

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 7:25 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 5/30/2019	Time: 7:25 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 BARNES-JEWISH HOSPITAL (26-0032) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00		2.00	3.00	4.00	5.00
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-365,782	1,045,232	0	67,308,572	1.00
2.00	Subprovider - IPF	0	222,870	3,972		1,665,636	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	-142,912	1,049,204	0	68,974,208	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: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 7:03 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA			PO Box:				1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110-		County: ST. LOUIS CITY 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		BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		BARNES-JEWISH HOSPITAL PSYCH UNIT	26S032	41180	4	01/01/1984	N	P	O
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									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018		12/31/2018		20.00
21.00	Type of Control (see instructions)					2				21.00
						1.00		2.00		3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00
			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.		27,671	6,312	2,999	4,547	19,736	1,597		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
Date/Time Prepared:
5/30/2019 7:03 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						20.00	1
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.02	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0032

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From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
Date/Time Prepared:
5/30/2019 7:03 am

	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)			12.58	500.58	0.024515	64.00

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To 12/31/2018Worksheet S-2
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GERIATRICS	1408	0.18	0.02	0.900000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000	65.01
65.02		PEDIATRICS	2000	0.00	2.32	0.000000	65.02
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)			64.33	530.91	0.108074	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)	INTERNAL MEDICINE	1400	27.50	119.88	0.186592	67.00
67.01		PEDIATRICS	2000	0.00	3.25	0.000000	67.01
67.02		GERIATRICS	1408	0.47	0.32	0.594937	67.02
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	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.	N	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.	N	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.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
Date/Time Prepared:
5/30/2019 7:03 am

		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00
					1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N	111.00
					1.00	2.00
					1.00	2.00
					3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N	0
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 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	1	4,755,411	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				N	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	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.				08/26/1980	126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				09/16/1987	127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				03/08/1990	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.				02/02/1995	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.				08/26/1980	130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	269026

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 7:03 am		
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 AVENUE		PO Box: STE 1200						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.				Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
								1.00		
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	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/24/2018	10/21/2018		170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 7:03 am
			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)	Y		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.	Y	A	03/08/2019 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 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?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 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)	N		N
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)	Y	03/31/2019	Y 03/31/2019
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: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 7:03 am
		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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	Y		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.	RACHELLE	SAULS	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.	314-362-0330	RLS5919@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part II
Date/Time Prepared:
5/30/2019 7:03 am

		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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part V
Date/Time Prepared:
5/30/2019 7:03 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	RACHELLE	1.00
2.00	Last Name	SAULS	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-0330	5.00
6.00	E-mail Address	RACHELLE.SAULS@BJC.ORG	6.00
7.00	Department	COST REIMBURSEMENT	7.00
8.00	Mailing Address 1	4249 CLAYTON AVE, SUITE 314	8.00
9.00	Mailing Address 2	MAIL STOP 90-67-808	9.00
10.00	City	ST LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information
Provider CCN: 26-0032
Period: From 01/01/2018 To 12/31/2018
Worksheet S-2 Part IX Date/Time Prepared: 5/30/2019 7:03 am

		Title V	Title XIX	
		1.00	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)	N	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)	N	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)	N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	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	Title XIX	
		1.00	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)	N	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 7:03 am

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	1,106	406,978	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)		1,106	406,978	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	65	20,572	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	15	5,475	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	36	13,140	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU	35.01	20	7,300	0.00	0	12.01
12.02 CARDIO-THORACIC ICU	35.02	30	10,950	0.00	0	12.02
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		1,272	464,415	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	96	35,040		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		1,368			0	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)		18	6,570			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 7:03 am

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)	89,622	24,740	250,589			1.00
2.00	HMO and other (see instructions)	36,928	33,366				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)	89,622	24,740	250,589			7.00
8.00	INTENSIVE CARE UNIT	5,517	1,631	15,142			8.00
9.00	CORONARY CARE UNIT	1,769	368	4,377			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,153	1,086	10,636			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU	2,009	518	6,692			12.01
12.02	CARDIO-THORACIC ICU	3,100	562	8,902			12.02
13.00	NURSERY		444	6,072			13.00
14.00	Total (see instructions)	105,170	29,349	302,410	737.25	9,047.63	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	5,464	5,503	19,978	7.97	129.73	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)				745.22	9,177.36	27.00
28.00	Observation Bed Days		647	7,122			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)	48	147	2,872			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		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	15,800	4,816	49,494
2.00 HMO and other (see instructions)				5,708	6,031	
3.00 HMO IPF Subprovider					0	
4.00 HMO IRF Subprovider					0	
5.00 Hospital Adults & Peds. Swing Bed SNF						
6.00 Hospital Adults & Peds. Swing Bed NF						
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						
8.00 INTENSIVE CARE UNIT						
9.00 CORONARY CARE UNIT						
10.00 BURN INTENSIVE CARE UNIT						
11.00 SURGICAL INTENSIVE CARE UNIT						
12.00 OTHER SPECIAL CARE (SPECIFY)						
12.01 NEURO ICU						
12.02 CARDIO-THORACIC ICU						
13.00 NURSERY						
14.00 Total (see instructions)	0.00	0	15,800	4,816	49,494	
15.00 CAH visits						
16.00 SUBPROVIDER - IPF	0.00	0	417	679	2,471	
17.00 SUBPROVIDER - IRF						
18.00 SUBPROVIDER						
19.00 SKILLED NURSING FACILITY						
20.00 NURSING FACILITY						
21.00 OTHER LONG TERM CARE						
22.00 HOME HEALTH AGENCY						
23.00 AMBULATORY SURGICAL CENTER (D.P.)						
24.00 HOSPICE						
24.10 HOSPICE (non-distinct part)						
25.00 CMHC - CMHC						
26.00 RURAL HEALTH CLINIC						
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					
27.00 Total (sum of lines 14-26)	0.00					
28.00 Observation Bed Days						
29.00 Ambulance Trips						
30.00 Employee discount days (see instruction)						
31.00 Employee discount days - IRF						
32.00 Labor & delivery days (see instructions)						
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						
33.00 LTCH non-covered days				0		
33.01 LTCH site neutral days and discharges				0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 7:03 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	584,822,630	724,602	585,547,232	18,821,675.61	31.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		116,377	0	116,377	787.00	147.87
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		2,173,733	0	2,173,733	16,898.00	128.64
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	46,981,876	2,500	46,984,376	1,586,495.00	29.62
7.01	Contracted interns and residents (in an approved programs)		44,206	0	44,206	118.70	372.42
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		34,446,180	1,325,814	35,771,994	1,153,660.24	31.01
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		39,638,831	0	39,638,831	606,903.39	65.31
12.00	Contract labor: Top level management and other management and administrative services		423,711	0	423,711	22,722.16	18.65
13.00	Contract labor: Physician-Part A - Administrative		10,926,408	0	10,926,408	75,734.02	144.27
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		132,390,970	0	132,390,970	2,849,621.00	46.46
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		67,462,224	0	67,462,224	641,147.52	105.22
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		157,218,892	0	157,218,892		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		11,257,505	0	11,257,505		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		22,299	0	22,299		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		475,378	0	475,378		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		10,704,284	0	10,704,284		
25.50	Home office wage-related (core)		26,921,065	0	26,921,065		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,919,787	730,293	3,650,080	74,645.46	48.90
27.00	Administrative & General	5.00	53,195,256	-357,111	52,838,145	1,910,896.37	27.65

