66.00	0 34.11
34.12	OTHER OPERATING REVENUE	B		-933	SPEECH PATHOLOGY	68.00	0 34.12
34.13	OTHER OPERATING REVENUE	B		-218,146	DRUGS CHARGED TO PATIENTS	73.00	0 34.13
34.14	OTHER OPERATING REVENUE	B		0	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		-1,183,276	ADMINISTRATIVE & GENERAL	5.00	0 35.01
35.02	ENTERTAINMENT EXPENSE	A		-414,919	ADMINISTRATIVE & GENERAL	5.00	0 35.02
35.03	ENTERTAINMENT EXPENSE	A		-200	MAINTENANCE & REPAIRS	6.00	0 35.03
35.04	ENTERTAINMENT EXPENSE	A		-2,187	CARDIAC CATHETERIZATION	59.00	0 35.04
35.05	ENTERTAINMENT EXPENSE	A		-1,795	HOUSEKEEPING	9.00	0 35.05
35.06	ENTERTAINMENT EXPENSE	A		-2	CAFETERIA	11.00	0 35.06
35.07	ENTERTAINMENT EXPENSE	A		-42,546	NURSING ADMINISTRATION	13.00	0 35.07
35.08	ENTERTAINMENT EXPENSE	A		-866	MEDICAL RECORDS & LIBRARY	16.00	0 35.08
35.09	ENTERTAINMENT EXPENSE	A		-12,113	SOCIAL SERVICE	17.00	0 35.09
35.10	ENTERTAINMENT EXPENSE	A		-114	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 35.10
35.11	ENTERTAINMENT EXPENSE	A		-26,634	ADULTS & PEDIATRICS	30.00	0 35.11
35.12	ENTERTAINMENT EXPENSE	A		-3,910	INTENSIVE CARE UNIT	31.00	0 35.12
35.13	ENTERTAINMENT EXPENSE	A		-17,035	NEONATAL INTENSIVE CARE UNIT	35.00	0 35.13
35.14	ENTERTAINMENT EXPENSE	A		-9,586	OPERATING ROOM	50.00	0 35.14
35.15	ENTERTAINMENT EXPENSE	A		-557	RECOVERY ROOM	51.00	0 35.15
35.16	ENTERTAINMENT EXPENSE	A		-495	RADIOLOGY-DIAGNOSTIC	54.00	0 35.16
35.17	ENTERTAINMENT EXPENSE	A		-143,681	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 35.17
35.18	ENTERTAINMENT EXPENSE	A		-1,031	LABORATORY	60.00	0 35.18
35.19	ENTERTAINMENT EXPENSE	A		-3,961	RESPIRATORY THERAPY	65.00	0 35.19
35.20	ENTERTAINMENT EXPENSE	A		-6,905	PHYSICAL THERAPY	66.00	0 35.20
35.21	ENTERTAINMENT EXPENSE	A		-50	ELECTROENCEPHALOGRAPHY	70.00	0 35.21
35.22	ENTERTAINMENT EXPENSE	A		-1,481	SPEECH PATHOLOGY	68.00	0 35.22
35.25	ENTERTAINMENT EXPENSE	A		0	DRUGS CHARGED TO PATIENTS	73.00	0 35.25
36.00	ENTERTAINMENT EXPENSE	A		-270	RENAL DIALYSIS	74.00	0 36.00
36.01	ENTERTAINMENT EXPENSE	A		-1,277	CLINIC	90.00	0 36.01
36.02	ENTERTAINMENT EXPENSE	A		-31,477	EMERGENCY	91.00	0 36.02
36.03	ENTERTAINMENT EXPENSE	A		-7,962	AMBULANCE SERVICES	95.00	0 36.03
37.00	FRA ADD-ON	A		32,846,343	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00	PENSION EXPENSE	A		2,794,762	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	MALPRACTICE	A		-1,787,463	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	CONTRIBUTIONS	A		-2,546,941	ADMINISTRATIVE & GENERAL	5.00	0 40.00
40.01	CONTRIBUTIONS	A		-2,000	ADULTS & PEDIATRICS	30.00	0 40.01
40.02	CONTRIBUTIONS	A		-36,000	SOCIAL SERVICE	17.00	0 40.02
40.03	CONTRIBUTIONS	A		-5,770	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.03
40.04	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 40.04
41.00	LOBBYING	A		-50,306	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00	ADVERTISING	A		-586,311	ADMINISTRATIVE & GENERAL	5.00	0 42.00
42.01	ADVERTISING	A		-7,625	PHYSICAL THERAPY	66.00	0 42.01
42.02	ADVERTISING	A		-2,400	EMERGENCY	91.00	0 42.02
42.03	ADVERTISING	A		-264	AMBULANCE SERVICES	95.00	0 42.03
42.04	ADVERTISING	A		-2,178	DRUGS CHARGED TO PATIENTS	73.00	0 42.04
42.05	ADVERTISING	A		-345	ADULTS & PEDIATRICS	30.00	0 42.05
42.06	ADVERTISING	A		-900	INTENSIVE CARE UNIT	31.00	0 42.06
42.07	ADVERTISING	A		-366,317	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 42.07

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/30/2020 3:09 pm

			Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	wkst. A-7	Ref.
	1.00	2.00	3.00	4.00	5.00	
43.00 RESEARCH & DEVELOPMENT	A		ADMINISTRATIVE & GENERAL	5.00		0 43.00
44.00 OTHER ADJUSTMENTS (SPECIFY)				0.00		0 44.00
(3)						
50.00 TOTAL (sum of lines 1 thru 49)		-6,380,415				50.00
(Transfer to Worksheet A,						
column 6, line 200.)						