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 7:03 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		29,157,811	0	29,157,811	289,830.98	100.60	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	9,698,327	15,000	9,713,327	336,793.54	28.84	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	13,172,091	-91,635	13,080,456	907,536.98	14.41	32.00
33.00	Housekeeping under contract (see instructions)		1,218,896	0	1,218,896	71,071.05	17.15	33.00
34.00	Dietary	10.00	8,629,460	-1,987,169	6,642,291	367,445.99	18.08	34.00
35.00	Dietary under contract (see instructions)		2,708,339	0	2,708,339	71,897.28	37.67	35.00
36.00	Cafeteria	11.00	2,734,163	1,966,502	4,700,665	311,717.74	15.08	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	27,202,444	860,259	28,062,703	654,525.32	42.87	38.00
39.00	Central Services and Supply	14.00	4,831,279	5,000	4,836,279	238,881.83	20.25	39.00
40.00	Pharmacy	15.00	23,092,779	-272,778	22,820,001	571,017.85	39.96	40.00
41.00	Medical Records & Medical Records Library	16.00	3,101,633	3,000	3,104,633	155,805.46	19.93	41.00
42.00	Social Service	17.00	10,228,217	-181,570	10,046,647	292,437.69	34.35	42.00
43.00	Other General Service	18.00	5,045,808	81,492	5,127,300	124,270.51	41.26	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part III
Date/Time Prepared:
5/30/2019 7:03 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	568,707,861	722,102	569,429,963	17,650,963.22	32.26	1.00
2.00	Excluded area salaries (see instructions)	34,446,180	1,325,814	35,771,994	1,153,660.24	31.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	534,261,681	-603,712	533,657,969	16,497,302.98	32.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	183,379,920	0	183,379,920	3,554,980.57	51.58	4.00
5.00	Subtotal wage-related costs (see inst.)	184,162,256	0	184,162,256	0.00	34.51	5.00
6.00	Total (sum of lines 3 thru 5)	901,803,857	-603,712	901,200,145	20,052,283.55	44.94	6.00
7.00	Total overhead cost (see instructions)	196,936,290	771,283	197,707,573	6,378,774.05	30.99	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part IV
Date/Time Prepared:
5/30/2019 7:03 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	8,405,200	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	54,113,331	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	57,800,966	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,372,803	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	448,544	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	5,317,200	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,478,704	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	43,031,183	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	232,245	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	1,157,865	22.00
23.00	Tuition Reimbursement	2,320,317	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	179,678,358	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part V
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	39,638,831	179,678,358	1.00
2.00	Hospital	39,638,831	179,678,358	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 7:03 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.287912 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	144,950,419		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	62,482,973		5.00
6.00	Medicaid charges	0		6.00
7.00	Medicaid cost (line 1 times line 6)	0		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	463,303		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	477,107		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	183,796,736	9,692,889	193,489,625 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	52,917,286	9,692,889	62,610,175 21.00
22.00	Payments received from patients for amounts previously written off as charity care	655,969	358,419	1,014,388 22.00
23.00	Cost of charity care (line 21 minus line 22)	52,261,317	9,334,470	61,595,787 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	75,511,630		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	5,547,114		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	8,534,024		27.01
28.00	Non-Medicare bad debt expense (see instructions)	66,977,606		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	22,270,566		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	83,866,353		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	83,866,353		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		13,998,261	13,998,261	27,283,220	41,281,481	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)		19,086,010	19,086,010	-721,228	18,364,782	1.03
1.04	00104	NEW CRC-B&F(GSON)		1,391,584	1,391,584	24,511	1,416,095	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)		1,275,653	1,275,653	0	1,275,653	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		60,087,679	60,087,679	21,080,632	81,168,311	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,919,787	8,870,885	11,790,672	314,227	12,104,899	4.00
5.01	00540	NONPATIENT TELEPHONES	1,599,174	-199,686	1,399,488	-2,793	1,396,695	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,436,114	6,685,346	8,121,460	-4,037,485	4,083,975	5.03
5.04	00570	ADMITTING	16,136,199	7,438,719	23,574,918	-22,168	23,552,750	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,023,769	405,876,689	439,900,458	-75,050,036	364,850,422	5.06
7.00	00700	OPERATION OF PLANT	9,698,327	31,584,115	41,282,442	-382,541	40,899,901	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,840,933	2,840,933	-282	2,840,651	8.00
9.00	00900	HOUSEKEEPING	13,172,091	10,139,158	23,311,249	-226,853	23,084,396	9.00
10.00	01000	DIETARY	8,629,460	11,898,729	20,528,189	-8,109,984	12,418,205	10.00
11.00	01100	CAFETERIA	2,734,163	6,184,151	8,918,314	7,254,315	16,172,629	11.00
13.00	01300	NURSING ADMINISTRATION	27,202,444	35,214,514	62,416,958	205,371	62,622,329	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,831,279	17,973,284	22,804,563	-93,887	22,710,676	14.00
15.00	01500	PHARMACY	23,092,779	146,003,997	169,096,776	14,289,860	183,386,636	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,101,633	2,464,201	5,565,834	-16,347	5,549,487	16.00
17.00	01700	SOCIAL SERVICE	10,228,217	4,831,134	15,059,351	-419,633	14,639,718	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,045,808	7,624,743	12,670,551	-27,060	12,643,491	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,882,465	6,726,131	15,608,596	-188,920	15,419,676	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	46,981,876	20,569,993	67,551,869	58,542,571	126,094,440	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	275,016	275,016	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	188,608	68,987	257,595	49,996	307,591	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,821,272	69,310,663	183,131,935	-3,695,719	179,436,216	30.00
31.00	03100	INTENSIVE CARE UNIT	13,144,953	7,086,984	20,231,937	-51,070	20,180,867	31.00
32.00	03200	CORONARY CARE UNIT	3,683,863	1,408,590	5,092,453	-4,227	5,088,226	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,351,265	4,951,224	14,302,489	118,474	14,420,963	34.00
35.01	02400	NEURO ICU	5,632,274	3,596,814	9,229,088	-120,413	9,108,675	35.01
35.02	02401	CARDIO-THORACIC ICU	8,849,948	4,050,137	12,900,085	-97,226	12,802,859	35.02
40.00	04000	SUBPROVIDER - IPF	8,084,445	7,319,939	15,404,384	-59,779	15,344,605	40.00
43.00	04300	NURSERY	-53	4,018	3,965	2,662,843	2,666,808	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,753,564	157,682,169	200,435,733	-124,359,932	76,075,801	50.00
51.00	05100	RECOVERY ROOM	13,650,555	7,364,660	21,015,215	-113,934	20,901,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,090,409	4,180,863	11,271,272	-301,065	10,970,207	52.00
53.00	05300	ANESTHESIOLOGY	2,512,598	21,293,531	23,806,129	-1,188,924	22,617,205	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,036,735	30,789,876	45,826,611	-17,779,585	28,047,026	54.00
54.01	03630	ULTRASOUND	1,457,799	2,814,640	4,272,439	-324,371	3,948,068	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,572,447	35,912,628	45,485,075	-12,985,355	32,499,720	55.00
56.00	05600	RADIOISOTOPE	1,072,473	2,671,036	3,743,509	-1,846,298	1,897,211	56.00
57.00	05700	CT SCAN	3,789,229	3,404,634	7,193,863	-1,106,729	6,087,134	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,948,625	5,824,931	9,773,556	-984,594	8,788,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,582,093	32,752,262	37,334,355	-27,110,806	10,223,549	59.00
60.00	06000	LABORATORY	18,741,979	37,279,407	56,021,386	-355,451	55,665,935	60.00
60.01	06001	HLA LAB	1,097,918	3,038,761	4,136,679	-60,930	4,075,749	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,089,355	29,504,158	34,593,513	-220,364	34,373,149	63.00
65.00	06500	RESPIRATORY THERAPY	8,995,290	6,964,676	15,959,966	-628,529	15,331,437	65.00
66.00	06600	PHYSICAL THERAPY	3,874,116	1,394,298	5,268,414	-15,980	5,252,434	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,974,376	657,886	2,632,262	-19,254	2,613,008	67.00
68.00	06800	SPEECH PATHOLOGY	664,812	346,585	1,011,397	-64,786	946,611	68.00
69.00	06900	ELECTROCARDIOLOGY	2,727,746	3,471,359	6,199,105	-1,870,761	4,328,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	973,900	1,127,167	2,101,067	-233,910	1,867,157	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	69,454,936	69,454,936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	93,590,645	93,590,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,413,692	2,343,352	4,757,044	-502,893	4,254,151	74.00
76.00	03330	ENDOSCOPY	3,390,478	7,893,831	11,284,309	-4,675,154	6,609,155	76.00
76.01	03950	OB/GYN IN VITRO	952,232	1,950,080	2,902,312	-144,299	2,758,013	76.01
76.02	03320	ELECTROSHOCK THERAPY	293,990	152,010	446,000	-7,419	438,581	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	469,995	469,995	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	258,851	258,851	0	258,851	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,086,947	4,171,715	5,258,662	0	5,258,662	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,735,496	8,940,093	19,675,589	-685,452	18,990,137	90.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	04950	OUTPATIENT PSYCH	125,649	217,044	342,693	-4,400	338,293	90.01
91.00	09100	EMERGENCY	16,455,305	17,207,449	33,662,754	-529,525	33,133,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	844,931	10,392,501	11,237,432	647,768	11,885,200	105.00
106.00	10600	HEART ACQUISITION	731,100	1,293,902	2,025,002	162,928	2,187,930	106.00
107.00	10700	LIVER ACQUISITION	561,751	5,877,644	6,439,395	261,205	6,700,600	107.00
108.00	10800	LUNG ACQUISITION	444,705	5,517,456	5,962,161	344,625	6,306,786	108.00
109.00	10900	PANCREAS ACQUISITION	0	472,748	472,748	24,963	497,711	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	2,840,597	9,768,276	12,608,873	0	12,608,873	112.00
113.00	11300	INTEREST EXPENSE		32,133,766	32,133,766	0	32,133,766	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	572,955,052	1,423,429,824	1,996,384,876	5,609,750	2,001,994,626	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	363,638	363,638	191.00
191.01	19101	RESEARCH CTSA I/P	0	7,289	7,289	0	7,289	191.01
191.02	19102	RESEARCH CTSA O/P	0	181	181	0	181	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,850,859	9,069,977	16,920,836	825,236	17,746,072	194.00
194.01	07951	RETAIL PHARMACY	3,015,463	8,351,111	11,366,574	-6,796,776	4,569,798	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,001,256	4,656,846	5,658,102	-1,848	5,656,254	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	584,822,630	1,445,515,228	2,030,337,858	0	2,030,337,858	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-515,557	40,765,924	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-679,303	17,685,479	1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,416,095	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	-137,836	1,137,817	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	111,166	81,279,477	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,717,214	41,822,113	4.00
5.01	00540	NONPATIENT TELEPHONES	-38,193	1,358,502	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	10,811,900	14,895,875	5.03
5.04	00570	ADMITTING	12,137	23,564,887	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	12,904,727	377,755,149	5.06
7.00	00700	OPERATION OF PLANT	20,321,052	61,220,953	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,840,651	8.00
9.00	00900	HOUSEKEEPING	-1,582,659	21,501,737	9.00
10.00	01000	DIETARY	-55,694	12,362,511	10.00
11.00	01100	CAFETERIA	-10,928,810	5,243,819	11.00
13.00	01300	NURSING ADMINISTRATION	-5,079,428	57,542,901	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,799	22,707,877	14.00
15.00	01500	PHARMACY	-577,848	182,808,788	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-118,841	5,430,646	16.00
17.00	01700	SOCIAL SERVICE	-793,820	13,845,898	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	18.00
18.01	01851	LAB ADMINISTRATION	-21,875	12,621,616	18.01
18.02	01850	RESEARCH ADMINISTRATION	108,531	108,531	18.02
20.00	02000	NURSING SCHOOL	-22,996,065	-7,576,389	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-67,955	126,026,485	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	275,016	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	-3,386	304,205	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-23,222,024	156,214,192	30.00
31.00	03100	INTENSIVE CARE UNIT	-630	20,180,237	31.00
32.00	03200	CORONARY CARE UNIT	-146	5,088,080	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-2,952	14,418,011	34.00
35.01	02400	NEURO ICU	-838	9,107,837	35.01
35.02	02401	CARDIO-THORACIC ICU	-1,268	12,801,591	35.02
40.00	04000	SUBPROVIDER - IPF	-1,883,310	13,461,295	40.00
43.00	04300	NURSERY	0	2,666,808	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-590,810	75,484,991	50.00
51.00	05100	RECOVERY ROOM	0	20,901,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-33,072	10,937,135	52.00
53.00	05300	ANESTHESIOLOGY	-13,397,207	9,219,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-640,524	27,406,502	54.00
54.01	03630	ULTRASOUND	0	3,948,068	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-6,730,656	25,769,064	55.00
56.00	05600	RADIOISOTOPE	0	1,897,211	56.00
57.00	05700	CT SCAN	0	6,087,134	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-20	8,788,942	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,180,373	9,043,176	59.00
60.00	06000	LABORATORY	-2,619,553	53,046,382	60.00
60.01	06001	HLA LAB	454,835	4,530,584	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-988,220	33,384,929	63.00
65.00	06500	RESPIRATORY THERAPY	192	15,331,629	65.00
66.00	06600	PHYSICAL THERAPY	-7,245	5,245,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,613,008	67.00
68.00	06800	SPEECH PATHOLOGY	0	946,611	68.00
69.00	06900	ELECTROCARDIOLOGY	-6,467	4,321,877	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-95,910	1,771,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	69,454,936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	93,590,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-6,575	4,247,576	74.00
76.00	03330	ENDOSCOPY	-11,426	6,597,729	76.00
76.01	03950	OB/GYN IN VITRO	-4,285	2,753,728	76.01
76.02	03320	ELECTROSHOCK THERAPY	-2,236	436,345	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	469,995	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	258,851	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-146,831	5,111,831	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-804,824	18,185,313	90.00
90.01	04950	OUTPATIENT PSYCH	-220,433	117,860	90.01
91.00	09100	EMERGENCY	-7,629,271	25,503,958	91.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0	11,885,200	105.00
106.00	10600	HEART ACQUISITION	0	2,187,930	106.00
107.00	10700	LIVER ACQUISITION	0	6,700,600	107.00
108.00	10800	LUNG ACQUISITION	0	6,306,786	108.00
109.00	10900	PANCREAS ACQUISITION	0	497,711	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	-46,178	12,562,695	112.00
113.00	11300	INTEREST EXPENSE	-32,133,766	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-61,565,365	1,940,429,261	118.00
		NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	0	363,638	191.00
191.01	19101	RESEARCH CTSA I/P	0	7,289	191.01
191.02	19102	RESEARCH CTSA O/P	0	181	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	17,746,072	194.00
194.01	07951	RETAIL PHARMACY	0	4,569,798	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,656,254	194.02
194.03	07953	GUEST MEALS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-61,565,365	1,968,772,493	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0032

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

Worksheet Non-CMS W

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	00103		1.03
1.04	NEW CRC-B&F(GSON)	00104		1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	00105		1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMITTING	00570	ADMITTING	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
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
18.00	EXTENDED CARE SERVICES	01852		18.00
18.01	LAB ADMINISTRATION	01851		18.01
18.02	RESEARCH ADMINISTRATION	01850		18.02
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.01	PARAMED ED PRGM-PHARMACY	02301		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.01	NEURO ICU	02400		35.01
35.02	CARDIO-THORACIC ICU	02401		35.02
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	03630	ULTRA SOUND	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
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
60.01	HLA LAB	06001		60.01
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 PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ENDOSCOPY	03330	ENDOSCOPY	76.00
76.01	OB/GYN IN VITRO	03950		76.01
76.02	ELECTROSHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.02
76.03	CORNEAL TISSUE ACQUISITION	03951		76.03
76.98	HYPERBARIC OXYGEN THERAPY	07698		76.98
77.00	ALLOGENEIC STEM CELL ACQUISITION	07700		77.00

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COST CENTERS USED IN COST REPORT

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet Non-CMS W
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	OUTPATIENT PSYCH	04950		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
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
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQUISITION-BONE MARROW	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
191.00	RESEARCH	19100		191.00
191.01	RESEARCH CTSA I/P	19101		191.01
191.02	RESEARCH CTSA O/P	19102		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
194.02	MARKETING/COMMUNITY RELATIONS	07952		194.02
194.03	GUEST MEALS	07953		194.03
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - RECLASS COST OF DRUGS SOLD					
1.00 PHARMACY	15.00	0	16,009,801		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
0		0	16,009,801		
B - RECLASS COST OF MEDICAL SUPPLIES CHA					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	69,454,936		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
0		0	69,454,936		
C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00 IMPL. DEV. CHARGED TO PATIENT	72.00	0	93,590,645		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
0		0	93,590,645		

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
D - RECLASS EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	48,662,095		1.00
2.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	107,750		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
0			0	48,769,845		
E - RECLASS FINANCE ACCRUALS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,627,460		1.00
0			0	1,627,460		
F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	58,546,580		1.00
0			0	58,546,580		
G - RECLASS COST OF INTERPRETERS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	485,626	905,052		1.00
0			485,626	905,052		

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2018
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Worksheet A-6