(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 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
6/30/2020 3:09 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	2,351,623	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,274,664	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY-HO	1,686,488	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	OTHER EXPENSE-HO	4,793,214	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY-HO	32,878,116	28,156,358 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-HO	22,877,832	44,299,120 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TFC	2,293,935	2,976,916 4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	BJH SPACE	594,761	0 4.04
4.05	50.00	OPERATING ROOM	OTHER EXPENSE - SURGICAL TEC	11,291	16,839 4.05
4.06	59.00	CARDIAC CATHETERIZATION	OTHER EXPENSE-AFFILIATE	502,048	1,365,763 4.06
4.07	60.00	LABORATORY	OTHER EXPENSE-AFFILIATE	3,490,520	3,841,728 4.07
4.08	63.00	BLOOD STORING, PROCESSING &	OTHER EXPENSE-AFFILIATE	375,786	263,551 4.08
4.09	31.00	INTENSIVE CARE UNIT	BJH SPACE	9,571	0 4.09
4.10	60.00	LABORATORY	BJH SPACE	36,301	0 4.10
4.11	194.00	VARIOUS NONREIMBURSABLE DEPA	BJH SPACE	507,056	0 4.11
4.12	60.00	LABORATORY	SLCH AFFILIATE	505,905	762,350 4.12
4.13	91.00	EMERGENCY	PARKLAND HEALTH CENTER ED CO	162,526	0 4.13
5.00	0		0	74,351,637	81,682,625 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
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 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
6/30/2020 3:09 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	2,351,623	14		1.00
2.00	1,274,664	14		2.00
3.00	1,686,488	0		3.00
4.00	4,793,214	0		4.00
4.01	4,721,758	0		4.01
4.02	-21,421,288	0		4.02
4.03	-682,981	0		4.03
4.04	594,761	0		4.04
4.05	-5,548	0		4.05
4.06	-863,715	0		4.06
4.07	-351,208	0		4.07
4.08	112,235	0		4.08
4.09	9,571	0		4.09
4.10	36,301	0		4.10
4.11	507,056	0		4.11
4.12	-256,445	0		4.12
4.13	162,526	0		4.13
5.00	-7,330,988			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	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 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
6/30/2020 3:09 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	2,972,684	2,972,684	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	82,454	82,454	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,063,035	2,063,035	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	71,249	71,249	0	0	0	4.00
5.00	50.00	OPERATING ROOM	449,457	449,457	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	6,370,681	6,370,681	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	35,798	35,798	0	0	0	7.00
8.00	60.00	LABORATORY	789,076	789,076	0	0	0	8.00
9.00	90.00	CLINIC	410,429	410,429	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	517,617	517,617	0	0	0	11.00
200.00			14,075,480	14,075,480	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	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
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	2,972,684		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	82,454		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,063,035		3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	71,249		4.00
5.00	50.00	OPERATING ROOM	0	0	0	449,457		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	6,370,681		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	35,798		7.00
8.00	60.00	LABORATORY	0	0	0	789,076		8.00
9.00	90.00	CLINIC	0	0	0	410,429		9.00
10.00	91.00	EMERGENCY	0	0	0	313,000		10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	517,617		11.00
200.00			0	0	0	14,075,480		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	46,971,061				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,620,935	16,620,935			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,117,607	49,377	17,472	13,184,456	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	119,471,731	10,531,710	3,726,697	3,999,836	5.00
6.00	00600	MAINTENANCE & REPAIRS	921,215	123,506	43,703	14,336	6.00
7.00	00700	OPERATION OF PLANT	8,491,941	8,470,672	2,997,388	103,609	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	269,023	118,707	42,005	0	8.00
9.00	00900	HOUSEKEEPING	8,367,648	190,436	67,387	216,400	9.00
10.00	01000	DIETARY	1,932,585	6,861	2,428	28,988	10.00
11.00	01100	CAFETERIA	1,400,975	768,186	271,826	136,444	11.00
13.00	01300	NURSING ADMINISTRATION	12,968,465	633,525	224,176	337,280	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,875,770	0	0	48,039	14.00
15.00	01500	PHARMACY	14,625,385	0	0	418,710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,536,871	250,085	88,494	69,358	16.00
17.00	01700	SOCIAL SERVICE	6,436,853	126,915	44,910	202,222	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	81,851,071	46,430	16,430	472,381	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,958,990	5,728,834	2,027,175	1,532,884	30.00
31.00	03100	INTENSIVE CARE UNIT	20,241,432	1,410,551	499,130	672,338	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	48,604,269	3,056,706	1,081,630	1,594,518	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,837,336	1,562,513	552,903	514,674	50.00
51.00	05100	RECOVERY ROOM	10,189,392	694,141	245,625	201,718	51.00
53.00	05300	ANESTHESIOLOGY	2,173,787	0	0	20,913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,296,393	814,743	288,301	165,933	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,991,306	82,969	29,359	27,705	55.00
57.00	05700	CT SCAN	615,773	23,320	8,252	22,591	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,204,618	83,053	29,389	42,617	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,452,835	246,675	87,287	38,386	59.00
60.00	06000	LABORATORY	18,429,143	391,481	138,527	204,762	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,148,522	35,696	12,631	45,832	63.00
65.00	06500	RESPIRATORY THERAPY	9,995,524	716,409	253,505	292,223	65.00
66.00	06600	PHYSICAL THERAPY	7,697,357	835,832	295,763	265,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,063,694	256,988	90,936	78,969	67.00
68.00	06800	SPEECH PATHOLOGY	4,609,487	300,851	106,457	135,785	68.00
69.00	06900	ELECTROCARDIOLOGY	3,621,223	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,266,352	132,219	46,786	42,047	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,827,339	301,903	106,830	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,980,655	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,495,492	480,974	170,195	0	73.00
74.00	07400	RENAL DIALYSIS	1,563,472	131,462	46,518	16,551	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,472,484	1,178,946	417,176	273,246	90.00
91.00	09100	EMERGENCY	12,355,329	811,165	287,034	309,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	6,039	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	6,425,930	70,803	25,054	248,651	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	191,312	3,999	1,415	1,722	105.00
106.00	10600	HEART ACQUISITION	1,624,099	33,171	11,738	12,670	106.00
107.00	10700	LIVER ACQUISITION	859,740	18,101	6,405	6,081	107.00
108.00	10800	LUNG ACQUISITION	684,796	41,211	14,583	6,541	108.00
112.00	08600	BONE MARROW ACQUISITION	2,794,973	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	649,538,229	40,761,126	14,423,520	12,822,036	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	2,793	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	16,120,990	6,183,457	2,188,046	331,704	194.00
194.01	07951	RETAIL PHARMACY	4,544,705	26,478	9,369	30,716	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	670,206,717	46,971,061	16,620,935	13,184,456	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/30/2020 3:09 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	137,729,974				5.00
6.00	00600	MAINTENANCE & REPAIRS	285,239	1,387,999			6.00
7.00	00700	OPERATION OF PLANT	5,189,633	324,192	25,577,435		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	111,155	4,543	109,233	654,666	8.00
9.00	00900	HOUSEKEEPING	2,287,030	7,288	175,238	0	9.00
10.00	01000	DIETARY	509,781	263	6,314	0	10.00
11.00	01100	CAFETERIA	666,676	29,400	706,878	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,663,503	24,246	582,964	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,014,929	0	0	0	14.00
15.00	01500	PHARMACY	3,891,291	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	761,701	9,571	230,125	0	16.00
17.00	01700	SOCIAL SERVICE	1,761,701	4,857	116,786	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,310,033	1,777	42,725	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,807,680	219,255	5,271,621	251,488	30.00
31.00	03100	INTENSIVE CARE UNIT	5,903,491	53,985	1,297,976	26,804	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,054,786	116,987	2,812,752	60,303	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,846,038	59,801	1,437,810	39,681	50.00
51.00	05100	RECOVERY ROOM	2,930,833	26,566	638,743	53,755	51.00
53.00	05300	ANESTHESIOLOGY	567,679	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,698,192	31,182	749,719	8,648	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	551,290	3,175	76,347	907	55.00
57.00	05700	CT SCAN	173,285	893	21,459	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	351,693	3,179	76,424	6,032	58.00
59.00	05900	CARDIAC CATHETERIZATION	730,759	9,441	226,988	12,120	59.00
60.00	06000	LABORATORY	4,956,919	14,983	360,237	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,097,408	1,366	32,847	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,911,895	27,419	659,233	0	65.00
66.00	06600	PHYSICAL THERAPY	2,352,288	31,989	769,125	12,473	66.00
67.00	06700	OCCUPATIONAL THERAPY	644,213	9,836	236,478	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,332,761	11,514	276,840	1,386	68.00
69.00	06900	ELECTROCARDIOLOGY	936,662	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	384,730	5,060	121,667	6,553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,164,970	11,555	277,808	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,322,927	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,349,659	18,408	442,588	0	73.00
74.00	07400	RENAL DIALYSIS	454,723	5,031	120,970	9,463	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,192,331	45,121	1,084,855	16,745	90.00
91.00	09100	EMERGENCY	3,560,024	31,045	746,426	116,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	1,562	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,751,235	2,710	65,153	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	51,330	153	3,680	0	105.00
106.00	10600	HEART ACQUISITION	434,981	1,270	30,523	0	106.00
107.00	10700	LIVER ACQUISITION	230,291	693	16,656	0	107.00
108.00	10800	LUNG ACQUISITION	193,252	1,577	37,922	0	108.00
112.00	08600	BONE MARROW ACQUISITION	722,945	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	130,115,504	1,150,331	19,863,110	622,448	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	722	0	0	32,218	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	6,421,002	236,655	5,689,961	0	194.00
194.01	07951	RETAIL PHARMACY	1,192,746	1,013	24,364	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	137,729,974	1,387,999	25,577,435	654,666	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
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To 12/31/2019Worksheet B
Part I
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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	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	2,490,044				10.00
11.00	01100	CAFETERIA	1,644,834	5,941,346			11.00
13.00	01300	NURSING ADMINISTRATION	0	189,052	18,883,922		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,938,738	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	63,464	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	184,773	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	407,383	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	112,076	1,205,974	6,178,003	0	30.00
31.00	03100	INTENSIVE CARE UNIT	29,764	417,448	2,242,845	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	959,585	5,271,461	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	272,536	1,469,637	0	50.00
51.00	05100	RECOVERY ROOM	0	126,302	769,278	0	51.00
53.00	05300	ANESTHESIOLOGY	0	25,331	965	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	122,539	17	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,988	41,098	0	55.00
57.00	05700	CT SCAN	0	14,496	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,915	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,711	139,613	0	59.00
60.00	06000	LABORATORY	0	168,697	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	16,372	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	199,380	304	0	65.00
66.00	06600	PHYSICAL THERAPY	0	190,949	478	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	50,013	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	85,736	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46,240	200	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,902	496	2,890,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,048,273	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	227,396	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	22,786	121,103	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	175,845	580,056	0	90.00
91.00	09100	EMERGENCY	0	236,483	982,610	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	0	136,884	592,193	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)	1,786,674	5,673,180	18,390,357	4,938,738	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	703,370	247,194	493,565	0	194.00
194.01	07951	RETAIL PHARMACY	0	20,972	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,490,044	5,941,346	18,883,922	4,938,738	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
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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	4,112,585					16.00
17.00	01700	SOCIAL SERVICE	0	8,931,246				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	104,167,337			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	975,688	3,525,531	16,069,260	108,222,014	-16,069,260	30.00
31.00	03100	INTENSIVE CARE UNIT	207,794	936,043	9,360,571	43,880,648	-9,360,571	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	852,235	3,308,728	14,792,151	97,824,020	-14,792,151	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	9,047,564	46,283,505	-9,047,564	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,162,009	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	4,411,975	7,200,650	-4,411,975	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,301,658	10,812,611	-1,301,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,258,289	5,115,577	-2,258,289	55.00
57.00	05700	CT SCAN	0	0	901,928	1,791,594	-901,928	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	901,928	2,762,026	-901,928	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,069,328	0	59.00
60.00	06000	LABORATORY	0	0	0	24,825,853	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,405,364	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,352,358	16,703,070	-1,352,358	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,369,169	14,164,603	-1,369,169	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,536,884	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,984,624	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,557,885	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	493,125	2,599,391	-493,125	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,761,508	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,351,855	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	64,983,149	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,881,060	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,637,114	0	28,026,210	47,585,294	-28,026,210	90.00
91.00	09100	EMERGENCY	439,754	1,160,944	13,881,151	35,251,730	-13,881,151	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	7,601	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	9,347,750	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	255,257	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,162,103	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,145,416	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	996,841	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	3,517,918	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,112,585	8,931,246	104,167,337	623,149,138	-104,167,337	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	35,733	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	0	41,160,587	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	5,861,259	0	194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,112,585	8,931,246	104,167,337	670,206,717	-104,167,337	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/30/2020 3:09 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	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	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00
194.01	07951	RETAIL PHARMACY	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet Non-CMS W

Date/Time Prepared:
6/30/2020 3:09 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 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
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	891	49,377	17,472	67,740	67,740	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	218,651	10,531,710	3,726,697	14,477,058	20,491	5.00
6.00	00600	MAINTENANCE & REPAIRS	6,518	123,506	43,703	173,727	74	6.00
7.00	00700	OPERATION OF PLANT	6,980	8,470,672	2,997,388	11,475,040	533	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65	118,707	42,005	160,777	0	8.00
9.00	00900	HOUSEKEEPING	9,185	190,436	67,387	267,008	1,113	9.00
10.00	01000	DIETARY	1,881	6,861	2,428	11,170	149	10.00
11.00	01100	CAFETERIA	2,902	768,186	271,826	1,042,914	702	11.00
13.00	01300	NURSING ADMINISTRATION	16,599	633,525	224,176	874,300	1,735	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	247	14.00
15.00	01500	PHARMACY	0	0	0	0	2,154	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,612	250,085	88,494	343,191	357	16.00
17.00	01700	SOCIAL SERVICE	13,229	126,915	44,910	185,054	1,040	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,607	46,430	16,430	85,467	2,430	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,842	5,728,834	2,027,175	7,826,851	7,886	30.00
31.00	03100	INTENSIVE CARE UNIT	22,333	1,410,551	499,130	1,932,014	3,459	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	62,516	3,056,706	1,081,630	4,200,852	8,203	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,468	1,562,513	552,903	2,133,884	2,648	50.00
51.00	05100	RECOVERY ROOM	13,818	694,141	245,625	953,584	1,038	51.00
53.00	05300	ANESTHESIOLOGY	1,514	0	0	1,514	108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,034	814,743	288,301	1,116,078	854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,830	82,969	29,359	114,158	143	55.00
57.00	05700	CT SCAN	0	23,320	8,252	31,572	116	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,427	83,053	29,389	113,869	219	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,497	246,675	87,287	337,459	197	59.00
60.00	06000	LABORATORY	7,078	391,481	138,527	537,086	1,053	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,013	35,696	12,631	49,340	236	63.00
65.00	06500	RESPIRATORY THERAPY	9,560	716,409	253,505	979,474	1,503	65.00
66.00	06600	PHYSICAL THERAPY	27,169	835,832	295,763	1,158,764	1,364	66.00
67.00	06700	OCCUPATIONAL THERAPY	52	256,988	90,936	347,976	406	67.00
68.00	06800	SPEECH PATHOLOGY	378	300,851	106,457	407,686	699	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,864	132,219	46,786	182,869	216	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,055	301,903	106,830	413,788	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,502	480,974	170,195	662,671	0	73.00
74.00	07400	RENAL DIALYSIS	2,772	131,462	46,518	180,752	85	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,313	1,178,946	417,176	1,612,435	1,406	90.00
91.00	09100	EMERGENCY	12,436	811,165	287,034	1,110,635	1,594	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	0	94.00
95.00	09500	AMBULANCE SERVICES	6,647	70,803	25,054	102,504	1,279	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	3,999	1,415	5,414	9	105.00
106.00	10600	HEART ACQUISITION	0	33,171	11,738	44,909	65	106.00
107.00	10700	LIVER ACQUISITION	0	18,101	6,405	24,506	31	107.00
108.00	10800	LUNG ACQUISITION	0	41,211	14,583	55,794	34	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	617,238	40,761,126	14,423,520	55,801,884	65,876	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	22,367	6,183,457	2,188,046	8,393,870	1,706	194.00
194.01	07951	RETAIL PHARMACY	649	26,478	9,369	36,496	158	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	640,254	46,971,061	16,620,935	64,232,250	67,740	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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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	14,497,549				5.00
6.00	00600	MAINTENANCE & REPAIRS	30,025	203,826			6.00
7.00	00700	OPERATION OF PLANT	546,272	47,608	12,069,453		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,700	667	51,545	224,689	8.00
9.00	00900	HOUSEKEEPING	240,738	1,070	82,691	0	9.00
10.00	01000	DIETARY	53,661	39	2,979	0	10.00
11.00	01100	CAFETERIA	70,176	4,317	333,561	0	11.00
13.00	01300	NURSING ADMINISTRATION	385,628	3,561	275,088	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	106,834	0	0	0	14.00
15.00	01500	PHARMACY	409,606	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	80,178	1,406	108,591	0	16.00
17.00	01700	SOCIAL SERVICE	185,440	713	55,109	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,242,937	261	20,161	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,558,688	32,197	2,487,567	86,312	30.00
31.00	03100	INTENSIVE CARE UNIT	621,414	7,928	612,488	9,199	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,479,437	17,179	1,327,279	20,697	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	720,629	8,782	678,472	13,619	50.00
51.00	05100	RECOVERY ROOM	308,506	3,901	301,409	18,450	51.00
53.00	05300	ANESTHESIOLOGY	59,755	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,755	4,579	353,776	2,968	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	58,030	466	36,027	311	55.00
57.00	05700	CT SCAN	18,240	131	10,126	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,020	467	36,063	2,070	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,921	1,386	107,111	4,160	59.00
60.00	06000	LABORATORY	521,776	2,200	169,988	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	115,515	201	15,500	0	63.00
65.00	06500	RESPIRATORY THERAPY	306,512	4,026	311,078	0	65.00
66.00	06600	PHYSICAL THERAPY	247,607	4,698	362,934	4,281	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,811	1,444	111,589	0	67.00
68.00	06800	SPEECH PATHOLOGY	140,289	1,691	130,635	476	68.00
69.00	06900	ELECTROCARDIOLOGY	98,595	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,498	743	57,412	2,249	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	333,152	1,697	131,092	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	244,516	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	984,165	2,703	208,848	0	73.00
74.00	07400	RENAL DIALYSIS	47,865	739	57,083	3,248	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	336,032	6,626	511,920	5,747	90.00
91.00	09100	EMERGENCY	374,736	4,559	352,223	39,844	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	164	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	184,339	398	30,744	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	5,403	22	1,736	0	105.00
106.00	10600	HEART ACQUISITION	45,787	186	14,403	0	106.00
107.00	10700	LIVER ACQUISITION	24,241	102	7,860	0	107.00
108.00	10800	LUNG ACQUISITION	20,342	232	17,894	0	108.00
112.00	08600	BONE MARROW ACQUISITION	76,099	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,696,034	168,925	9,372,982	213,631	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	76	0	0	11,058	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	675,888	34,752	2,684,974	0	194.00
194.01	07951	RETAIL PHARMACY	125,551	149	11,497	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,497,549	203,826	12,069,453	224,689	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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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	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	68,146				10.00
11.00	01100	CAFETERIA	45,014	1,513,246			11.00
13.00	01300	NURSING ADMINISTRATION	0	48,151	1,602,122		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	107,081	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,164	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	47,061	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	103,760	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,067	307,158	524,145	0	30.00
31.00	03100	INTENSIVE CARE UNIT	815	106,323	190,284	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	244,404	447,234	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	69,414	124,685	0	50.00
51.00	05100	RECOVERY ROOM	0	32,169	65,266	0	51.00
53.00	05300	ANESTHESIOLOGY	0	6,452	82	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,211	1	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,836	3,487	0	55.00
57.00	05700	CT SCAN	0	3,692	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,364	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,039	11,845	0	59.00
60.00	06000	LABORATORY	0	42,967	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,170	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	50,782	26	0	65.00
66.00	06600	PHYSICAL THERAPY	0	48,634	41	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,738	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,837	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,777	17	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,238	42	62,670	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	44,411	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	57,917	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,804	10,274	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	44,787	49,212	0	90.00
91.00	09100	EMERGENCY	0	60,232	83,365	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	0	34,864	50,242	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)	48,896	1,444,945	1,560,248	107,081	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	19,250	62,960	41,874	0	194.00
194.01	07951	RETAIL PHARMACY	0	5,341	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	68,146	1,513,246	1,602,122	107,081	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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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	555,279					16.00
17.00	01700	SOCIAL SERVICE	0	477,153				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,456,017			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	131,737	188,352		13,277,475	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28,056	50,008		3,592,400	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	115,068	176,769		8,103,025	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0		3,785,821	0	50.00
51.00	05100	RECOVERY ROOM	0	0		1,699,289	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0		67,911	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		1,705,788	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		219,247	0	55.00
57.00	05700	CT SCAN	0	0		64,380	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		198,863	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		550,436	0	59.00
60.00	06000	LABORATORY	0	0		1,283,510	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		185,732	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0		1,668,847	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		1,846,344	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		547,505	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0		709,799	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		98,595	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		298,632	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		963,188	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		288,927	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		2,331,152	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		315,966	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	221,043	0		2,814,626	0	90.00
91.00	09100	EMERGENCY	59,375	62,024		2,166,076	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		164	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0		405,897	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		12,670	0	105.00
106.00	10600	HEART ACQUISITION	0	0		106,065	0	106.00
107.00	10700	LIVER ACQUISITION	0	0		57,130	0	107.00
108.00	10800	LUNG ACQUISITION	0	0		95,185	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0		76,099	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	555,279	477,153	0	49,536,744	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		11,134	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0		12,048,592	0	194.00
194.01	07951	RETAIL PHARMACY	0	0		179,763	0	194.01
200.00		Cross Foot Adjustments			2,456,017	2,456,017	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	555,279	477,153	2,456,017	64,232,250	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