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - RECLASS GAMMA KNIFE COSTS					
1.00	CT SCAN	57.00	0	21,080	1.00	
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	51,267	2.00	
	0		0	72,347		
	I - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-PHARMACY	23.01	211,190	63,826	1.00	
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	50,364	0	2.00	
	0		261,554	63,826		
	J - RECLASS FINANCE ACCRUALS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	899,940	49,905	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,981,781	2.00	
	0		899,940	4,031,686		
	K - RECLASS NURSERY COSTS					
1.00	NURSERY	43.00	1,797,547	865,296	1.00	
	TOTALS		1,797,547	865,296		
	L - RECLASS DIETARY COSTS TO CAFETERIA					
1.00	CAFETERIA	11.00	1,961,002	5,373,510	1.00	
	0		1,961,002	5,373,510		
	M - RECLASS PRETRANSPLANT RELATED DIETIC					
1.00	KIDNEY ACQUISITION	105.00	1,080	272	1.00	
2.00	HEART ACQUISITION	106.00	6,704	1,687	2.00	
3.00	LIVER ACQUISITION	107.00	8,462	2,130	3.00	
4.00	LUNG ACQUISITION	108.00	12,921	3,252	4.00	
	0		29,167	7,341		
	N - RECLASS TRANSPLANT SALARIES AND BENE					
1.00	NURSING ADMINISTRATION	13.00	899,942	225,438	1.00	
2.00	KIDNEY ACQUISITION	105.00	411,116	105,738	2.00	
3.00	HEART ACQUISITION	106.00	61,598	25,676	3.00	
4.00	LIVER ACQUISITION	107.00	169,341	43,543	4.00	
5.00	LUNG ACQUISITION	108.00	205,062	53,033	5.00	
6.00	PANCREAS ACQUISITION	109.00	18,929	4,868	6.00	
	0		1,765,988	458,296		
	O - RECLASS PRETRANSPLANT RELATED SOCIAL					
1.00	KIDNEY ACQUISITION	105.00	65,079	18,704	1.00	
2.00	HEART ACQUISITION	106.00	41,426	11,906	2.00	
3.00	LIVER ACQUISITION	107.00	26,679	7,668	3.00	
4.00	LUNG ACQUISITION	108.00	21,042	6,047	4.00	
5.00	PANCREAS ACQUISITION	109.00	906	260	5.00	
	0		155,132	44,585		
	P - RECLASS SALARIES PORTION OF RESEARCH					
1.00	RESEARCH ADMINISTRATION	18.02	80,992	0	1.00	
	0		80,992	0		
	Q - RECLASS BARNARD BUILDING RENTAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,334	1.00	
2.00	HOUSEKEEPING	9.00	0	4,068	2.00	
3.00	LABORATORY	60.00	0	6,231	3.00	
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	4,517	4.00	
	0		0	20,150		
	R - RECLASS NONREIMBURSABLE PARKING					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	169,647	2,389,439	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	
	0		169,647	2,389,439		
	S - RECLASS CORNEAL TISSUE ACQUISITION C					
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	469,995	1.00	
	0		0	469,995		
	T - RECLASS EXTENDED RECOVERY NURSING SE					
1.00		0.00	0	0	1.00	
			0	0		
	U - RECLASS PHYSICIAN SUITE CLEANING COS					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	106,135	31,231	1.00	
	0		106,135	31,231		
	V - RECLASS PROPERTY INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,285,975	1.00	
	0		0	1,285,975		

RECLASSIFICATIONS

Provider CCN: 26-0032

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

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
W - RECLASS RECRUITING BONUSES AND RELOC					
1.00	NONPATIENT TELEPHONES	5.01	500	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	500	0	2.00
3.00	ADMITTING	5.04	5,000	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	75,750	0	4.00
5.00	OPERATION OF PLANT	7.00	15,000	0	5.00
6.00	HOUSEKEEPING	9.00	14,500	0	6.00
7.00	DIETARY	10.00	3,000	0	7.00
8.00	CAFETERIA	11.00	5,500	0	8.00
9.00	NURSING ADMINISTRATION	13.00	19,500	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	3,000	0	10.00
11.00	PHARMACY	15.00	10,750	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	3,000	0	12.00
13.00	SOCIAL SERVICE	17.00	10,250	0	13.00
14.00	LAB ADMINISTRATION	18.01	500	0	14.00
15.00	NURSING SCHOOL	20.00	10,250	0	15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,500	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	83,250	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	13,000	0	18.00
19.00	CORONARY CARE UNIT	32.00	500	0	19.00
20.00	SURGICAL INTENSIVE CARE UNIT	34.00	12,250	0	20.00
21.00	NEURO ICU	35.01	2,250	0	21.00
22.00	CARDIO-THORACIC ICU	35.02	8,500	0	22.00
23.00	SUBPROVIDER - IPF	40.00	9,500	0	23.00
24.00	OPERATING ROOM	50.00	38,000	0	24.00
25.00	RECOVERY ROOM	51.00	10,125	0	25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	6,000	0	26.00
27.00	ANESTHESIOLOGY	53.00	1,500	0	27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	4,500	0	28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	4,000	0	29.00
30.00	CT SCAN	57.00	500	0	30.00
31.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,250	0	31.00
32.00	CARDIAC CATHETERIZATION	59.00	1,750	0	32.00
33.00	LABORATORY	60.00	3,500	0	33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,000	0	34.00
35.00	RESPIRATORY THERAPY	65.00	16,500	0	35.00
36.00	PHYSICAL THERAPY	66.00	8,750	0	36.00
37.00	OCCUPATIONAL THERAPY	67.00	2,500	0	37.00
38.00	ELECTROCARDIOLOGY	69.00	1,500	0	38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	500	0	39.00
40.00	RENAL DIALYSIS	74.00	3,000	0	40.00
41.00	ENDOSCOPY	76.00	1,500	0	41.00
42.00	CLINIC	90.00	8,250	0	42.00
43.00	EMERGENCY	91.00	15,000	0	43.00
44.00	HEART ACQUISITION	106.00	2,500	0	44.00
45.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	9,000	0	45.00
46.00	RETAIL PHARMACY	194.01	2,000	0	46.00
47.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	25,817	0	47.00
48.00	NURSING ADMINISTRATION	13.00	8,300	0	48.00
49.00	CENTRAL SERVICES & SUPPLY	14.00	2,000	0	49.00
50.00	PHARMACY	15.00	8,000	0	50.00
51.00	NURSING SCHOOL	20.00	5,000	0	51.00
52.00	ADULTS & PEDIATRICS	30.00	14,003	0	52.00
53.00	INTENSIVE CARE UNIT	31.00	17,927	0	53.00
54.00	CORONARY CARE UNIT	32.00	2,000	0	54.00
55.00	SURGICAL INTENSIVE CARE UNIT	34.00	11,500	0	55.00
56.00	NEURO ICU	35.01	6,125	0	56.00
57.00	CARDIO-THORACIC ICU	35.02	8,000	0	57.00
58.00	OPERATING ROOM	50.00	27,000	0	58.00
59.00	RECOVERY ROOM	51.00	6,000	0	59.00
60.00	DELIVERY ROOM & LABOR ROOM	52.00	7,056	0	60.00
61.00	RADIOLOGY-DIAGNOSTIC	54.00	2,000	0	61.00
62.00	RADIOLOGY-THERAPEUTIC	55.00	6,350	0	62.00
63.00	RESPIRATORY THERAPY	65.00	14,000	0	63.00
64.00	ENDOSCOPY	76.00	2,000	0	64.00
65.00	EMERGENCY	91.00	15,657	0	65.00

RECLASSIFICATIONS

Provider CCN: 26-0032

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

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
66.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,000	0	66.00
			643,610	0	
X - RECLASS FEDERAL AND FOUNDATION RESEA					
1.00	RESEARCH	191.00	153,843	209,795	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			153,843	209,795	
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS					
1.00	OPERATION OF PLANT	7.00	0	59,993	1.00
			0	59,993	
Z - RECLASS PRE-TRANSPLANT RELATED PHARM					
1.00	KIDNEY ACQUISITION	105.00	37,384	9,069	1.00
2.00	HEART ACQUISITION	106.00	5,303	1,287	2.00
3.00	LIVER ACQUISITION	107.00	2,722	660	3.00
4.00	LUNG ACQUISITION	108.00	34,929	8,474	4.00
			80,338	19,490	
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT					
1.00	HEART ACQUISITION	106.00	0	4,976	1.00
	TOTALS		0	4,976	
AB - RECLASS PARKVIEW TOWER BLDG DEPR					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	27,729,303	1.00
	TOTALS		0	27,729,303	
500.00	Grand Total: Increases		8,590,521	332,041,553	500.00

RECLASSIFICATIONS

Provider CCN: 26-0032

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

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	Decreases						5/30/2019 7:03 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS COST OF DRUGS SOLD						
1.00	SOCIAL SERVICE	17.00	0	166,112	0		1.00
2.00	NURSING SCHOOL	20.00	0	75	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	60,510	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,367	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	2,180	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,526	0		6.00
7.00	NEURO ICU	35.01	0	1,772	0		7.00
8.00	CARDIO-THORACIC ICU	35.02	0	1,103	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	477	0		9.00
10.00	OPERATING ROOM	50.00	0	20,715	0		10.00
11.00	RECOVERY ROOM	51.00	0	221	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	608	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	589,234	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,217,595	0		14.00
15.00	ULTRASOUND	54.01	0	3,414	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,145,780	0		16.00
17.00	RADIOISOTOPE	56.00	0	1,159,324	0		17.00
18.00	CT SCAN	57.00	0	3,982	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	94,146	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	122	0		20.00
21.00	LABORATORY	60.00	0	49	0		21.00
22.00	HLA LAB	60.01	0	1,686	0		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	21,862	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	2,590	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,625,814	0		25.00
26.00	RENAL DIALYSIS	74.00	0	37,732	0		26.00
27.00	ENDOSCOPY	76.00	0	281	0		27.00
28.00	OB/GYN IN VITRO	76.01	0	2,401	0		28.00
29.00	ELECTROSHOCK THERAPY	76.02	0	179	0		29.00
30.00	CLINIC	90.00	0	1,673	0		30.00
31.00	EMERGENCY	91.00	0	15,016	0		31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	67,511	0		32.00
33.00	RETAIL PHARMACY	194.01	0	6,759,744	0		33.00
	0		0	16,009,801			
	B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	111,184	0		1.00
2.00	DIETARY	10.00	0	78,557	0		2.00
3.00	OPERATING ROOM	50.00	0	44,248,642	0		3.00
4.00	RECOVERY ROOM	51.00	0	99	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	175,339	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,939,296	0		6.00
7.00	ULTRASOUND	54.01	0	151,010	0		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,155	0		8.00
9.00	CT SCAN	57.00	0	277,508	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19,831	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	10,346,544	0		11.00
12.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	159	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	314,196	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	14,384	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	18,662	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	21,770	0		16.00
17.00	RENAL DIALYSIS	74.00	0	347,599	0		17.00
18.00	ENDOSCOPY	76.00	0	2,857,890	0		18.00
19.00	CLINIC	90.00	0	493,194	0		19.00
20.00	EMERGENCY	91.00	0	19,917	0		20.00
	0		0	69,454,936			
	C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	358,949	0		1.00
2.00	OPERATING ROOM	50.00	0	72,586,736	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,610	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,514,440	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,760,105	0		5.00
6.00	CT SCAN	57.00	0	720	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	15,460,752	0		7.00
8.00	RENAL DIALYSIS	74.00	0	4,300	0		8.00
9.00	ENDOSCOPY	76.00	0	734,082	0		9.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
10.00	CLINIC	90.00	0	142,873	0		10.00
11.00	EMERGENCY	91.00	0	1,078	0		11.00
0			0	93,590,645			
D - RECLASS EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,802	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	3,293	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	6,299	0		3.00
4.00	ADMITTING	5.04	0	27,168	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	20,797,904	0		5.00
6.00	OPERATION OF PLANT	7.00	0	354,324	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	282	0		7.00
8.00	HOUSEKEEPING	9.00	0	108,055	0		8.00
9.00	DIETARY	10.00	0	663,407	0		9.00
10.00	CAFETERIA	11.00	0	85,697	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	858,441	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	96,887	0		12.00
13.00	PHARMACY	15.00	0	1,355,847	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,347	0		14.00
15.00	SOCIAL SERVICE	17.00	0	13,810	0		15.00
16.00	LAB ADMINISTRATION	18.01	0	27,560	0		16.00
17.00	NURSING SCHOOL	20.00	0	199,095	0		17.00
18.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,509	0		18.00
19.00	PARAMED ED PRGM-PASTORAL ED	23.02	0	368	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	0	1,055,616	0		20.00
21.00	INTENSIVE CARE UNIT	31.00	0	59,703	0		21.00
22.00	CORONARY CARE UNIT	32.00	0	2,547	0		22.00
23.00	NEURO ICU	35.01	0	120,891	0		23.00
24.00	CARDIO-THORACIC ICU	35.02	0	104,623	0		24.00
25.00	SUBPROVIDER - IPF	40.00	0	68,802	0		25.00
26.00	OPERATING ROOM	50.00	0	4,842,584	0		26.00
27.00	RECOVERY ROOM	51.00	0	123,739	0		27.00
28.00	DELIVERY ROOM & LABOR ROOM	52.00	0	104,508	0		28.00
29.00	ANESTHESIOLOGY	53.00	0	601,190	0		29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,112,754	0		30.00
31.00	ULTRASOUND	54.01	0	169,947	0		31.00
32.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,364,508	0		32.00
33.00	RADIOISOTOPE	56.00	0	686,974	0		33.00
34.00	CT SCAN	57.00	0	846,099	0		34.00
35.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	923,134	0		35.00
36.00	CARDIAC CATHETERIZATION	59.00	0	1,305,138	0		36.00
37.00	LABORATORY	60.00	0	365,133	0		37.00
38.00	HLA LAB	60.01	0	59,244	0		38.00
39.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	201,343	0		39.00
40.00	RESPIRATORY THERAPY	65.00	0	328,243	0		40.00
41.00	PHYSICAL THERAPY	66.00	0	10,346	0		41.00
42.00	OCCUPATIONAL THERAPY	67.00	0	3,092	0		42.00
43.00	SPEECH PATHOLOGY	68.00	0	43,016	0		43.00
44.00	ELECTROCARDIOLOGY	69.00	0	246,447	0		44.00
45.00	ELECTROENCEPHALOGRAPHY	70.00	0	234,410	0		45.00
46.00	RENAL DIALYSIS	74.00	0	116,262	0		46.00
47.00	ENDOSCOPY	76.00	0	1,084,401	0		47.00
48.00	OB/GYN IN VITRO	76.01	0	141,898	0		48.00
49.00	ELECTROSHOCK THERAPY	76.02	0	7,240	0		49.00
50.00	CLINIC	90.00	0	55,962	0		50.00
51.00	OUTPATIENT PSYCH	90.01	0	4,400	0		51.00
52.00	EMERGENCY	91.00	0	508,514	0		52.00
53.00	KIDNEY ACQUISITION	105.00	0	674	0		53.00
54.00	HEART ACQUISITION	106.00	0	135	0		54.00
55.00	LUNG ACQUISITION	108.00	0	135	0		55.00
56.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	194,218	0		56.00
57.00	RETAIL PHARMACY	194.01	0	39,032	0		57.00
58.00	MARKETING/COMMUNITY RELATIONS	194.02	0	1,848	0		58.00
0			0	48,769,845			
E - RECLASS FINANCE ACCRUALS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,627,460	0		1.00
0			0	1,627,460			

RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	58,546,580	0		1.00
	0		0	58,546,580			
	G - RECLASS COST OF INTERPRETERS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	485,626	905,052	0		1.00
	0		485,626	905,052			
	H - RECLASS GAMMA KNIFE COSTS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	72,347	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	72,347			
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	211,190	63,826	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,364	0	0		2.00
	0		261,554	63,826			
	J - RECLASS FINANCE ACCRUALS						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	4,031,686	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	899,940	0	0		2.00
	0		899,940	4,031,686			
	K - RECLASS NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	1,797,547	865,296	0		1.00
	TOTALS		1,797,547	865,296			
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	DIETARY	10.00	1,961,002	5,373,510	0		1.00
	0		1,961,002	5,373,510			
	M - RECLASS PRETRANSPLANT RELATED DIETIC						
1.00	DIETARY	10.00	29,167	7,341	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		29,167	7,341			
	N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	OPERATING ROOM	50.00	1,765,988	458,296	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
	0		1,765,988	458,296			
	O - RECLASS PRETRANSPLANT RELATED SOCIAL						
1.00	SOCIAL SERVICE	17.00	155,132	44,585	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
	0		155,132	44,585			
	P - RECLASS SALARIES PORTION OF RESEARCH						
1.00	RESEARCH ADMINISTRATION	18.02	0	80,992	0		1.00
	0		0	80,992			
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	20,150	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		0	20,150			
	R - RECLASS NONREIMBURSABLE PARKING						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	881,868	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1,079,215	9		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	319,852	9		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	169,647	5,294	0		4.00
5.00	OPERATION OF PLANT	7.00	0	103,210	0		5.00
	0		169,647	2,389,439			
	S - RECLASS CORNEAL TISSUE ACQUISITION C						
1.00	OPERATING ROOM	50.00	0	469,995	0		1.00
	0		0	469,995			

RECLASSIFICATIONS

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Period:
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To 12/31/2018Worksheet A-6
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	T - RECLASS EXTENDED RECOVERY NURSING SE						
1.00		0.00	0	0	0		1.00
			0	0			
	U - RECLASS PHYSICIAN SUITE CLEANING COS						
1.00	HOUSEKEEPING	9.00	106,135	31,231	0		1.00
			106,135	31,231			
	V - RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,285,975	0		1.00
			0	1,285,975			
	W - RECLASS RECRUITING BONUSES AND RELOC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	453,875	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	25,817	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	8,300	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,000	0		4.00
5.00	PHARMACY	15.00	0	8,000	0		5.00
6.00	NURSING SCHOOL	20.00	0	5,000	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	14,003	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	17,927	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	2,000	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	11,500	0		10.00
11.00	NEURO ICU	35.01	0	6,125	0		11.00
12.00	CARDIO-THORACIC ICU	35.02	0	8,000	0		12.00
13.00	OPERATING ROOM	50.00	0	27,000	0		13.00
14.00	RECOVERY ROOM	51.00	0	6,000	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,056	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,000	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,350	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	14,000	0		18.00
19.00	ENDOSCOPY	76.00	0	2,000	0		19.00
20.00	EMERGENCY	91.00	0	15,657	0		20.00
21.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	1,000	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
62.00		0.00	0	0	0	62.00
63.00		0.00	0	0	0	63.00
64.00		0.00	0	0	0	64.00
65.00		0.00	0	0	0	65.00
66.00		0.00	0	0	0	66.00
0			0	643,610		
X - RECLASS FEDERAL AND FOUNDATION RESEA						
1.00	NURSING ADMINISTRATION	13.00	67,483	13,585	0	1.00
2.00	SOCIAL SERVICE	17.00	36,688	13,556	0	2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	49,672	182,654	0	3.00
0			153,843	209,795		
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	59,993	0	1.00
0			0	59,993		
Z - RECLASS PRE-TRANSPLANT RELATED PHARM						
1.00	PHARMACY	15.00	80,338	19,490	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			80,338	19,490		
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT						
1.00	OPERATING ROOM	50.00	0	4,976	0	1.00
	TOTALS		0	4,976		
AB - RECLASS PARKVIEW TOWER BLDG DEPR						
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	27,729,303	9	1.00
	EQUIP		0	27,729,303		
	TOTALS		0	27,729,303		
500.00	Grand Total: Decreases		7,865,919	332,766,155		500.00

RECLASSIFICATIONS

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Period:
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To 12/31/2018Worksheet A-6
Non-CMS Worksheet
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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 - RECLASS COST OF DRUGS SOLD									
1.00	PHARMACY	15.00	0	16,009,801	SOCIAL SERVICE	17.00	0	166,112	1.00
2.00		0.00	0		NURSING SCHOOL	20.00	0	75	2.00
3.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	60,510	3.00
4.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	4,367	4.00
5.00		0.00	0		CORONARY CARE UNIT	32.00	0	2,180	5.00
6.00		0.00	0		SURGICAL INTENSIVE CARE UNIT	34.00	0	1,526	6.00
7.00		0.00	0		NEURO ICU	35.01	0	1,772	7.00
8.00		0.00	0		CARDIO-THORACIC ICU	35.02	0	1,103	8.00
9.00		0.00	0		SUBPROVIDER - IPF	40.00	0	477	9.00
10.00		0.00	0		OPERATING ROOM	50.00	0	20,715	10.00
11.00		0.00	0		RECOVERY ROOM	51.00	0	221	11.00
12.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	608	12.00
13.00		0.00	0		ANESTHESIOLOGY	53.00	0	589,234	13.00
14.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	1,217,595	14.00
15.00		0.00	0		ULTRASOUND	54.01	0	3,414	15.00
16.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	4,145,780	16.00
17.00		0.00	0		RADIOISOTOPE	56.00	0	1,159,324	17.00
18.00		0.00	0		CT SCAN	57.00	0	3,982	18.00
19.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	94,146	19.00
20.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	122	20.00
21.00		0.00	0		LABORATORY	60.00	0	49	21.00
22.00		0.00	0		HLA LAB	60.01	0	1,686	22.00
23.00		0.00	0		BLOOD STORING, PROCESSING & TRANS.	63.00	0	21,862	23.00
24.00		0.00	0		RESPIRATORY THERAPY	65.00	0	2,590	24.00
25.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	1,625,814	25.00
26.00		0.00	0		RENAL DIALYSIS	74.00	0	37,732	26.00
27.00		0.00	0		ENDOSCOPY	76.00	0	281	27.00
28.00		0.00	0		OB/GYN IN VITRO	76.01	0	2,401	28.00
29.00		0.00	0		ELECTROSHOCK THERAPY	76.02	0	179	29.00
30.00		0.00	0		CLINIC	90.00	0	1,673	30.00
31.00		0.00	0		EMERGENCY	91.00	0	15,016	31.00
32.00		0.00	0		OTHER NONREIMBURSABLE COST CENTERS	194.00	0	67,511	32.00
33.00		0.00	0		RETAIL PHARMACY	194.01	0	6,759,744	33.00
0			0	16,009,801	0		0	16,009,801	
B - RECLASS COST OF MEDICAL SUPPLIES CHA									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	69,454,936	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	111,184	1.00
2.00		0.00	0		DIETARY	10.00	0	78,557	2.00
3.00		0.00	0		OPERATING ROOM	50.00	0	44,248,642	3.00
4.00		0.00	0		RECOVERY ROOM	51.00	0	99	4.00
5.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	175,339	5.00
6.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	9,939,296	6.00
7.00		0.00	0		ULTRASOUND	54.01	0	151,010	7.00
8.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	19,155	8.00
9.00		0.00	0		CT SCAN	57.00	0	277,508	9.00
10.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19,831	10.00
11.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	10,346,544	11.00
12.00		0.00	0		BLOOD STORING, PROCESSING & TRANS.	63.00	0	159	12.00
13.00		0.00	0		RESPIRATORY THERAPY	65.00	0	314,196	13.00
14.00		0.00	0		PHYSICAL THERAPY	66.00	0	14,384	14.00
15.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	18,662	15.00
16.00		0.00	0		SPEECH PATHOLOGY	68.00	0	21,770	16.00
17.00		0.00	0		RENAL DIALYSIS	74.00	0	347,599	17.00
18.00		0.00	0		ENDOSCOPY	76.00	0	2,857,890	18.00
19.00		0.00	0		CLINIC	90.00	0	493,194	19.00
20.00		0.00	0		EMERGENCY	91.00	0	19,917	20.00
0			0	69,454,936	0		0	69,454,936	
C - RECLASS COST OF IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	93,590,645	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	358,949	1.00
2.00		0.00	0		OPERATING ROOM	50.00	0	72,586,736	2.00
3.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	26,610	3.00