Period:
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To 12/31/2019Worksheet B
Part II
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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	13,277,475	30.00
31.00	03100	INTENSIVE CARE UNIT	3,592,400	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,103,025	35.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	3,785,821	50.00
51.00	05100	RECOVERY ROOM	1,699,289	51.00
53.00	05300	ANESTHESIOLOGY	67,911	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,705,788	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	219,247	55.00
57.00	05700	CT SCAN	64,380	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	198,863	58.00
59.00	05900	CARDIAC CATHETERIZATION	550,436	59.00
60.00	06000	LABORATORY	1,283,510	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	185,732	63.00
65.00	06500	RESPIRATORY THERAPY	1,668,847	65.00
66.00	06600	PHYSICAL THERAPY	1,846,344	66.00
67.00	06700	OCCUPATIONAL THERAPY	547,505	67.00
68.00	06800	SPEECH PATHOLOGY	709,799	68.00
69.00	06900	ELECTROCARDIOLOGY	98,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	298,632	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	963,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	288,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,331,152	73.00
74.00	07400	RENAL DIALYSIS	315,966	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	2,814,626	90.00
91.00	09100	EMERGENCY	2,166,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	164	94.00
95.00	09500	AMBULANCE SERVICES	405,897	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	98.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	12,670	105.00
106.00	10600	HEART ACQUISITION	106,065	106.00
107.00	10700	LIVER ACQUISITION	57,130	107.00
108.00	10800	LUNG ACQUISITION	95,185	108.00
112.00	08600	BONE MARROW ACQUISITION	76,099	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,536,744	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,134	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	12,048,592	194.00
194.01	07951	RETAIL PHARMACY	179,763	194.01
200.00		Cross Foot Adjustments	2,456,017	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	64,232,250	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,115,843				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,115,843			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,173	1,173	271,308,945		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	250,191	250,191	82,309,434	-137,729,974	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,934	2,934	294,994	0	6.00
7.00	00700	OPERATION OF PLANT	201,229	201,229	2,132,049	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,820	2,820	0	0	8.00
9.00	00900	HOUSEKEEPING	4,524	4,524	4,453,032	0	9.00
10.00	01000	DIETARY	163	163	596,510	0	10.00
11.00	01100	CAFETERIA	18,249	18,249	2,807,715	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,050	15,050	6,940,496	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	988,547	0	14.00
15.00	01500	PHARMACY	0	0	8,616,145	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	1,427,241	0	16.00
17.00	01700	SOCIAL SERVICE	3,015	3,015	4,161,279	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,103	1,103	9,720,565	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	136,094	136,094	31,543,411	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,509	33,509	13,835,262	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	72,615	72,615	32,811,711	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,119	37,119	10,590,877	0	50.00
51.00	05100	RECOVERY ROOM	16,490	16,490	4,150,927	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	430,350	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,355	19,355	3,414,547	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,971	1,971	570,115	0	55.00
57.00	05700	CT SCAN	554	554	464,872	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,973	1,973	876,959	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,860	5,860	789,898	0	59.00
60.00	06000	LABORATORY	9,300	9,300	4,213,562	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	848	848	943,130	0	63.00
65.00	06500	RESPIRATORY THERAPY	17,019	17,019	6,013,316	0	65.00
66.00	06600	PHYSICAL THERAPY	19,856	19,856	5,457,550	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,105	6,105	2,490,002	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,147	7,147	2,794,158	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,141	3,141	865,242	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,172	7,172	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	11,426	11,426	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,123	3,123	340,591	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	28,007	28,007	5,622,799	0	90.00
91.00	09100	EMERGENCY	19,270	19,270	6,376,273	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	5,116,690	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	95	95	35,432	0	105.00
106.00	10600	HEART ACQUISITION	788	788	260,717	0	106.00
107.00	10700	LIVER ACQUISITION	430	430	125,137	0	107.00
108.00	10800	LUNG ACQUISITION	979	979	134,601	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	968,320	968,320	263,851,136	-137,729,974	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	146,894	146,894	6,825,750	0	194.00
194.01	07951	RETAIL PHARMACY	629	629	632,059	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)	46,971,061	16,620,935	13,184,456	137,729,974	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.094686	14.895406	0.048596	0.258659	203.00
204.00		Cost to be allocated (per wkst. B, Part II)			67,740	14,497,549	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
205.00	Unit cost multiplier (wkst. B, Part II)			0.000250		0.027227	205.00
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/30/2020 3:09 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	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	861,545					6.00
7.00	00700	OPERATION OF PLANT	201,229	660,316				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,820	2,820	1,314,312			8.00
9.00	00900	HOUSEKEEPING	4,524	4,524	0	652,972		9.00
10.00	01000	DIETARY	163	163	0	163	2,110,531	10.00
11.00	01100	CAFETERIA	18,249	18,249	0	18,249	1,394,141	11.00
13.00	01300	NURSING ADMINISTRATION	15,050	15,050	0	15,050	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	0	5,941	0	16.00
17.00	01700	SOCIAL SERVICE	3,015	3,015	0	3,015	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,103	1,103	0	1,103	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	136,094	136,094	504,892	136,094	94,994	30.00
31.00	03100	INTENSIVE CARE UNIT	33,509	33,509	53,812	33,509	25,228	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	72,615	72,615	121,065	72,615	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,119	37,119	79,663	37,119	0	50.00
51.00	05100	RECOVERY ROOM	16,490	16,490	107,920	16,490	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,355	19,355	17,361	19,355	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,971	1,971	1,820	1,971	0	55.00
57.00	05700	CT SCAN	554	554	0	554	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,973	1,973	12,110	1,973	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,860	5,860	24,332	5,860	0	59.00
60.00	06000	LABORATORY	9,300	9,300	0	9,300	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	848	848	0	848	0	63.00
65.00	06500	RESPIRATORY THERAPY	17,019	17,019	0	17,019	0	65.00
66.00	06600	PHYSICAL THERAPY	19,856	19,856	25,040	19,856	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,105	6,105	0	6,105	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,147	7,147	2,783	7,147	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,141	3,141	13,155	3,141	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,172	7,172	0	7,172	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,426	11,426	0	11,426	0	73.00
74.00	07400	RENAL DIALYSIS	3,123	3,123	18,997	3,123	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,007	28,007	33,617	28,007	0	90.00
91.00	09100	EMERGENCY	19,270	19,270	233,064	19,270	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	0	94.00
95.00	09500	AMBULANCE SERVICES	1,682	1,682	0	1,682	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	95	95	0	95	0	105.00
106.00	10600	HEART ACQUISITION	788	788	0	788	0	106.00
107.00	10700	LIVER ACQUISITION	430	430	0	430	0	107.00
108.00	10800	LUNG ACQUISITION	979	979	0	979	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)	714,022	512,793	1,249,631	505,449	1,514,363	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	64,681	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	146,894	146,894	0	146,894	596,168	194.00
194.01	07951	RETAIL PHARMACY	629	629	0	629	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)	1,387,999	25,577,435	654,666	11,311,427	2,490,044	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	1.611058	38.735143	0.498105	17.322989	1.179819	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	203,826	12,069,453	224,689	592,620	68,146	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.236582	18.278299	0.170956	0.907573	0.032289	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/30/2020 3:09 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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/30/2020 3:09 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	5,120,954				11.00
13.00	01300	NURSING ADMINISTRATION	162,947	2,171,995			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	20,926,675		14.00
15.00	01500	PHARMACY	0	0	0	25,013,020	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,701	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	159,259	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	351,131	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,039,452	710,583	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	359,806	257,968	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	827,084	606,314	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	234,904	169,035	0	0	50.00
51.00	05100	RECOVERY ROOM	108,862	88,481	0	0	51.00
53.00	05300	ANESTHESIOLOGY	21,833	111	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,619	2	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,366	4,727	0	0	55.00
57.00	05700	CT SCAN	12,494	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,922	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,437	16,058	0	0	59.00
60.00	06000	LABORATORY	145,403	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,111	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	171,849	35	0	0	65.00
66.00	06600	PHYSICAL THERAPY	164,582	55	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,107	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	73,897	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,855	23	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,183	57	12,247,627	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,679,048	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,997	0	0	24,570,653	73.00
74.00	07400	RENAL DIALYSIS	19,640	13,929	0	442,367	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	151,564	66,717	0	0	90.00
91.00	09100	EMERGENCY	203,829	113,018	0	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	117,983	68,113	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	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)	4,889,817	2,115,226	20,926,675	25,013,020	42,374
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	213,061	56,769	0	0	194.00
194.01	07951	RETAIL PHARMACY	18,076	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)	5,941,346	18,883,922	4,938,738	18,935,386	4,112,585
203.00		Unit cost multiplier (wkst. B, Part I)	1.160203	8.694275	0.236002	0.757021	97.054444
204.00		Cost to be allocated (per wkst. B, Part II)	1,513,246	1,602,122	107,081	411,760	555,279
205.00		Unit cost multiplier (wkst. B, Part II)	0.295501	0.737627	0.005117	0.016462	13.104238

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/30/2020 3:09 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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS	
		(TIME SPENT)	SERVICES-OTHER	
			PRGM COSTS	
		17.00	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	24,264	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0 390,370	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	9,578 60,220	30.00
31.00	03100	INTENSIVE CARE UNIT	2,543 35,079	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,989 55,434	35.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 33,906	50.00
51.00	05100	RECOVERY ROOM	0 0	51.00
53.00	05300	ANESTHESIOLOGY	0 16,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 4,878	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 8,463	55.00
57.00	05700	CT SCAN	0 3,380	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0 3,380	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 5,068	65.00
66.00	06600	PHYSICAL THERAPY	0 5,131	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 1,848	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	0 105,029	90.00
91.00	09100	EMERGENCY	3,154 52,020	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)	24,264 390,370	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)	8,931,246 104,167,337	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	368.086301 266.842578	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	477,153 2,456,017	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	19.665059 6.291511	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/30/2020 3:09 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 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

			Title XVIII		Hospital		TEFRA
Cost Center Description			Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	92,152,754		92,152,754	0	0
31.00	03100	INTENSIVE CARE UNIT	34,520,077		34,520,077	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	83,031,869		83,031,869	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,235,941		37,235,941	0	0
51.00	05100	RECOVERY ROOM	16,162,009		16,162,009	0	0
53.00	05300	ANESTHESIOLOGY	2,788,675		2,788,675	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,510,953		9,510,953	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,857,288		2,857,288	0	0
57.00	05700	CT SCAN	889,666		889,666	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,860,098		1,860,098	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,069,328		4,069,328	0	0
60.00	06000	LABORATORY	24,825,853		24,825,853	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,405,364		5,405,364	0	0
65.00	06500	RESPIRATORY THERAPY	15,350,712	0	15,350,712	0	0
66.00	06600	PHYSICAL THERAPY	12,795,434	0	12,795,434	0	0
67.00	06700	OCCUPATIONAL THERAPY	3,536,884	0	3,536,884	0	0
68.00	06800	SPEECH PATHOLOGY	6,984,624	0	6,984,624	0	0
69.00	06900	ELECTROCARDIOLOGY	4,557,885		4,557,885	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,106,266		2,106,266	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,761,508		18,761,508	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,351,855		13,351,855	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	64,983,149		64,983,149	0	0
74.00	07400	RENAL DIALYSIS	2,881,060		2,881,060	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	19,559,084		19,559,084	0	0
91.00	09100	EMERGENCY	21,370,579		21,370,579	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,547,967		9,547,967	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	7,601		7,601	0	0
95.00	09500	AMBULANCE SERVICES	9,347,750		9,347,750	0	0
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	255,257		255,257		0
106.00	10600	HEART ACQUISITION	2,162,103		2,162,103		0
107.00	10700	LIVER ACQUISITION	1,145,416		1,145,416		0
108.00	10800	LUNG ACQUISITION	996,841		996,841		0
112.00	08600	BONE MARROW ACQUISITION	3,517,918		3,517,918		0
200.00		Subtotal (see instructions)	528,529,768	0	528,529,768	0	0
201.00		Less Observation Beds	9,547,967		9,547,967		0
202.00		Total (see instructions)	518,981,801	0	518,981,801	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/30/2020 3:09 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				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	150,893,560		150,893,560			30.00	
31.00	03100	INTENSIVE CARE UNIT	83,327,380		83,327,380			31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	165,813,447		165,813,447			35.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	64,432,518	73,193,141	137,625,659	0.270560	0.270560	50.00	
51.00	05100	RECOVERY ROOM	3,450,102	25,101,537	28,551,639	0.566062	0.566062	51.00	
53.00	05300	ANESTHESIOLOGY	14,080,419	26,378,643	40,459,062	0.068926	0.068926	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,113,189	35,436,122	49,549,311	0.191949	0.191949	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,454,967	3,794,331	8,249,298	0.346367	0.346367	55.00	
57.00	05700	CT SCAN	4,743,679	8,234,646	12,978,325	0.068550	0.068550	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,993,666	43,173,020	56,166,686	0.033117	0.033117	58.00	
59.00	05900	CARDIAC CATHETERIZATION	6,515,124	26,149,353	32,664,477	0.124580	0.124580	59.00	
60.00	06000	LABORATORY	54,214,573	64,510,316	118,724,889	0.209104	0.209104	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,386,897	5,373,976	20,760,873	0.260363	0.260363	63.00	
65.00	06500	RESPIRATORY THERAPY	51,533,803	2,039,454	53,573,257	0.286537	0.286537	65.00	
66.00	06600	PHYSICAL THERAPY	6,653,470	13,416,245	20,069,715	0.637549	0.637549	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,642,479	3,991,268	8,633,747	0.409658	0.409658	67.00	
68.00	06800	SPEECH PATHOLOGY	2,170,824	12,386,309	14,557,133	0.479808	0.479808	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,034,293	1,592,014	9,626,307	0.473482	0.473482	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	6,124,313	6,953,964	13,078,277	0.161051	0.161051	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,829,135	14,206,711	47,035,846	0.398877	0.398877	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,207,296	13,825,950	31,033,246	0.430244	0.430244	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	66,483,880	120,292,928	186,776,808	0.347919	0.347919	73.00	
74.00	07400	RENAL DIALYSIS	1,180,176	1,630,029	2,810,205	1.025213	1.025213	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,038,309	31,635,066	33,673,375	0.580847	0.580847	90.00	
91.00	09100	EMERGENCY	9,091,607	69,245,035	78,336,642	0.272804	0.272804	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,646,131	12,233,469	13,879,600	0.687914	0.687914	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	1,684,960	1,684,960	0.004511	0.004511	94.00	
95.00	09500	AMBULANCE SERVICES	16,731	14,774,513	14,791,244	0.631979	0.631979	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	296,490	63,330	359,820			105.00	
106.00	10600	HEART ACQUISITION	2,318,834	0	2,318,834			106.00	
107.00	10700	LIVER ACQUISITION	1,430,560	0	1,430,560			107.00	
108.00	10800	LUNG ACQUISITION	902,140	0	902,140			108.00	
112.00	08600	BONE MARROW ACQUISITION	4,823,018	3,325,000	8,148,018			112.00	
200.00		Subtotal (see instructions)	813,843,010	634,641,330	1,448,484,340			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	813,843,010	634,641,330	1,448,484,340			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	TEFRA
		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 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/30/2020 3:09 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	92,152,754		92,152,754	0	92,152,754
31.00	03100	INTENSIVE CARE UNIT	34,520,077		34,520,077	0	34,520,077
35.00	02060	NEONATAL INTENSIVE CARE UNIT	83,031,869		83,031,869	0	83,031,869
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,235,941		37,235,941	0	37,235,941
51.00	05100	RECOVERY ROOM	16,162,009		16,162,009	0	16,162,009
53.00	05300	ANESTHESIOLOGY	2,788,675		2,788,675	0	2,788,675
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,510,953		9,510,953	0	9,510,953
55.00	05500	RADIOLOGY-THERAPEUTIC	2,857,288		2,857,288	0	2,857,288
57.00	05700	CT SCAN	889,666		889,666	0	889,666
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,860,098		1,860,098	0	1,860,098
59.00	05900	CARDIAC CATHETERIZATION	4,069,328		4,069,328	0	4,069,328
60.00	06000	LABORATORY	24,825,853		24,825,853	0	24,825,853
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,405,364		5,405,364	0	5,405,364
65.00	06500	RESPIRATORY THERAPY	15,350,712	0	15,350,712	0	15,350,712
66.00	06600	PHYSICAL THERAPY	12,795,434	0	12,795,434	0	12,795,434
67.00	06700	OCCUPATIONAL THERAPY	3,536,884	0	3,536,884	0	3,536,884
68.00	06800	SPEECH PATHOLOGY	6,984,624	0	6,984,624	0	6,984,624
69.00	06900	ELECTROCARDIOLOGY	4,557,885		4,557,885	0	4,557,885
70.00	07000	ELECTROENCEPHALOGRAPHY	2,106,266		2,106,266	0	2,106,266
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,761,508		18,761,508	0	18,761,508
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,351,855		13,351,855	0	13,351,855
73.00	07300	DRUGS CHARGED TO PATIENTS	64,983,149		64,983,149	0	64,983,149
74.00	07400	RENAL DIALYSIS	2,881,060		2,881,060	0	2,881,060
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	19,559,084		19,559,084	0	19,559,084
91.00	09100	EMERGENCY	21,370,579		21,370,579	0	21,370,579
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,547,967		9,547,967		9,547,967
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	7,601		7,601	0	7,601
95.00	09500	AMBULANCE SERVICES	9,347,750		9,347,750	0	9,347,750
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	255,257		255,257		255,257
106.00	10600	HEART ACQUISITION	2,162,103		2,162,103		2,162,103
107.00	10700	LIVER ACQUISITION	1,145,416		1,145,416		1,145,416
108.00	10800	LUNG ACQUISITION	996,841		996,841		996,841
112.00	08600	BONE MARROW ACQUISITION	3,517,918		3,517,918		3,517,918
200.00		Subtotal (see instructions)	528,529,768	0	528,529,768	0	528,529,768
201.00		Less Observation Beds	9,547,967		9,547,967		9,547,967
202.00		Total (see instructions)	518,981,801	0	518,981,801	0	518,981,801