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Non-CMS Worksheet
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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	
4.00	0.00	0	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,514,440	4.00
5.00	0.00	0	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,760,105	5.00
6.00	0.00	0	0	0	CT SCAN	57.00	0	720	6.00
7.00	0.00	0	0	0	CARDIAC	59.00	0	15,460,752	7.00
					CATHETERIZATION				
8.00	0.00	0	0	0	RENAL DIALYSIS	74.00	0	4,300	8.00
9.00	0.00	0	0	0	ENDOSCOPY	76.00	0	734,082	9.00
10.00	0.00	0	0	0	CLINIC	90.00	0	142,873	10.00
11.00	0.00	0	0	0	EMERGENCY	91.00	0	1,078	11.00
0			0	93,590,645	0		0	93,590,645	
D - RECLASS EQUIPMENT DEPRECIATION									
1.00	NEW CAP REL	2.00	0	48,662,095	EMPLOYEE BENEFITS	4.00	0	6,802	1.00
	COSTS-MVBLE EQUIP				DEPARTMENT				
2.00	SURGICAL INTENSIVE	34.00	0	107,750	NONPATIENT TELEPHONES	5.01	0	3,293	2.00
	CARE UNIT								
3.00		0.00	0	0	PURCHASING RECEIVING	5.03	0	6,299	3.00
					AND STORES				
4.00		0.00	0	0	ADMITTING	5.04	0	27,168	4.00
5.00		0.00	0	0	OTHER ADMINISTRATIVE	5.06	0	20,797,904	5.00
					AND GENERAL				
6.00		0.00	0	0	OPERATION OF PLANT	7.00	0	354,324	6.00
7.00		0.00	0	0	LAUNDRY & LINEN	8.00	0	282	7.00
					SERVICE				
8.00		0.00	0	0	HOUSEKEEPING	9.00	0	108,055	8.00
9.00		0.00	0	0	DIETARY	10.00	0	663,407	9.00
10.00		0.00	0	0	CAFETERIA	11.00	0	85,697	10.00
11.00		0.00	0	0	NURSING	13.00	0	858,441	11.00
					ADMINISTRATION				
12.00		0.00	0	0	CENTRAL SERVICES &	14.00	0	96,887	12.00
					SUPPLY				
13.00		0.00	0	0	PHARMACY	15.00	0	1,355,847	13.00
14.00		0.00	0	0	MEDICAL RECORDS &	16.00	0	19,347	14.00
					LIBRARY				
15.00		0.00	0	0	SOCIAL SERVICE	17.00	0	13,810	15.00
16.00		0.00	0	0	LAB ADMINISTRATION	18.01	0	27,560	16.00
17.00		0.00	0	0	NURSING SCHOOL	20.00	0	199,095	17.00
18.00		0.00	0	0	I&R SERVICES-SALARY &	21.00	0	6,509	18.00
					FRINGES APPRVD				
19.00		0.00	0	0	PARAMED ED	23.02	0	368	19.00
					PRGM-PASTORAL ED				
20.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,055,616	20.00
21.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	59,703	21.00
22.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	2,547	22.00
23.00		0.00	0	0	NEURO ICU	35.01	0	120,891	23.00
24.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	104,623	24.00
25.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	68,802	25.00
26.00		0.00	0	0	OPERATING ROOM	50.00	0	4,842,584	26.00
27.00		0.00	0	0	RECOVERY ROOM	51.00	0	123,739	27.00
28.00		0.00	0	0	DELIVERY ROOM & LABOR	52.00	0	104,508	28.00
					ROOM				
29.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	601,190	29.00
30.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,112,754	30.00
31.00		0.00	0	0	ULTRASOUND	54.01	0	169,947	31.00
32.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	5,364,508	32.00
33.00		0.00	0	0	RADIOISOTOPE	56.00	0	686,974	33.00
34.00		0.00	0	0	CT SCAN	57.00	0	846,099	34.00
35.00		0.00	0	0	MAGNETIC RESONANCE	58.00	0	923,134	35.00
					IMAGING (MRI)				
36.00		0.00	0	0	CARDIAC	59.00	0	1,305,138	36.00
					CATHETERIZATION				
37.00		0.00	0	0	LABORATORY	60.00	0	365,133	37.00
38.00		0.00	0	0	HLA LAB	60.01	0	59,244	38.00
39.00		0.00	0	0	BLOOD STORING,	63.00	0	201,343	39.00
					PROCESSING & TRANS.				
40.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	328,243	40.00
41.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	10,346	41.00
42.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	3,092	42.00
43.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	43,016	43.00
44.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	246,447	44.00
45.00		0.00	0	0	ELECTROENCEPHALOGRAPH	70.00	0	234,410	45.00
					Y				
46.00		0.00	0	0	RENAL DIALYSIS	74.00	0	116,262	46.00
47.00		0.00	0	0	ENDOSCOPY	76.00	0	1,084,401	47.00
48.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	141,898	48.00
49.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	7,240	49.00

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RECLASSIFICATIONS

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Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Non-CMS Worksheet
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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	
50.00		0.00	0	0	CLINIC	90.00	0	55,962	50.00
51.00		0.00	0	0	OUTPATIENT PSYCH	90.01	0	4,400	51.00
52.00		0.00	0	0	EMERGENCY	91.00	0	508,514	52.00
53.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	674	53.00
54.00		0.00	0	0	HEART ACQUISITION	106.00	0	135	54.00
55.00		0.00	0	0	LUNG ACQUISITION	108.00	0	135	55.00
56.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	194,218	56.00
57.00		0.00	0	0	RETAIL PHARMACY	194.01	0	39,032	57.00
58.00		0.00	0	0	MARKETING/COMMUNITY RELATIONS	194.02	0	1,848	58.00
0				0				48,769,845	
E - RECLASS FINANCE ACCRUALS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,627,460	RADIOLOGY-THERAPEUTIC	55.00	0	1,627,460	1.00
0				0				1,627,460	
F - RECLASS WASH U AFFILIATION AGREEMENT									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	58,546,580	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	58,546,580	1.00
0				0				58,546,580	
G - RECLASS COST OF INTERPRETERS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	485,626	905,052	OTHER NONREIMBURSABLE COST CENTERS	194.00	485,626	905,052	1.00
0			485,626	905,052			485,626	905,052	
H - RECLASS GAMMA KNIFE COSTS									
1.00	CT SCAN	57.00	0	21,080	RADIOLOGY-THERAPEUTIC	55.00	0	72,347	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	51,267		0.00	0	0	2.00
0				0				72,347	
I - RECLASS PARAMEDICAL EDUCATION									
1.00	PARAMED ED PRGM-PHARMACY	23.01	211,190	63,826	PHARMACY	15.00	211,190	63,826	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	50,364	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,364	0	2.00
0			261,554	63,826			261,554	63,826	
J - RECLASS FINANCE ACCRUALS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	899,940	49,905	PURCHASING RECEIVING AND STORES	5.03	0	4,031,686	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,981,781	OTHER ADMINISTRATIVE AND GENERAL	5.06	899,940	0	2.00
0			899,940	4,031,686			899,940	4,031,686	
K - RECLASS NURSERY COSTS									
1.00	NURSERY	43.00	1,797,547	865,296	ADULTS & PEDIATRICS	30.00	1,797,547	865,296	1.00
0	TOTALS		1,797,547	865,296	TOTALS		1,797,547	865,296	
L - RECLASS DIETARY COSTS TO CAFETERIA									
1.00	CAFETERIA	11.00	1,961,002	5,373,510	DIETARY	10.00	1,961,002	5,373,510	1.00
0			1,961,002	5,373,510			1,961,002	5,373,510	
M - RECLASS PRETRANSPLANT RELATED DIETIC									
1.00	KIDNEY ACQUISITION	105.00	1,080	272	DIETARY	10.00	29,167	7,341	1.00
2.00	HEART ACQUISITION	106.00	6,704	1,687		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	8,462	2,130		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	12,921	3,252		0.00	0	0	4.00
0			29,167	7,341			29,167	7,341	
N - RECLASS TRANSPLANT SALARIES AND BENE									
1.00	NURSING ADMINISTRATION	13.00	899,942	225,438	OPERATING ROOM	50.00	1,765,988	458,296	1.00
2.00	KIDNEY ACQUISITION	105.00	411,116	105,738		0.00	0	0	2.00
3.00	HEART ACQUISITION	106.00	61,598	25,676		0.00	0	0	3.00
4.00	LIVER ACQUISITION	107.00	169,341	43,543		0.00	0	0	4.00
5.00	LUNG ACQUISITION	108.00	205,062	53,033		0.00	0	0	5.00
6.00	PANCREAS ACQUISITION	109.00	18,929	4,868		0.00	0	0	6.00
0			1,765,988	458,296			1,765,988	458,296	
O - RECLASS PRETRANSPLANT RELATED SOCIAL									
1.00	KIDNEY ACQUISITION	105.00	65,079	18,704	SOCIAL SERVICE	17.00	155,132	44,585	1.00
2.00	HEART ACQUISITION	106.00	41,426	11,906		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	26,679	7,668		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	21,042	6,047		0.00	0	0	4.00
5.00	PANCREAS ACQUISITION	109.00	906	260		0.00	0	0	5.00
0			155,132	44,585			155,132	44,585	
P - RECLASS SALARIES PORTION OF RESEARCH									
1.00	RESEARCH ADMINISTRATION	18.02	80,992	0	RESEARCH ADMINISTRATION	18.02	0	80,992	1.00
0			80,992	0			0	80,992	

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To 12/31/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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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	
Q - RECLASS BARNARD BUILDING RENTAL									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,334	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	20,150	1.00
2.00	HOUSEKEEPING	9.00	0	4,068		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	6,231		0.00	0	0	3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	4,517		0.00	0	0	4.00
	0		0	20,150	0		0	20,150	
R - RECLASS NONREIMBURSABLE PARKING									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	169,647	2,389,439	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	881,868	1.00
2.00		0.00	0	0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1,079,215	2.00
3.00		0.00	0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	319,852	3.00
4.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	169,647	5,294	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	103,210	5.00
	0		169,647	2,389,439	0		169,647	2,389,439	
S - RECLASS CORNEAL TISSUE ACQUISITION C									
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	469,995	OPERATING ROOM	50.00	0	469,995	1.00
	0		0	469,995	0		0	469,995	
T - RECLASS EXTENDED RECOVERY NURSING SE									
1.00		0.00	0	0		0.00	0	0	1.00
	0		0	0	0		0	0	
U - RECLASS PHYSICIAN SUITE CLEANING COS									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	106,135	31,231	HOUSEKEEPING	9.00	106,135	31,231	1.00
	0		106,135	31,231	0		106,135	31,231	
V - RECLASS PROPERTY INSURANCE									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,285,975	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,285,975	1.00
	0		0	1,285,975	0		0	1,285,975	
W - RECLASS RECRUITING BONUSES AND RELOC									
1.00	NONPATIENT TELEPHONES	5.01	500	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	453,875	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	500	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	25,817	2.00
3.00	ADMITTING	5.04	5,000	0	NURSING ADMINISTRATION	13.00	0	8,300	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	75,750	0	CENTRAL SERVICES & SUPPLY	14.00	0	2,000	4.00
5.00	OPERATION OF PLANT	7.00	15,000	0	PHARMACY	15.00	0	8,000	5.00
6.00	HOUSEKEEPING	9.00	14,500	0	NURSING SCHOOL	20.00	0	5,000	6.00
7.00	DIETARY	10.00	3,000	0	ADULTS & PEDIATRICS	30.00	0	14,003	7.00
8.00	CAFETERIA	11.00	5,500	0	INTENSIVE CARE UNIT	31.00	0	17,927	8.00
9.00	NURSING ADMINISTRATION	13.00	19,500	0	CORONARY CARE UNIT	32.00	0	2,000	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	3,000	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	11,500	10.00
11.00	PHARMACY	15.00	10,750	0	NEURO ICU	35.01	0	6,125	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	3,000	0	CARDIO-THORACIC ICU	35.02	0	8,000	12.00
13.00	SOCIAL SERVICE	17.00	10,250	0	OPERATING ROOM	50.00	0	27,000	13.00
14.00	LAB ADMINISTRATION	18.01	500	0	RECOVERY ROOM	51.00	0	6,000	14.00
15.00	NURSING SCHOOL	20.00	10,250	0	DELIVERY ROOM & LABOR ROOM	52.00	0	7,056	15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,500	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,000	16.00
17.00	ADULTS & PEDIATRICS	30.00	83,250	0	RADIOLOGY-THERAPEUTIC	55.00	0	6,350	17.00
18.00	INTENSIVE CARE UNIT	31.00	13,000	0	RESPIRATORY THERAPY	65.00	0	14,000	18.00
19.00	CORONARY CARE UNIT	32.00	500	0	ENDOSCOPY	76.00	0	2,000	19.00
20.00	SURGICAL INTENSIVE CARE UNIT	34.00	12,250	0	EMERGENCY	91.00	0	15,657	20.00
21.00	NEURO ICU	35.01	2,250	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	1,000	21.00
22.00	CARDIO-THORACIC ICU	35.02	8,500	0		0.00	0	0	22.00
23.00	SUBPROVIDER - IPF	40.00	9,500	0		0.00	0	0	23.00
24.00	OPERATING ROOM	50.00	38,000	0		0.00	0	0	24.00
25.00	RECOVERY ROOM	51.00	10,125	0		0.00	0	0	25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	6,000	0		0.00	0	0	26.00
27.00	ANESTHESIOLOGY	53.00	1,500	0		0.00	0	0	27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	4,500	0		0.00	0	0	28.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/30/2019 7:03 am

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	
29.00	RADIOLOGY-THERAPEUTIC	55.00	4,000	0		0.00	0	0	29.00
30.00	CT SCAN	57.00	500	0		0.00	0	0	30.00
31.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,250	0		0.00	0	0	31.00
32.00	CARDIAC CATHETERIZATION	59.00	1,750	0		0.00	0	0	32.00
33.00	LABORATORY	60.00	3,500	0		0.00	0	0	33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,000	0		0.00	0	0	34.00
35.00	RESPIRATORY THERAPY	65.00	16,500	0		0.00	0	0	35.00
36.00	PHYSICAL THERAPY	66.00	8,750	0		0.00	0	0	36.00
37.00	OCCUPATIONAL THERAPY	67.00	2,500	0		0.00	0	0	37.00
38.00	ELECTROCARDIOLOGY	69.00	1,500	0		0.00	0	0	38.00
39.00	ELECTROENCEPHALOGRAPH Y	70.00	500	0		0.00	0	0	39.00
40.00	RENAL DIALYSIS	74.00	3,000	0		0.00	0	0	40.00
41.00	ENDOSCOPY	76.00	1,500	0		0.00	0	0	41.00
42.00	CLINIC	90.00	8,250	0		0.00	0	0	42.00
43.00	EMERGENCY	91.00	15,000	0		0.00	0	0	43.00
44.00	HEART ACQUISITION	106.00	2,500	0		0.00	0	0	44.00
45.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	9,000	0		0.00	0	0	45.00
46.00	RETAIL PHARMACY	194.01	2,000	0		0.00	0	0	46.00
47.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	25,817	0		0.00	0	0	47.00
48.00	NURSING ADMINISTRATION	13.00	8,300	0		0.00	0	0	48.00
49.00	CENTRAL SERVICES & SUPPLY	14.00	2,000	0		0.00	0	0	49.00
50.00	PHARMACY	15.00	8,000	0		0.00	0	0	50.00
51.00	NURSING SCHOOL	20.00	5,000	0		0.00	0	0	51.00
52.00	ADULTS & PEDIATRICS	30.00	14,003	0		0.00	0	0	52.00
53.00	INTENSIVE CARE UNIT	31.00	17,927	0		0.00	0	0	53.00
54.00	CORONARY CARE UNIT	32.00	2,000	0		0.00	0	0	54.00
55.00	SURGICAL INTENSIVE CARE UNIT	34.00	11,500	0		0.00	0	0	55.00
56.00	NEURO ICU	35.01	6,125	0		0.00	0	0	56.00
57.00	CARDIO-THORACIC ICU	35.02	8,000	0		0.00	0	0	57.00
58.00	OPERATING ROOM	50.00	27,000	0		0.00	0	0	58.00
59.00	RECOVERY ROOM	51.00	6,000	0		0.00	0	0	59.00
60.00	DELIVERY ROOM & LABOR ROOM	52.00	7,056	0		0.00	0	0	60.00
61.00	RADIOLOGY-DIAGNOSTIC	54.00	2,000	0		0.00	0	0	61.00
62.00	RADIOLOGY-THERAPEUTIC	55.00	6,350	0		0.00	0	0	62.00
63.00	RESPIRATORY THERAPY	65.00	14,000	0		0.00	0	0	63.00
64.00	ENDOSCOPY	76.00	2,000	0		0.00	0	0	64.00
65.00	EMERGENCY	91.00	15,657	0		0.00	0	0	65.00
66.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,000	0		0.00	0	0	66.00
			643,610	0			0	643,610	
X - RECLASS FEDERAL AND FOUNDATION RESEA									
1.00	RESEARCH	191.00	153,843	209,795	NURSING ADMINISTRATION	13.00	67,483	13,585	1.00
2.00		0.00	0	0	SOCIAL SERVICE	17.00	36,688	13,556	2.00
3.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	49,672	182,654	3.00
			153,843	209,795			153,843	209,795	
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS									
1.00	OPERATION OF PLANT	7.00	0	59,993	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	59,993	1.00
			0	59,993			0	59,993	
Z - RECLASS PRE-TRANSPLANT RELATED PHARM									
1.00	KIDNEY ACQUISITION	105.00	37,384	9,069	PHARMACY	15.00	80,338	19,490	1.00
2.00	HEART ACQUISITION	106.00	5,303	1,287		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	2,722	660		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	34,929	8,474		0.00	0	0	4.00
			80,338	19,490			80,338	19,490	
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT									
1.00	HEART ACQUISITION	106.00	0	4,976	OPERATING ROOM	50.00	0	4,976	1.00
	TOTALS		0	4,976	TOTALS		0	4,976	
AB - RECLASS PARKVIEW TOWER BLDG DEPR									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	27,729,303	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27,729,303	1.00
	TOTALS		0	27,729,303	TOTALS		0	27,729,303	

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RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/30/2019 7:03 am

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	
500.00	Grand Total:		8,590,521	332,041,553	Grand Total:		7,865,919	332,766,155	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part I
Date/Time Prepared:
5/30/2019 7:03 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,911,247	2,134,548	0	2,134,548	0	1.00	
2.00	Land Improvements	17,846,935	436,384	0	436,384	0	2.00	
3.00	Buildings and Fixtures	658,049,678	14,995,299	0	14,995,299	52,292	3.00	
4.00	Building Improvements	15,725,105	22,941	0	22,941	0	4.00	
5.00	Fixed Equipment	487,920,984	189,434	0	189,434	21,802	5.00	
6.00	Movable Equipment	698,661,126	56,866,491	0	56,866,491	86,149,262	6.00	
7.00	HIT designated Assets	34,421,118	0	0	0	12,076,530	7.00	
8.00	Subtotal (sum of lines 1-7)	1,932,536,193	74,645,097	0	74,645,097	98,299,886	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	1,932,536,193	74,645,097	0	74,645,097	98,299,886	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,045,795	0				1.00	
2.00	Land Improvements	18,283,319	4,770,566				2.00	
3.00	Buildings and Fixtures	672,992,685	130,591,425				3.00	
4.00	Building Improvements	15,748,046	7,746,199				4.00	
5.00	Fixed Equipment	488,088,616	263,532,721				5.00	
6.00	Movable Equipment	669,378,355	443,024,798				6.00	
7.00	HIT designated Assets	22,344,588	792,098				7.00	
8.00	Subtotal (sum of lines 1-7)	1,908,881,404	850,457,807				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	1,908,881,404	850,457,807				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	13,998,261	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	19,086,010	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,391,584	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,275,653	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	60,087,679	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	95,839,187	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	13,998,261				1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	19,086,010				1.03
1.04	NEW CRC-B&F(GSON)	0	1,391,584				1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,275,653				1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	60,087,679				2.00
3.00	Total (sum of lines 1-2)	0	95,839,187				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part III
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	639,400,784	0	639,400,784	0.338875	435,785	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	525,253,999	0	525,253,999	0.278378	357,987	1.03
1.04	NEW CRC-B&F(GSON)	35,963,235	0	35,963,235	0.019060	24,511	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	686,217,591	0	686,217,591	0.363687	467,692	2.00
3.00	Total (sum of lines 1-2)	1,886,835,609	0	1,886,835,609	1.000000	1,285,975	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	435,785	40,330,139	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	357,987	17,327,492	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	24,511	1,391,584	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,137,817	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	467,692	80,811,785	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,285,975	140,998,817	0	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	NEW CAP REL COSTS-BLDG & FIXT	0	435,785	0	0	40,765,924	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	357,987	0	0	17,685,479	1.03
1.04	NEW CRC-B&F(GSON)	0	24,511	0	0	1,416,095	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,137,817	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	467,692	0	0	81,279,477	2.00
3.00	Total (sum of lines 1-2)	0	1,285,975	0	0	142,284,792	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)			0NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)			0NEW CRC-B&F(GSON)	1.04	0	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)			0NEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-32,133,766	INTEREST EXPENSE	113.00	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)	B	-1,503,780	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-51,199,995			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	-16,564,620			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-10,204,846	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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)			0NEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)			0NEW CRC-B&F(GSON)	1.04	0	26.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)			0NEW CRC-B&F(THE HIGHLANDS)	1.05	0	26.05
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	OTHER REVENUE	B	-95,538	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.02	OTHER REVENUE	B	11,480	ADMITTING	5.04	0	33.02
33.03	OTHER REVENUE	B	-1,970,141	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	OTHER REVENUE	B	-28,194	DIETARY	10.00	0	33.04
33.05	OTHER REVENUE	B	-723,964	CAFETERIA	11.00	0	33.05
33.06	OTHER REVENUE	B	-312,897	NURSING ADMINISTRATION	13.00	0	33.06
33.07	OTHER REVENUE	B	-2,799	CENTRAL SERVICES & SUPPLY	14.00	0	33.07
33.08	OTHER REVENUE	B	-576,051	PHARMACY	15.00	0	33.08
33.09	OTHER REVENUE	B	-118,817	MEDICAL RECORDS & LIBRARY	16.00	0	33.09
33.10	OTHER REVENUE	B	-793,747	SOCIAL SERVICE	17.00	0	33.10
33.11	OTHER REVENUE	B	-24,164,028	NURSING SCHOOL	20.00	0	33.11
33.12	OTHER REVENUE	B	-67,831	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.12
33.13	OTHER REVENUE	B	-3,386	PARAMED ED PRGM-PASTORAL ED	23.02	0	33.13
33.14	OTHER REVENUE	B	-1,308,156	ADULTS & PEDIATRICS	30.00	0	33.14
33.15	OTHER REVENUE	B	-785	NEURO ICU	35.01	0	33.15
33.16	OTHER REVENUE	B	-638	SUBPROVIDER - IPF	40.00	0	33.16
33.17	OTHER REVENUE	B	-125,340	OPERATING ROOM	50.00	0	33.17
33.18	OTHER REVENUE	B	-32,679	DELIVERY ROOM & LABOR ROOM	52.00	0	33.18
33.19	OTHER REVENUE	B	-126,065	RADIOLOGY-DIAGNOSTIC	54.00	0	33.19
33.20	OTHER REVENUE	B	-11,634	RADIOLOGY-THERAPEUTIC	55.00	0	33.20
33.21	OTHER REVENUE	B	-7,125	PHYSICAL THERAPY	66.00	0	33.21
33.22	OTHER REVENUE	B	-6,296	ELECTROCARDIOLOGY	69.00	0	33.22
33.23	OTHER REVENUE	B	-2,236	ELECTROSHOCK THERAPY	76.02	0	33.23
33.24	OTHER REVENUE	B	-140,331	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	33.24
33.25	OTHER REVENUE	B	-191,232	CLINIC	90.00	0	33.25
33.26	OTHER REVENUE	B	-181,115	EMERGENCY	91.00	0	33.26
35.00	RESEARCH ADMINISTRATIVE COSTS	A	108,531	RESEARCH ADMINISTRATION	18.02	0	35.00
36.00	ALLOWABLE FRA COSTS	A	102,169,774	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	ASBESTOS ABATEMENT	A	6,275	OPERATION OF PLANT	7.00	0	37.00
38.00	CONTRIBUTIONS	A	-6,210,090	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.00
38.01	CONTRIBUTIONS	A	-1,500	OPERATION OF PLANT	7.00	0	38.01
38.02	CONTRIBUTIONS	A	-300	HOUSEKEEPING	9.00	0	38.02
38.03	CONTRIBUTIONS	A	-5,000	NURSING ADMINISTRATION	13.00	0	38.03
38.04	CONTRIBUTIONS	A	-344	NURSING SCHOOL	20.00	0	38.04
38.05	CONTRIBUTIONS	A	-375	ADULTS & PEDIATRICS	30.00	0	38.05
38.06	CONTRIBUTIONS	A	-1,750	EMERGENCY	91.00	0	38.06
38.07	REMOVE ASBESTOS ACCRUAL	A	-168,805	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.07
38.08	REMOVE ASBESTOS ACCRUAL	A	-12,470	OPERATION OF PLANT	7.00	0	38.08
38.09	REMOVE ASBESTOS ACCRUAL	A	-27,500	DIETARY	10.00	0	38.09
38.10	REMOVE ASBESTOS ACCRUAL	A	-11,413	ENDOSCOPY	76.00	0	38.10
41.00	BAD DEBTS	A		0NURSING SCHOOL	20.00	0	41.00
41.01	PATIENT PHONES	A	-238,839	ADULTS & PEDIATRICS	30.00	0	41.01
41.02	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.02
41.03	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13	ADMITTING	5.04	0	41.03
41.04	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-5,629	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.04