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/30/2020 3:09 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			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	150,893,560		150,893,560			30.00
31.00	03100	INTENSIVE CARE UNIT	83,327,380		83,327,380			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	165,813,447		165,813,447			35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,432,518	73,193,141	137,625,659	0.270560	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,450,102	25,101,537	28,551,639	0.566062	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	14,080,419	26,378,643	40,459,062	0.068926	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,113,189	35,436,122	49,549,311	0.191949	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,454,967	3,794,331	8,249,298	0.346367	0.000000	55.00
57.00	05700	CT SCAN	4,743,679	8,234,646	12,978,325	0.068550	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,993,666	43,173,020	56,166,686	0.033117	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,515,124	26,149,353	32,664,477	0.124580	0.000000	59.00
60.00	06000	LABORATORY	54,214,573	64,510,316	118,724,889	0.209104	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,386,897	5,373,976	20,760,873	0.260363	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	51,533,803	2,039,454	53,573,257	0.286537	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,653,470	13,416,245	20,069,715	0.637549	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,642,479	3,991,268	8,633,747	0.409658	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,170,824	12,386,309	14,557,133	0.479808	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,034,293	1,592,014	9,626,307	0.473482	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,124,313	6,953,964	13,078,277	0.161051	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,829,135	14,206,711	47,035,846	0.398877	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,207,296	13,825,950	31,033,246	0.430244	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,483,880	120,292,928	186,776,808	0.347919	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,180,176	1,630,029	2,810,205	1.025213	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,038,309	31,635,066	33,673,375	0.580847	0.000000	90.00
91.00	09100	EMERGENCY	9,091,607	69,245,035	78,336,642	0.272804	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,646,131	12,233,469	13,879,600	0.687914	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	1,684,960	1,684,960	0.004511	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	16,731	14,774,513	14,791,244	0.631979	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	296,490	63,330	359,820			105.00
106.00	10600	HEART ACQUISITION	2,318,834	0	2,318,834			106.00
107.00	10700	LIVER ACQUISITION	1,430,560	0	1,430,560			107.00
108.00	10800	LUNG ACQUISITION	902,140	0	902,140			108.00
112.00	08600	BONE MARROW ACQUISITION	4,823,018	3,325,000	8,148,018			112.00
200.00		Subtotal (see instructions)	813,843,010	634,641,330	1,448,484,340			200.00
201.00		Less observation Beds						201.00
202.00		Total (see instructions)	813,843,010	634,641,330	1,448,484,340			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		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 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

			Title XVIII		Hospital	TEFRA		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,277,475	0	13,277,475	49,136	270.22	30.00	
31.00	INTENSIVE CARE UNIT	3,592,400		3,592,400	11,697	307.12	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	8,103,025		8,103,025	41,336	196.03	35.00	
200.00	Total (lines 30 through 199)	24,972,900		24,972,900	102,169		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	232	62,691					30.00
31.00	INTENSIVE CARE UNIT	78	23,955					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
200.00	Total (lines 30 through 199)	310	86,646					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Title XVIII		Hospital		TEFRA	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,785,821	137,625,659	0.027508	484,588	13,330
51.00	05100	RECOVERY ROOM	1,699,289	28,551,639	0.059516	0	0
53.00	05300	ANESTHESIOLOGY	67,911	40,459,062	0.001679	79,815	134
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,705,788	49,549,311	0.034426	52,612	1,811
55.00	05500	RADIOLOGY-THERAPEUTIC	219,247	8,249,298	0.026578	6,300	167
57.00	05700	CT SCAN	64,380	12,978,325	0.004961	34,918	173
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	198,863	56,166,686	0.003541	24,788	88
59.00	05900	CARDIAC CATHETERIZATION	550,436	32,664,477	0.016851	7,297	123
60.00	06000	LABORATORY	1,283,510	118,724,889	0.010811	338,663	3,661
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	185,732	20,760,873	0.008946	0	0
65.00	06500	RESPIRATORY THERAPY	1,668,847	53,573,257	0.031151	135,229	4,213
66.00	06600	PHYSICAL THERAPY	1,846,344	20,069,715	0.091997	12,284	1,130
67.00	06700	OCCUPATIONAL THERAPY	547,505	8,633,747	0.063415	5,047	320
68.00	06800	SPEECH PATHOLOGY	709,799	14,557,133	0.048760	1,941	95
69.00	06900	ELECTROCARDIOLOGY	98,595	9,626,307	0.010242	17,567	180
70.00	07000	ELECTROENCEPHALOGRAPHY	298,632	13,078,277	0.022834	6,371	145
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	963,188	47,035,846	0.020478	90,404	1,851
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	288,927	31,033,246	0.009310	79,465	740
73.00	07300	DRUGS CHARGED TO PATIENTS	2,331,152	186,776,808	0.012481	660,767	8,247
74.00	07400	RENAL DIALYSIS	315,966	2,810,205	0.112435	210,664	23,686
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,814,626	33,673,375	0.083586	482	40
91.00	09100	EMERGENCY	2,166,076	78,336,642	0.027651	48,741	1,348
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,375,681	13,879,600	0.099115	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	164	1,684,960	0.000097	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	25,186,479	1,020,499,337		2,297,943	61,482

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part III
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Title XVIII Allied Health Post-Stepdown Adjustments	Hospital Allied Health Cost	TEFRA 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	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	35.00
200.00		Total (lines 30 through 199)	0	0	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	49,136	0.00	232	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	11,697	0.00	78	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	41,336	0.00	0	35.00	
200.00		Total (lines 30 through 199)		0	102,169		310	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 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description			Title XVIII		Hospital		TEFRA	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/30/2020 3:09 pm