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ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
41.05	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13	OPERATION OF PLANT	7.00	0	41.05
41.06	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-26	NURSING ADMINISTRATION	13.00	0	41.06
41.07	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13	SOCIAL SERVICE	17.00	0	41.07
41.08	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13	NURSING SCHOOL	20.00	0	41.08
41.09	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	41.09
41.10	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-396	ADULTS & PEDIATRICS	30.00	0	41.10
41.11	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-40	INTENSIVE CARE UNIT	31.00	0	41.11
41.12	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-14	CORONARY CARE UNIT	32.00	0	41.12
41.13	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-2,465	SURGICAL INTENSIVE CARE UNIT	34.00	0	41.13
41.14	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-53	NEURO ICU	35.01	0	41.14
41.15	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-40	CARDIO-THORACIC ICU	35.02	0	41.15
41.16	GAIN/LOSS ON DISPOSAL OF ASSETS	A	242	OPERATING ROOM	50.00	0	41.16
41.17	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-296	RADIOLOGY-DIAGNOSTIC	54.00	0	41.17
41.18	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-1,514	RADIOLOGY-THERAPEUTIC	55.00	0	41.18
41.19	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-464	LABORATORY	60.00	0	41.19
41.20	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13	ENDOSCOPY	76.00	0	41.20
41.21	GAIN/LOSS ON DISPOSAL OF ASSETS	A	311,727	OUTPATIENT PSYCH	90.01	0	41.21
43.00	MALPRACTICE EXP	A	-7,549,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	WASH UNIV ASSESSMENTS	A	-301,930	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
44.01	LOBBYING PORTION OF DUES	A	-1,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.01
44.02	LOBBYING PORTION OF DUES	A	-87,947	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.02
44.03	LOBBYING PORTION OF DUES	A	-10,000	NURSING ADMINISTRATION	13.00	0	44.03
44.04	LOBBYING PORTION OF DUES	A	-108	NURSING SCHOOL	20.00	0	44.04
44.05	LOBBYING PORTION OF DUES	A	-1,150	EMERGENCY	91.00	0	44.05
44.06	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-24,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.06
44.07	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-174,034	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.07
44.08	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-117,408	NURSING ADMINISTRATION	13.00	0	44.08
44.09	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-2,583,864	ADULTS & PEDIATRICS	30.00	0	44.09
44.10	NON ALLOWABLE INTERN/RESIDENT COSTS	A	10	SURGICAL INTENSIVE CARE UNIT	34.00	0	44.10
44.11	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-20	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	44.11
44.12	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-11,693	CARDIAC CATHETERIZATION	59.00	0	44.12
44.13	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-1,013	ELECTROENCEPHALOGRAPHY	70.00	0	44.13
44.14	ENTERTAINMENT/PROMOTION EXPENSE	A	-10,749	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.14
44.15	ENTERTAINMENT/PROMOTION EXPENSE	A	681	ADMITTING	5.04	0	44.15
44.16	ENTERTAINMENT/PROMOTION EXPENSE	A	-22,113	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.16
44.17	ENTERTAINMENT/PROMOTION EXPENSE	A	-956	OPERATION OF PLANT	7.00	0	44.17
44.18	ENTERTAINMENT/PROMOTION EXPENSE	A	-8,834	NURSING ADMINISTRATION	13.00	0	44.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
44.19	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,694	PHARMACY	15.00	0	44.19
44.20	ENTERTAINMENT/PROMOTION EXPENSE	A	-60	SOCIAL SERVICE	17.00	0	44.20
44.21	ENTERTAINMENT/PROMOTION EXPENSE	A	-5,221	NURSING SCHOOL	20.00	0	44.21
44.22	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,036	ADULTS & PEDIATRICS	30.00	0	44.22
44.23	ENTERTAINMENT/PROMOTION EXPENSE	A	-24	CORONARY CARE UNIT	32.00	0	44.23
44.24	ENTERTAINMENT/PROMOTION EXPENSE	A	-34	CARDIO-THORACIC ICU	35.02	0	44.24
44.25	ENTERTAINMENT/PROMOTION EXPENSE	A	-258	SUBPROVIDER - IPF	40.00	0	44.25
44.26	ENTERTAINMENT/PROMOTION EXPENSE	A	-220	OPERATING ROOM	50.00	0	44.26
44.27	ENTERTAINMENT/PROMOTION EXPENSE	A	-281	DELIVERY ROOM & LABOR ROOM	52.00	0	44.27
44.28	ENTERTAINMENT/PROMOTION EXPENSE	A	218	RESPIRATORY THERAPY	65.00	0	44.28
44.29	ENTERTAINMENT/PROMOTION EXPENSE	A	-63	ELECTROCARDIOLOGY	69.00	0	44.29
44.30	ENTERTAINMENT/PROMOTION EXPENSE	A	-6,575	RENAL DIALYSIS	74.00	0	44.30
44.31	ENTERTAINMENT/PROMOTION EXPENSE	A	-4,285	OB/GYN IN VITRO	76.01	0	44.31
44.32	ENTERTAINMENT/PROMOTION EXPENSE	A	-172	CLINIC	90.00	0	44.32
44.33	ENTERTAINMENT/PROMOTION EXPENSE	A	-12,655	EMERGENCY	91.00	0	44.33
44.34	ALCOHOLIC BEVERAGES EXPENSE	A	-445	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.34
44.35	ALCOHOLIC BEVERAGES EXPENSE	A	-280	NONPATIENT TELEPHONES	5.01	0	44.35
44.36	ALCOHOLIC BEVERAGES EXPENSE	A	-11	ADMITTING	5.04	0	44.36
44.37	ALCOHOLIC BEVERAGES EXPENSE	A	-6,057	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.37
44.38	ALCOHOLIC BEVERAGES EXPENSE	A	-25	OPERATION OF PLANT	7.00	0	44.38
44.39	ALCOHOLIC BEVERAGES EXPENSE	A	-4,521	NURSING ADMINISTRATION	13.00	0	44.39
44.40	ALCOHOLIC BEVERAGES EXPENSE	A	-103	PHARMACY	15.00	0	44.40
44.41	ALCOHOLIC BEVERAGES EXPENSE	A	-24	MEDICAL RECORDS & LIBRARY	16.00	0	44.41
44.42	ALCOHOLIC BEVERAGES EXPENSE	A	-5,097	NURSING SCHOOL	20.00	0	44.42
44.43	ALCOHOLIC BEVERAGES EXPENSE	A	-111	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	44.43
44.44	ALCOHOLIC BEVERAGES EXPENSE	A	-629	ADULTS & PEDIATRICS	30.00	0	44.44
44.45	ALCOHOLIC BEVERAGES EXPENSE	A	-497	SURGICAL INTENSIVE CARE UNIT	34.00	0	44.45
44.46	ALCOHOLIC BEVERAGES EXPENSE	A	-36	CARDIO-THORACIC ICU	35.02	0	44.46
44.47	ALCOHOLIC BEVERAGES EXPENSE	A	-1,017	OPERATING ROOM	50.00	0	44.47
44.48	ALCOHOLIC BEVERAGES EXPENSE	A	27	RADIOLOGY-DIAGNOSTIC	54.00	0	44.48
44.49	ALCOHOLIC BEVERAGES EXPENSE	A	-16	RADIOLOGY-THERAPEUTIC	55.00	0	44.49
44.50	ALCOHOLIC BEVERAGES EXPENSE	A	-26	RESPIRATORY THERAPY	65.00	0	44.50
44.51	ALCOHOLIC BEVERAGES EXPENSE	A	-33	ELECTROENCEPHALOGRAPHY	70.00	0	44.51
44.52	ALCOHOLIC BEVERAGES EXPENSE	A	-105	EMERGENCY	91.00	0	44.52
44.53	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-640,325	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.53
44.54	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-679,303	NEW CRC-B&F(BJH CAMP EXP)	1.03	9	44.54
44.55	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-137,836	NEW CRC-B&F(THE HIGHLANDS)	1.05	9	44.55
44.56	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-2,730,471	OPERATION OF PLANT	7.00	0	44.56
44.57	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,582,359	HOUSEKEEPING	9.00	0	44.57
44.58	ADVERTISING EXPENSE	A	-37,913	NONPATIENT TELEPHONES	5.01	0	44.58
44.59	ADVERTISING EXPENSE	A	-38,008	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.59
44.60	ADVERTISING EXPENSE	A	-85,222	NURSING ADMINISTRATION	13.00	0	44.60
44.61	ADVERTISING EXPENSE	A	-300,968	NURSING SCHOOL	20.00	0	44.61
44.62	ADVERTISING EXPENSE	A	-155,389	ADULTS & PEDIATRICS	30.00	0	44.62
44.63	ADVERTISING EXPENSE	A	-192,886	RADIOLOGY-DIAGNOSTIC	54.00	0	44.63
44.64	ADVERTISING EXPENSE	A	-66,027	RADIOLOGY-THERAPEUTIC	55.00	0	44.64
44.65	ADVERTISING EXPENSE	A	-120	PHYSICAL THERAPY	66.00	0	44.65

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ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 7:03 am

			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	
44.66 ADVERTISING EXPENSE	A	-6,500	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	44.66
44.67 ADVERTISING EXPENSE	A	-5	EMERGENCY	91.00	0	44.67
44.68 PHYSICIAN RECRUITMENT	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.68
44.69 PHYSICIAN RECRUITMENT	A	-58,400	NURSING ADMINISTRATION	13.00	0	44.69
44.70 SPECIAL EVENTS-NONALLOWABLE	A	-61,634	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.70
44.71 SPECIAL EVENTS-NONALLOWABLE	A	-67,114	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.71
44.72 SPECIAL EVENTS-NONALLOWABLE	A	-9,898	NURSING ADMINISTRATION	13.00	0	44.72
44.73 SPECIAL EVENTS-NONALLOWABLE	A	-78,765	NURSING SCHOOL	20.00	0	44.73
44.74 SPECIAL EVENTS-NONALLOWABLE	A	-4,950	ADULTS & PEDIATRICS	30.00	0	44.74
44.75 SPECIAL EVENTS-NONALLOWABLE	A	-590	INTENSIVE CARE UNIT	31.00	0	44.75
44.76 SPECIAL EVENTS-NONALLOWABLE	A	-1,050	CARDIO-THORACIC ICU	35.02	0	44.76
44.77 SPECIAL EVENTS-NONALLOWABLE	A	-8,398	RADIOLOGY-THERAPEUTIC	55.00	0	44.77
44.78 SPECIAL EVENTS-NONALLOWABLE	A	-2,500	EMERGENCY	91.00	0	44.78
44.79 SPECIAL EVENTS-NONALLOWABLE	A	-46,178	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	0	44.79
44.80 STL CARDS	A	-448	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.80
44.81 STL CARDS	A	-6,318	NURSING ADMINISTRATION	13.00	0	44.81
44.82 STL CARDS	A	-108	CARDIO-THORACIC ICU	35.02	0	44.82
44.83 STL CARDS	A	-689	ADULTS & PEDIATRICS	30.00	0	44.83
44.84 STL CARDS	A	-108	CORONARY CARE UNIT	32.00	0	44.84
44.85 STL CARDS	A	-108	ELECTROCARDIOLOGY	69.00	0	44.85
44.86 STL CARDS	A	-660	RADIOLOGY-DIAGNOSTIC	54.00	0	44.86
44.87 STL CARDS	A	-130	RADIOLOGY-THERAPEUTIC	55.00	0	44.87
44.88 STL CARDS	A	-22,300	EMERGENCY	91.00	0	44.88
44.89 ALLOWABLE PENSION EXP/FUNDING	A	3,317,652	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.89
44.90 BARNARD RENTAL EXPENSE	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.90
44.91 REMOVE ACCELERATED DEPRECIATION	A	-222,216	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.91
44.92 FRADULENT CHARGES EXPENSE	A	-3	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.92
44.93 FRADULENT CHARGES EXPENSE	A	-175	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.93
44.94 FRADULENT CHARGES EXPENSE	A	-387	NURSING ADMINISTRATION	13.00	0	44.94
44.95 FRADULENT CHARGES EXPENSE	A	6	ADULTS & PEDIATRICS	30.00	0	44.95
44.96 FRADULENT CHARGES EXPENSE	A	-61	OPERATING ROOM	50.00	0	44.96
44.97 FRADULENT CHARGES EXPENSE	A	-112	DELIVERY ROOM & LABOR ROOM	52.00	0	44.97
44.98 FRADULENT CHARGES EXPENSE	A	20	EMERGENCY	91.00	0	44.98
44.99 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	44.99
48.01 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	48.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-61,565,365				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 26-0032

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 7:03 am

	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	60.00	LABORATORY	AFFILIATE BILLING TO BJC FAC	-9,839,751	-7,237,107	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-499,523	-954,358	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-1,321,107	-854,494	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-680,755	-284,161	4.00
4.01	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO REHAB I	-52,668	-47,239	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	617,370	538,784	4.02
4.03	5.00	OTHER ADMINISTRATIVE AND GEN	TFC	5,384,481	5,284,602	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	124,768	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	333,382	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	2,334,886	8,777,819	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	28,097,224	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	BJC PURCHASING	10,811,900	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	173,319,529	241,836,232	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	23,060,212	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	945,466	565,317	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	76,115	1,268,955	4.12
4.13	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,347,342	788,863	4.13
4.14	5.06	OTHER ADMINISTRATIVE AND GEN	SHARED SAVINGS - MEDICARE AL	0	1,940,278	4.14
5.00	0		0	235,058,871	251,623,491	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	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B		0.00	BJC HEALTHCARE	100.00	6.00
7.00	B		0.00	BJC STAFFING AGENCY	100.00	7.00
8.00	G	JOINT VENTURE	50.00	TFC	50.00	8.00
9.00	G	JOINT VENTURE	50.00	BJ GAMMA KNIFE FACILITY	50.00	9.00
10.00	C		50.00	MIDWEST STONE	50.00	10.00
10.01	G	JOINT VENTURE	50.00	REHAB INSTITUTE	50.00	10.01
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: 26-0032