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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	137,625,659	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,551,639	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	40,459,062	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,549,311	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,249,298	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	12,978,325	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	56,166,686	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	32,664,477	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	118,724,889	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	20,760,873	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	53,573,257	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,069,715	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,633,747	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	14,557,133	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,626,307	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,078,277	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,035,846	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,033,246	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	186,776,808	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,810,205	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	33,673,375	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	78,336,642	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,879,600	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,684,960	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						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	1,020,499,337		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Title XVIII			Hospital		TEFRA
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	484,588	0	330,062	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	4,194	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	79,815	0	71,753	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	52,612	0	93,234	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	6,300	0	4,727	0	55.00
57.00	05700 CT SCAN	0.000000	34,918	0	62,109	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	24,788	0	93,219	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,297	0	71,490	0	59.00
60.00	06000 LABORATORY	0.000000	338,663	0	99,619	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	135,229	0	73,525	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	12,284	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	5,047	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,941	0	5,147	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	17,567	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6,371	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	90,404	0	100,067	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	79,465	0	215,805	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	660,767	0	485,837	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	210,664	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	482	0	4,668	0	90.00
91.00	09100 EMERGENCY	0.000000	48,741	0	39,681	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	10,416	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)		2,297,943	0	1,765,553	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
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 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 6/30/2020 3:09 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	0.270560	330,062	0	0	89,302	50.00		
51.00	05100	RECOVERY ROOM	0.566062	4,194	0	0	2,374	51.00		
53.00	05300	ANESTHESIOLOGY	0.068926	71,753	0	0	4,946	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191949	93,234	0	0	17,896	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0.346367	4,727	0	0	1,637	55.00		
57.00	05700	CT SCAN	0.068550	62,109	0	0	4,258	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.033117	93,219	0	0	3,087	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.124580	71,490	0	0	8,906	59.00		
60.00	06000	LABORATORY	0.209104	99,619	0	0	20,831	60.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.260363	0	0	0	0	63.00		
65.00	06500	RESPIRATORY THERAPY	0.286537	73,525	0	0	21,068	65.00		
66.00	06600	PHYSICAL THERAPY	0.637549	0	0	0	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.409658	0	0	0	0	67.00		
68.00	06800	SPEECH PATHOLOGY	0.479808	5,147	0	0	2,470	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.473482	0	0	0	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161051	0	0	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398877	100,067	0	0	39,914	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430244	215,805	0	0	92,849	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.347919	485,837	0	0	169,032	73.00		
74.00	07400	RENAL DIALYSIS	1.025213	0	0	0	0	74.00		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0.580847	4,668	0	0	2,711	90.00		
91.00	09100	EMERGENCY	0.272804	39,681	0	0	10,825	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.687914	10,416	0	0	7,165	92.00		
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0.004511		0			94.00		
95.00	09500	AMBULANCE SERVICES	0.631979		0			95.00		
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0	98.00		
200.00		Subtotal (see instructions)		1,765,553	0	0	499,271	200.00		
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00		
202.00		Net Charges (line 200 - line 201)		1,765,553	0	0	499,271	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/30/2020 3:09 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 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/30/2020 3:09 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.270560	0	2,379	0	0	50.00
51.00	05100 RECOVERY ROOM	0.566062	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.068926	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191949	0	953,114	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.346367	0	64,811	0	0	55.00
57.00	05700 CT SCAN	0.068550	0	238,808	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.033117	0	1,364,218	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.124580	0	68,106	0	0	59.00
60.00	06000 LABORATORY	0.209104	0	3,006,933	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.260363	0	212,382	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.286537	0	74,275	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.637549	0	267,593	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409658	0	181,651	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.479808	0	366,241	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.473482	0	54,121	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161051	0	924,451	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398877	0	1,510,381	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430244	0	48,475	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.347919	0	4,156,616	0	0	73.00
74.00	07400 RENAL DIALYSIS	1.025213	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.580847	0	5,135,525	0	0	90.00
91.00	09100 EMERGENCY	0.272804	0	2,743,440	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.687914	0	410,734	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.004511		176,162			94.00
95.00	09500 AMBULANCE SERVICES	0.631979	0	1,188,957			95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	23,149,373	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	23,149,373	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/30/2020 3:09 pm

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	644	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	182,949	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,448	0		55.00
57.00	05700	CT SCAN	16,370	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	45,179	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,485	0		59.00
60.00	06000	LABORATORY	628,762	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	55,296	0		63.00
65.00	06500	RESPIRATORY THERAPY	21,283	0		65.00
66.00	06600	PHYSICAL THERAPY	170,604	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	74,415	0		67.00
68.00	06800	SPEECH PATHOLOGY	175,725	0		68.00
69.00	06900	ELECTROCARDIOLOGY	25,625	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,884	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	602,456	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,856	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,446,166	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,982,954	0		90.00
91.00	09100	EMERGENCY	748,421	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	282,550	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	795	0		94.00
95.00	09500	AMBULANCE SERVICES	751,396	0		95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		98.00
200.00		Subtotal (see instructions)	8,412,263	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)	8,412,263	0		202.00

Health Financial Systems		ST. LOUIS CHILDREN'S HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
		Title XVIII	Hospital	Date/Time Prepared: 6/30/2020 3:09 pm	
				TEFRA	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		49,136	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,136	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)		44,045	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) (see instructions)		232	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)		92,152,754	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)		92,152,754	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)		92,152,754	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)		1,875.46	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		435,107	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)		435,107	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/30/2020 3:09 pm

		Title XVIII			Hospital	TEFRA	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	34,520,077	11,697	2,951.19	78	230,193	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	83,031,869	41,336	2,008.71	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					812,449	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,477,749	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)					86,646	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					61,482	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					148,128	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,329,621	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					56	54.00
55.00	Target amount per discharge					29,709.72	55.00
56.00	Target amount (line 54 x line 55)					1,663,744	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					334,123	57.00
58.00	Bonus payment (see instructions)					33,275	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					15,364.23	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					22,884.65	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)					1,511,024	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)					5,091	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,875.46	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)					9,547,967	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/30/2020 3:09 pm

		Title XVIII		Hospital		TEFRA
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	13,277,475	92,152,754	0.144081	9,547,967	1,375,681
91.00	Nursing School cost	0	92,152,754	0.000000	9,547,967	0
92.00	Allied health cost	0	92,152,754	0.000000	9,547,967	0
93.00	All other Medical Education	0	92,152,754	0.000000	9,547,967	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/30/2020 3:09 pm

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	49,136	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,136	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)	44,045	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) (see instructions)	4,101	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)	92,152,754	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)	92,152,754	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)	92,152,754	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)	1,875.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,691,261	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	7,691,261	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	34,520,077	11,697	2,951.19	1,193	3,520,770	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	83,031,869	41,336	2,008.71	3,388	6,805,509	47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1.00	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,716,665	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)					5,091	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,875.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,547,967	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
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		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,277,475	92,152,754	0.144081	9,547,967	1,375,681	90.00
91.00	Nursing School cost	0	92,152,754	0.000000	9,547,967	0	91.00
92.00	Allied health cost	0	92,152,754	0.000000	9,547,967	0	92.00
93.00	All other Medical Education	0	92,152,754	0.000000	9,547,967	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-3

Date/Time Prepared:
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Cost Center Description		Title XVIII	Hospital	TEFRA	
		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		622,286		30.00
31.00	03100 INTENSIVE CARE UNIT		615,685		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.270560	484,588	131,110	50.00
51.00	05100 RECOVERY ROOM	0.566062	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.068926	79,815	5,501	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191949	52,612	10,099	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.346367	6,300	2,182	55.00
57.00	05700 CT SCAN	0.068550	34,918	2,394	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.033117	24,788	821	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.124580	7,297	909	59.00
60.00	06000 LABORATORY	0.209104	338,663	70,816	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.260363	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.286537	135,229	38,748	65.00
66.00	06600 PHYSICAL THERAPY	0.637549	12,284	7,832	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409658	5,047	2,068	67.00
68.00	06800 SPEECH PATHOLOGY	0.479808	1,941	931	68.00
69.00	06900 ELECTROCARDIOLOGY	0.473482	17,567	8,318	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161051	6,371	1,026	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398877	90,404	36,060	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430244	79,465	34,189	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.347919	660,767	229,893	73.00
74.00	07400 RENAL DIALYSIS	1.025213	210,664	215,975	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.580847	482	280	90.00
91.00	09100 EMERGENCY	0.272804	48,741	13,297	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.687914	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.004511	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	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)		2,297,943	812,449	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,297,943		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-3

Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		10,149,660		30.00
31.00	03100 INTENSIVE CARE UNIT		11,778,959		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		12,495,707		35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.270560	3,296,734	891,964	50.00
51.00	05100 RECOVERY ROOM	0.566062	244,948	138,656	51.00
53.00	05300 ANESTHESIOLOGY	0.068926	779,005	53,694	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191949	1,284,190	246,499	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.346367	165,685	57,388	55.00
57.00	05700 CT SCAN	0.068550	529,211	36,277	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.033117	1,025,045	33,946	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.124580	85,183	10,612	59.00
60.00	06000 LABORATORY	0.209104	4,980,114	1,041,362	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.260363	800,396	208,394	63.00
65.00	06500 RESPIRATORY THERAPY	0.286537	6,457,812	1,850,402	65.00
66.00	06600 PHYSICAL THERAPY	0.637549	516,880	329,536	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409658	446,554	182,934	67.00
68.00	06800 SPEECH PATHOLOGY	0.479808	155,692	74,702	68.00
69.00	06900 ELECTROCARDIOLOGY	0.473482	659,452	312,239	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161051	690,378	111,186	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398877	3,326,201	1,326,745	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430244	48,061	20,678	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.347919	4,100,561	1,426,663	73.00
74.00	07400 RENAL DIALYSIS	1.025213	225,195	230,873	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.580847	860,268	499,684	90.00
91.00	09100 EMERGENCY	0.272804	1,678,504	457,903	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.687914	253,415	174,328	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.004511	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	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)		32,609,484	9,716,665	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		32,609,484		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Kidney Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	TEFRA 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	1,875.46	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,951.19	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	3,662	2,008.71	1	2,009	6.00
7.00	TOTAL (sum of lines 1 through 6)		3,662		1	2,009	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	0.270560	38,079	10,303	8.00
9.00	RECOVERY ROOM		51.00	0.566062	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.068926	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.191949	4,596	882	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.346367	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.068550	2,777	190	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.033117	2,870	95	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.124580	0	0	17.00
18.00	LABORATORY		60.00	0.209104	127,092	26,575	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	0.260363	4,309	1,122	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.286537	1,156	331	23.00
24.00	PHYSICAL THERAPY		66.00	0.637549	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.409658	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.479808	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.473482	1,486	704	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.161051	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.398877	142	57	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.430244	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.347919	2,627	914	31.00
32.00	RENAL DIALYSIS		74.00	1.025213	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	0.580847	0	0	37.00
38.00	EMERGENCY		91.00	0.272804	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.687914	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				185,134	41,173	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	1	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Worksheet D-2, Part I Line Numbers	Kidney Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	TEFRA 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	43,182		188,796		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)	255,257		359,820		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)	298,439		548,616		61.00
62.00	Total Usable Organs (see instructions)		12			62.00
63.00	Medicare Usable Organs (see instructions)		7			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.583333			64.00
65.00	Medicare Cost/Charges (see instructions)	174,089		320,026		65.00
66.00	Revenue for Organs Sold	32,472		0		66.00
67.00	Subtotal (line 65 minus line 66)	141,617		320,026		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	141,617	0	320,026	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	5		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	7		73.00
74.00	Total (sum of lines 70 through 73)		0	12		74.00
75.00	Organs Transplanted		0	7	359,820	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	5	32,472	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		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Date/Time Prepared:
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Component CCN:

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Liver Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	TEFRA 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	1,875.46	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,951.19	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	2,008.71	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	0.270560	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.566062	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.068926	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.191949	20,610	3,956	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.346367	7,048	2,441	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.068550	79,963	5,481	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.033117	31,092	1,030	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.124580	0	0	17.00
18.00	LABORATORY		60.00	0.209104	106,797	22,332	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	0.260363	6,157	1,603	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.286537	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.637549	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.409658	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.479808	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.473482	2,919	1,382	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.161051	15,313	2,466	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.398877	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.430244	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.347919	29	10	31.00
32.00	RENAL DIALYSIS		74.00	1.025213	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	0.580847	0	0	37.00
38.00	EMERGENCY		91.00	0.272804	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.687914	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				269,928	40,701	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 A TRANSPLANT
HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Date/Time Prepared:
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Cost Center Description		Worksheet D-2, Part I Line Numbers	Liver Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	TEFRA 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	40,701		269,928		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)	1,145,416		1,359,585		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)	1,186,117		1,629,513		61.00
62.00	Total Usable Organs (see instructions)		14			62.00
63.00	Medicare Usable Organs (see instructions)		0			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	0		0		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00		2.00	3.00	
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	14		73.00
74.00	Total (sum of lines 70 through 73)		0	14		74.00
75.00	Organs Transplanted		0	14	1,359,585	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		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	14		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Date/Time Prepared:
6/30/2020 3:09 pm

Component CCN:

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	Cost (col. 2 x col. 3)	TEFRA
		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	165	1,875.46	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	10,188	2,951.19	1	2,951	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	2,008.71	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		10,353		1	2,951	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	0.270560	3,500	947	8.00
9.00	RECOVERY ROOM		51.00	0.566062	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.068926	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.191949	158,154	30,358	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.346367	62,503	21,649	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.068550	72,937	5,000	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.033117	40,174	1,330	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.124580	755,909	94,171	17.00
18.00	LABORATORY		60.00	0.209104	529,763	110,776	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	0.260363	41,617	10,836	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.286537	9,427	2,701	23.00
24.00	PHYSICAL THERAPY		66.00	0.637549	1,607	1,025	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.409658	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.479808	196	94	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.473482	26,398	12,499	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.161051	48,016	7,733	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.398877	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.430244	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.347919	22,889	7,964	31.00
32.00	RENAL DIALYSIS		74.00	1.025213	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	0.580847	0	0	37.00
38.00	EMERGENCY		91.00	0.272804	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.687914	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,773,090	307,083	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 26-3301	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4 Date/Time Prepared: 6/30/2020 3:09 pm	
		Heart	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 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	310,034		1,783,443	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)	2,162,103		2,318,834	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)	2,472,137		4,102,277	61.00
62.00	Total Usable Organs (see instructions)		17		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	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		0	0	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOS		0	17	73.00
74.00	Total (sum of lines 70 through 73)		0	17	74.00
75.00	Organs Transplanted		0	17	2,318,834 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	17	0 84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 26-3301		Period: From 01/01/2019 To 12/31/2019		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 6/30/2020 3:09 pm	
					Lung		Hospital		TEFRA	
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	385	1,875.46	0	0	1.00			
2.00	INTENSIVE CARE UNIT	43.00	0	2,951.19	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	2,008.71	0	0	6.00			
7.00	TOTAL (sum of lines 1 through 6)		385		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	0.270560	92	25	8.00				
9.00	RECOVERY ROOM	51.00	0.566062	0	0	9.00				
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00				
11.00	ANESTHESIOLOGY	53.00	0.068926	0	0	11.00				
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.191949	109,282	20,977	12.00				
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.346367	101,798	35,259	13.00				
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00				
15.00	CT SCAN	57.00	0.068550	85,729	5,877	15.00				
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.033117	54,623	1,809	16.00				
17.00	CARDIAC CATHETERIZATION	59.00	0.124580	8,317	1,036	17.00				
18.00	LABORATORY	60.00	0.209104	386,216	80,759	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	0.260363	22,636	5,894	21.00				
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00				
23.00	RESPIRATORY THERAPY	65.00	0.286537	6,275	1,798	23.00				
24.00	PHYSICAL THERAPY	66.00	0.637549	8,104	5,167	24.00				
25.00	OCCUPATIONAL THERAPY	67.00	0.409658	456	187	25.00				
26.00	SPEECH PATHOLOGY	68.00	0.479808	0	0	26.00				
27.00	ELECTROCARDIOLOGY	69.00	0.473482	31,844	15,078	27.00				
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.161051	27,009	4,350	28.00				
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.398877	0	0	29.00				
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.430244	0	0	30.00				
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.347919	2,848	991	31.00				
32.00	RENAL DIALYSIS	74.00	1.025213	1,680	1,722	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	0.580847	0	0	37.00				
38.00	EMERGENCY	91.00	0.272804	0	0	38.00				
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.687914	0	0	39.00				
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00				
41.00	TOTAL (sum of lines 8 through 40)			846,909	180,929	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Worksheet D-2, Part I Line Numbers	Lung Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	TEFRA 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	180,929		847,294		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)	996,841		902,140		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)	1,177,770		1,749,434		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	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	12		73.00
74.00	Total (sum of lines 70 through 73)		0	12		74.00
75.00	Organs Transplanted		0	12	902,140	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		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	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.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-3301	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/30/2020 3:09 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 OPPI (see instructions)		499,271	2.00
3.00	OPPI payments		296,284	3.00
4.00	Outlier payment (see instructions)		14,991	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		444,351	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		70.05	7.00
8.00	Transitional corridor payment (see instructions)		133,076	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)		444,351	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)		46,269	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)		398,082	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,942	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)		405,024	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		405,024	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)		7,299	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		4,744	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,928	36.00
37.00	Subtotal (see instructions)		409,768	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)		409,768	40.00
40.01	Sequestration adjustment (see instructions)		8,195	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		396,557	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		5,016	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
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 01/01/2019
To 12/31/2019Worksheet E
Part B
Date/Time Prepared:
6/30/2020 3:09 pm

Title XVIII

Hospital

TEFRA

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 Override of Ancillary service charges (line 12)

0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
6/30/2020 3:09 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		1,118,617		396,557	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	07/18/2019	32,200		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		32,200		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)		1,150,817		396,557	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		448,506		5,016	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,599,323		401,573	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 01/01/2019
To 12/31/2019Worksheet E-3
Part I
Date/Time Prepared:
6/30/2020 3:09 pm

		Title XVIII	Hospital	TEFRA
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			1,511,024 1.00
1.01	Nursing and allied health managed care payment (see instructions)			0 1.01
2.00	Organ acquisition			141,617 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)			1,652,641 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5).			1,652,641 6.00
7.00	Deductibles			54,560 7.00
8.00	Subtotal (line 6 minus line 7)			1,598,081 8.00
9.00	Coinsurance			7,837 9.00
10.00	Subtotal (line 8 minus line 9)			1,590,244 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			29,542 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			19,202 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			28,546 13.00
14.00	Subtotal (sum of lines 10 and 12)			1,609,446 14.00
15.00	Direct graduate medical education payments (from wkst. E-4, line 49)			22,516 15.00
16.00	DO NOT USE THIS LINE			0 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)			1,631,962 18.00
18.01	Sequestration adjustment (see instructions)			32,639 18.01
18.02	Demonstration payment adjustment amount after sequestration			0 18.02
19.00	Interim payments			1,150,817 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)			448,506 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 01/01/2019
To 12/31/2019Worksheet E-3
Part VII
Date/Time Prepared:
6/30/2020 3:09 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	27,734,205			1.00
2.00	Medical and other services		8,412,263		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	27,734,205	8,412,263		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)	27,734,205	8,412,263		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	34,424,326			8.00
9.00	Ancillary service charges	32,609,484	23,149,373		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)	67,033,810	23,149,373		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)	67,033,810	23,149,373		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	39,299,605	14,737,110		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)	27,734,205	8,412,263		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	27,734,205	8,412,263		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)	27,734,205	8,412,263		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	27,734,205	8,412,263		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	27,734,205	8,412,263		38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	4,746,817			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	32,481,022	8,412,263		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	32,481,022	8,412,263		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 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/30/2020 3:09 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)			196.35 6.00
7.00	Enter the lesser of line 5 or line 6			116.79 7.00
		Primary Care 1.00	Other 2.00	Total 3.00
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	86.74	81.07	167.81 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.	51.59	48.22	99.81 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	51.59	48.22	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	50.81	48.64	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.45	47.35	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	51.95	48.07	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	51.95	48.07	17.00
18.00	Per resident amount	92,238.22	92,238.22	18.00
19.00	Approved amount for resident costs	4,791,776	4,433,891	9,225,667 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)			79.56 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)			9,225,667 25.00
		Inpatient Part A 1.00	Managed Care 2.00	Total 3.00
COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	310	0	26.00
27.00	Total Inpatient Days (see instructions)	97,078	97,078	27.00
28.00	Ratio of inpatient days to total inpatient days	0.003193	0.000000	28.00
29.00	Program direct GME amount	29,458	0	29,458 29.00
29.01	Percent reduction for MA DGME		7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0 30.00
31.00	Net Program direct GME amount			29,458 31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/30/2020 3:09 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)		4,495,165	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)		1,477,749	37.00
38.00	Organ acquisition costs (wkst. D-4, Pt. III, col. 1, line 69)		141,617	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)		1,619,366	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		499,271	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		499,271	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		2,118,637	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.764343	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.235657	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		29,458	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		22,516	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,942	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT
MEDICAL EDUCATION COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet E-4

Date/Time Prepared:
6/30/2020 3:09 pm

		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			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)			196.35	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.	86.74	81.07	167.81	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.	51.59	48.22	99.81	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	51.59	48.22		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	50.81	48.64		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.45	47.35		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	51.95	48.07		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	51.95	48.07		17.00
18.00	Per resident amount	92,238.22	92,238.22		18.00
19.00	Approved amount for resident costs	4,791,776	4,433,891	9,225,667	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)			79.56	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)			9,225,667	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	8,682	44,373		26.00
27.00	Total Inpatient Days (see instructions)	97,078	97,078		27.00
28.00	Ratio of inpatient days to total inpatient days	0.089433	0.457086		28.00
29.00	Program direct GME amount	825,079	4,216,923	5,042,002	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		295,185	295,185	30.00
31.00	Net Program direct GME amount			4,746,817	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/30/2020 3:09 pm
		Title XIX	Hospital	Cost
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,746,817	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			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 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
6/30/2020 3:09 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	16,755	0	0	0	1.00
2.00 Temporary investments	10,973	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	181,124,996	0	0	0	4.00
5.00 Other receivable	17,674,449	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-32,455,371	0	0	0	6.00
7.00 Inventory	12,939,883	0	0	0	7.00
8.00 Prepaid expenses	543,092	0	0	0	8.00
9.00 Other current assets	16,281,071	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)	196,135,848	0	0	0	11.00
FIXED ASSETS					
12.00 Land	7,990,326	0	0	0	12.00
13.00 Land improvements	9,553,543	0	0	0	13.00
14.00 Accumulated depreciation	-1,525,395	0	0	0	14.00
15.00 Buildings	530,306,347	0	0	0	15.00
16.00 Accumulated depreciation	-281,730,861	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	128,383,492	0	0	0	19.00
20.00 Accumulated depreciation	-23,393,391	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	261,825,221	0	0	0	23.00
24.00 Accumulated depreciation	-214,390,366	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)	417,018,916	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	4,143,097	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	4,143,097	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	617,297,861	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	5,561,567	0	0	0	37.00
38.00 Salaries, wages, and fees payable	20,879,195	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	78,252,436	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	104,693,198	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	3,103,316	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	3,103,316	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	107,796,514	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	509,501,347	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	509,501,347	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	617,297,861	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
6/30/2020 3:09 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		499,030,378		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		109,596,408				2.00
3.00	Total (sum of line 1 and line 2)		608,626,786		0		3.00
4.00	TRANSFER GENERAL FUND	572,790		0		0	4.00
5.00	ASSETS RELEASED FROM RESTRICTION	1,503,233		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,076,023		0		10.00
11.00	Subtotal (line 3 plus line 10)		610,702,809		0		11.00
12.00	TRANSFER TO/FROM BJC	101,201,467		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		101,201,467		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		509,501,342		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 GENERAL FUND		0				4.00
5.00	ASSETS RELEASED FROM RESTRICTION		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFER TO/FROM BJC		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 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
6/30/2020 3:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	150,151,271		150,151,271	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)	150,151,271		150,151,271	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	83,285,626		83,285,626	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	165,796,995		165,796,995	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	249,082,621		249,082,621	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	399,233,892		399,233,892	17.00
18.00	Ancillary services	401,951,401	506,017,274	907,968,675	18.00
19.00	Outpatient services	12,776,047	113,113,570	125,889,617	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	16,731	14,774,513	14,791,244	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL SERVICE	0	3,607,177	3,607,177	27.00
27.01	OTHER REVENUE	0	540,940	540,940	27.01
27.02	OFFICE VISIT REVENUE	0	1,392,276	1,392,276	27.02
27.03	NON ALLOWED	0	-112	-112	27.03
27.04	HOME PROGRAM DIALYSIS/PRO FEES	0	1,684,960	1,684,960	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	813,978,071	641,130,598	1,455,108,669	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		676,587,132		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	1,562,091			37.00
38.00	GIFT SHOP	815,766			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		2,377,857		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		674,209,275		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
6/30/2020 3:09 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1,455,108,669	1.00
2.00	Less contractual allowances and discounts on patients' accounts	698,329,788	2.00
3.00	Net patient revenues (line 1 minus line 2)	756,778,881	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	674,209,275	4.00
5.00	Net income from service to patients (line 3 minus line 4)	82,569,606	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	1,548,216	6.00
7.00	Income from investments	1,304,244	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	7,718,857	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	3,752,775	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	32,110	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	12,670,600	24.00
25.00	Total other income (sum of lines 6-24)	27,026,802	25.00
26.00	Total (line 5 plus line 25)	109,596,408	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	109,596,408	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-3301

Period:

Worksheet I-1

Component CCN: 26-2309

From 01/01/2019

To 12/31/2019

Date/Time Prepared:
6/30/2020 3:09 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	280,439	HOURS OF SERVICE	6,447.00	3.10	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	117,908	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	60,166	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	458,513				9.00
10.00	EMPLOYEE BENEFITS	85,935	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	499,473	REQUISITIONS			14.00
15.00	DRUGS	42,765	REQUISITIONS			15.00
16.00	OTHER	476,786	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,563,472				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	131,462	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	46,518	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	16,551	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	454,723	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	180,101	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	334,881	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	153,352	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,881,060				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,881,060				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:

Worksheet I-2

Component CCN: 26-2309

From 01/01/2019
To 12/31/2019Date/Time Prepared:
6/30/2020 3:09 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	311,563	46,518	280,439	0	102,486	377,646	1.00
	MAINTENANCE							
2.00	Hemodialysis	189,651	28,376	170,691	0	62,383	229,873	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	121,912	18,142	109,748	0	40,103	147,773	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)	311,563	46,518	280,439	0	102,486	377,646	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	499,473	0	1,618,125	1,262,935	2,881,060		1.00
	MAINTENANCE							
2.00	Hemodialysis	304,027	0	985,001	768,786	1,753,787		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	195,446	0	633,124	494,149	1,127,273		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)	499,473	0	1,618,125	1,262,935	2,881,060		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,881,060		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period: From 01/01/2019

Worksheet I-3

Component CCN: 26-2309

To 12/31/2019

Date/Time Prepared: 6/30/2020 3:09 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		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		311,563	46,518	280,439	0	102,486	1.00
MAINTENANCE								
2.00	Hemodialysis		1,901	0.61	3,924.00	1,059.00	207,325	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	594	1,222	0.39	2,523.00	680.00	133,280	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	6,447.00	1,739.00	340,605	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		99.764009	46,518.000000	43.499147	0.000000	0.300894	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	377,646	499,473	0	1,618,125	1,262,935		1.00
MAINTENANCE								
2.00	Hemodialysis	26,031	298,483	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	16,734	191,882	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	42,765	490,365	0		1,618,125		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	8.830726	1.018574	0.000000		0.780493		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-3301

Period:

Worksheet I-4

Component CCN: 26-2309

From 01/01/2019
To 12/31/2019Date/Time Prepared:
6/30/2020 3:09 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from wkst. I-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	893	1,753,787	1,963.93	775	1,522,046
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	42	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		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
10.00	Home Program - CCPD	0	0	0.00	0	0
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)	935	1,753,787		775	1,522,046
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	935				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	233,399	301.16			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
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)	233,399				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet I-1

Date/Time Prepared:
6/30/2020 3:09 pmHome Program
Dialysis

TEFRA

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES		0 HOURS OF SERVICE	0.00	0.00	1.00
2.00	LICENSED PRACTICAL NURSES		0 HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		0 HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		0 HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		0 HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		0 HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		0 ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		0 ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	0				9.00
10.00	EMPLOYEE BENEFITS		0 SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		0 SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		0 PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		0 PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	332,243	0 REQUISITIONS			14.00
15.00	DRUGS		0 REQUISITIONS			15.00
16.00	OTHER		0 ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	332,243				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		0 SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		0 PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT		0 SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,562	0 ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING		0 SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS		0			23.00
24.00	CENTRAL SERVICE & SUPPLIES		0 REQUISITIONS			24.00
25.00	PHARMACY		0 REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS		0 ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	333,805				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		0 CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		0 CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		0 CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	333,805				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 01/01/2019
To 12/31/2019

Worksheet I-2

Date/Time Prepared:
6/30/2020 3:09 pm

		Capital Related Costs		Direct Patient Care Salary		Home Program Dialysis	Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other				
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Total Renal Department Costs	0	0	0	0	0	0	0	1.00
MAINTENANCE									
2.00	Hemodialysis	0	0	0	0	0	0	0	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	0	3.01
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	0	7.00
HOME									
8.00	Hemodialysis	0	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	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	0	16.00
17.00	Total (sum of lines 2 through 16)	0	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	332,243	0	332,243	1,562	333,805			1.00
MAINTENANCE									
2.00	Hemodialysis	0	0	0	0	0			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	332,243	0	332,243	1,562	333,805			11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0			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)	332,243	0	332,243	1,562	333,805			17.00
18.00	Medical Educational Program Costs					0			18.00
19.00	Total Renal Costs (line 17 + line 18)					333,805			19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet I-3

Date/Time Prepared:
6/30/2020 3:09 pmHome 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	5.00
1.00	Total Renal Department Costs	0	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	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	1.50	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	4.00	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	16.00	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	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	31.25	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	332,243	0	332,243	1,562	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	332,243	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	332,243	0		332,243	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.004701	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-3301

Period:
From 01/01/2019
To 12/31/2019

Worksheet I-4

Date/Time Prepared:
6/30/2020 3:09 pm

		Rate 0		Home Program Dialysis		TEFRA	
		Number of Total Treatments	Total Cost (from wkst. I-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	4,361	0	0.00	2,912	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	333,805	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)	4,361	333,805		2,912	0	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	4,361					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	304,420	104.54				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)	304,420					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 01/01/2019
To 12/31/2019

Worksheet I-5

Date/Time Prepared:
6/30/2020 3:09 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,522,046		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	537,819	537,819	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	537,819	537,819	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	430,255	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)	2,087,592		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	2,087,592		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

Edit Listing

2552-10

Date Prepared: 6/30/2020 3:09 pm

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Data File: I:\medicare cr\MCRIF32\SLCH 2019 Medicare.mcrx

Fiscal Year: 01/01/2019 To 12/31/2019

Provider Name: ST. LOUIS CHILDREN'S HOSPITAL

Health Financial Systems

Provider No: 263301

MCRIF32

Worksheet	Program	Provider	Line	Column	Explanation	Error	CMS
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Serious Edits

G-1			19.00	2.00	Amounts must equal. Worksheet G-1, Line 19.00, Column 2.00: " 509501342 " Worksheet G, Line 52.00, Column 1.00: " 509501347 "	806	
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Warning Edits

A-8			37.00	2.00	Amount should be negative. Wks A-8 line 37.00, column 2 amount is 32846343. Verify the amount should be negative.	43	
A-8			38.00	2.00	Amount should be negative. Wks A-8 line 38.00, column 2 amount is 2794762. Verify the amount should be negative.	43	

Level I Edits	0
Level II Edits	0
Serious Edits	1
Warning Edits	2
Informational Edits	0
STAR Edits	0
Total Edits	3

HCRIS Edit Listing

Date Prepared: 6/30/2020 3:09 pm

Data File: I:\medicare cr\MCRIF32\SLCH 2019 Medicare.mcrx

Fiscal Year: 01/01/2019 To 12/31/2019

Provider Name: ST. LOUIS CHILDREN'S HOSPITAL

Provider No: 263301

2552-10

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Health Financial Systems

MCRIF32

HCRIS Consistency Edits	0
HCRIS Relational Edits	0
HCRIS Serious Edits	0
HCRIS Warning Edits	0
HCRIS Informational Edits	0
Total Edits	0