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 7:03 am

	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	-2,602,644	0		1.00
2.00	454,835	0		2.00
3.00	-466,613	0		3.00
4.00	-396,594	0		4.00
4.01	-5,429	0		4.01
4.02	78,586	0		4.02
4.03	99,879	0		4.03
4.04	124,768	9		4.04
4.05	333,382	9		4.05
4.06	-6,442,933	0		4.06
4.07	28,097,224	0		4.07
4.08	10,811,900	0		4.08
4.09	-68,516,703	0		4.09
4.10	23,060,212	0		4.10
4.11	380,149	0		4.11
4.12	-1,192,840	0		4.12
4.13	1,558,479	0		4.13
4.14	-1,940,278	0		4.14
5.00	-16,564,620			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	HEALTH CARE		6.00
7.00	TEMPORARY STAFFING		7.00
8.00	TELECOMMUNICATIONS		8.00
9.00	NEURO-SURGICAL PROCEDURES		9.00
10.00	LITHOTRIPSY PROCEDURES		10.00
10.01	REHAB SERVICES		10.01
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: 26-0032

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2019 7:03 am

	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	OTHER ADMINISTRATIVE AND GENERAL	2,306,454	2,306,454	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	4,472,828	4,459,597	13,231	237,100	108	2.00
3.00	18.01	LAB ADMINISTRATION	21,875	21,875	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	18,927,707	18,927,707	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	1,882,414	1,882,414	0	0	0	5.00
6.00	50.00	OPERATING ROOM	543,000	543,000	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	13,516,907	12,966,722	550,185	239,400	1,040	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	320,644	320,644	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	200,004	200,004	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	-24,160	-24,160	0	0	0	10.00
11.00	63.00	BLOOD STORING, PROCESSING & TRANS.	516,178	516,178	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	94,864	94,864	0	0	0	12.00
13.00	90.00	CLINIC	613,420	613,420	0	0	0	13.00
14.00	90.01	OUTPATIENT PSYCH	532,160	532,160	0	0	0	14.00
15.00	91.00	EMERGENCY	7,407,711	7,407,711	0	0	0	15.00
200.00			51,332,006	50,768,590	563,416		1,148	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	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	12,311	616	0	0	0	2.00
3.00	18.01	LAB ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	119,700	5,985	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.00	CLINIC	0	0	0	0	0	13.00
14.00	90.01	OUTPATIENT PSYCH	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
200.00			132,011	6,601	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	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	2,306,454		1.00
2.00	13.00	NURSING ADMINISTRATION	0	12,311	920	4,460,517		2.00
3.00	18.01	LAB ADMINISTRATION	0	0	0	21,875		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	18,927,707		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	1,882,414		5.00
6.00	50.00	OPERATING ROOM	0	0	0	543,000		6.00
7.00	53.00	ANESTHESIOLOGY	0	119,700	430,485	13,397,207		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	320,644		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	200,004		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	-24,160		10.00
11.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	516,178		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	94,864		12.00
13.00	90.00	CLINIC	0	0	0	613,420		13.00
14.00	90.01	OUTPATIENT PSYCH	0	0	0	532,160		14.00
15.00	91.00	EMERGENCY	0	0	0	7,407,711		15.00
200.00			0	132,011	431,405	51,199,995		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
		0	1.00	1.03	1.04	1.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	40,765,924	40,765,924			1.00
1.03	00103	NEW CRC-B&F (BJH CAMP EXP)	17,685,479	0	17,685,479		1.03
1.04	00104	NEW CRC-B&F (GSON)	1,416,095	0	0	1,416,095	1.04
1.05	00105	NEW CRC-B&F (THE HIGHLANDS)	1,137,817	0	0	0	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	81,279,477			1,137,817	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	41,822,113	487,512	60,234	0	4.00
5.01	00540	NONPATIENT TELEPHONES	1,358,502	186,781	36,387	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	14,895,875	554,258	7,444	0	5.03
5.04	00570	ADMITTING	23,564,887	405,238	71,130	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	377,755,149	10,958,061	4,780,761	0	5.06
7.00	00700	OPERATION OF PLANT	61,220,953	5,282,024	2,187,652	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,840,651	23,225	391	0	8.00
9.00	00900	HOUSEKEEPING	21,501,737	495,466	42,748	0	9.00
10.00	01000	DIETARY	12,362,511	447,095	2,267	0	10.00
11.00	01100	CAFETERIA	5,243,819	822,731	19,062	0	11.00
13.00	01300	NURSING ADMINISTRATION	57,542,901	269,313	47,945	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,707,877	937,024	40,842	0	14.00
15.00	01500	PHARMACY	182,808,788	96,553	344,041	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,430,646	28,008	105,430	0	16.00
17.00	01700	SOCIAL SERVICE	13,845,898	21,477	69,544	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	12,621,616	0	358,818	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	108,531	0	0	0	18.02
20.00	02000	NURSING SCHOOL	-7,576,389	0	0	1,416,095	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	126,026,485	199,876	45,978	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	275,016	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	304,205	0	2,558	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	156,214,192	10,551,399	12,069	0	30.00
31.00	03100	INTENSIVE CARE UNIT	20,180,237	996,673	2,177	0	31.00
32.00	03200	CORONARY CARE UNIT	5,088,080	170,549	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,418,011	594,093	0	0	34.00
35.01	02400	NEURO ICU	9,107,837	204,607	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	12,801,591	90,485	192,301	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,461,295	510,275	411,849	0	40.00
43.00	04300	NURSERY	2,666,808	109,957	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,484,991	1,533,722	1,040,900	0	50.00
51.00	05100	RECOVERY ROOM	20,901,281	585,231	178,135	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,937,135	387,257	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,219,998	4,148	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,406,502	417,407	453,634	0	54.00
54.01	03630	ULTRASOUND	3,948,068	167,875	55,630	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	25,769,064	276,872	573,411	0	55.00
56.00	05600	RADIOISOTOPE	1,897,211	173,411	0	0	56.00
57.00	05700	CT SCAN	6,087,134	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,788,942	229,650	80,701	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,043,176	8,639	256,317	0	59.00
60.00	06000	LABORATORY	53,046,382	86,903	556,878	0	60.00
60.01	06001	HLA LAB	4,530,584	0	27,158	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,384,929	6,016	175,597	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,331,629	99,570	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,245,189	39,269	134,605	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,613,008	11,021	2,759	0	67.00
68.00	06800	SPEECH PATHOLOGY	946,611	5,502	1,384	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,321,877	106,803	27,509	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,771,247	36,149	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	69,454,936	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	93,590,645	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,247,576	188,923	0	0	74.00
76.00	03330	ENDOSCOPY	6,597,729	99,930	159,585	0	76.00
76.01	03950	OB/GYN IN VITRO	2,753,728	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	436,345	39,560	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	469,995	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	258,851	0	8,126	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,111,831	0	10,373	0	77.00

5/30/2019 7:03 am S:\Shared\Everyone\Reimb\BJH\12-31-2018 Cost Reports\Medicare As-Filed CR Files\BJH18.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
				0	1.00	1.03	1.04	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,185,313	0	666,060	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	117,860	0	54,526	0	0	90.01
91.00	09100	EMERGENCY	25,503,958	53,239	456,604	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	11,885,200	754	23,917	0	0	105.00
106.00	10600	HEART ACQUISITION	2,187,930	754	14,888	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,700,600	754	12,561	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,306,786	754	11,006	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	497,711	754	231	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	12,562,695	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,940,429,261	39,003,547	13,824,123	1,416,095	356,185	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	363,638	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	7,289	0	1,726	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	181	0	1,726	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,746,072	1,762,377	3,706,264	0	781,632	194.00
194.01	07951	RETAIL PHARMACY	4,569,798	0	41,173	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,656,254	0	110,467	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	1,968,772,493	40,765,924	17,685,479	1,416,095	1,137,817	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP					
			2.00	4.00	5.01	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	81,279,477					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	604,745	42,974,604				4.00
5.01	00540	NONPATIENT TELEPHONES	5,417	118,141	1,705,228			5.01
5.03	00560	PURCHASING RECEIVING AND STORES	10,362	106,098	2,011	15,576,048		5.03
5.04	00570	ADMITTING	44,691	1,192,076	70,124	14,706	25,375,106	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,487,327	2,485,941	161,678	39,640	0	5.06
7.00	00700	OPERATION OF PLANT	582,856	717,358	30,625	76,718	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	464	0	0	92,120	0	8.00
9.00	00900	HOUSEKEEPING	177,750	966,031	16,823	58,970	0	9.00
10.00	01000	DIETARY	1,027,857	490,553	18,372	86,558	0	10.00
11.00	01100	CAFETERIA	204,407	347,158	14,107	259,577	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,412,112	2,072,515	57,857	14,702	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	159,375	357,174	10,310	192,965	0	14.00
15.00	01500	PHARMACY	2,230,340	1,685,326	40,629	4,660,642	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,825	229,286	15,388	5,113	0	16.00
17.00	01700	SOCIAL SERVICE	22,719	741,975	25,092	7,263	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	45,336	372,685	6,664	2,032	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	5,982	0	0	0	18.02
20.00	02000	NURSING SCHOOL	444,572	657,123	20,851	8,725	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,706	3,469,937	11,337	7,964	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	15,597	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	605	17,649	622	21	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,736,461	8,280,222	440,392	302,893	2,312,441	30.00
31.00	03100	INTENSIVE CARE UNIT	98,209	973,078	32,177	63,672	298,284	31.00
32.00	03200	CORONARY CARE UNIT	4,190	272,249	6,446	10,940	89,888	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	692,373	19,290	63,667	200,599	34.00
35.01	02400	NEURO ICU	198,863	416,579	10,704	29,240	134,917	35.01
35.02	02401	CARDIO-THORACIC ICU	172,103	654,814	16,754	45,124	175,167	35.02
40.00	04000	SUBPROVIDER - IPF	113,178	597,762	23,744	11,177	141,218	40.00
43.00	04300	NURSERY	0	132,750	976	60	25,412	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,965,951	3,031,856	118,761	570,380	2,241,520	50.00
51.00	05100	RECOVERY ROOM	203,546	1,009,325	28,345	72,578	446,965	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	171,913	524,612	21,024	45,266	72,472	52.00
53.00	05300	ANESTHESIOLOGY	988,943	185,674	25,960	198,787	815,236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,765,392	1,110,988	51,531	186,382	1,531,247	54.00
54.01	03630	ULTRASOUND	279,561	107,663	3,912	4,776	231,404	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,372,913	707,718	43,499	184,422	1,698,230	55.00
56.00	05600	RADIOISOTOPE	1,130,058	79,205	7,744	41,833	66,093	56.00
57.00	05700	CT SCAN	1,391,815	279,883	11,293	27,415	1,364,417	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,518,534	291,710	9,882	49,231	713,862	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,146,925	338,531	17,668	103,838	531,032	59.00
60.00	06000	LABORATORY	600,638	1,384,410	49,419	661,384	2,967,793	60.00
60.01	06001	HLA LAB	97,455	81,085	3,265	90,529	142,405	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	331,205	376,086	12,017	932,433	1,074,168	63.00
65.00	06500	RESPIRATORY THERAPY	539,954	666,582	12,166	96,054	274,369	65.00
66.00	06600	PHYSICAL THERAPY	17,021	286,761	3,504	1,000	70,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,086	145,998	0	594	39,979	67.00
68.00	06800	SPEECH PATHOLOGY	70,760	49,098	0	167	18,489	68.00
69.00	06900	ELECTROCARDIOLOGY	405,400	201,563	8,526	61,193	641,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	385,601	71,962	2,476	1,574	57,131	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,391,889	968,837	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,223,075	1,385,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,312,404	73.00
74.00	07400	RENAL DIALYSIS	191,249	178,480	4,539	37,424	82,888	74.00
76.00	03330	ENDOSCOPY	1,783,817	250,655	15,608	62,522	215,656	76.00
76.01	03950	OB/GYN IN VITRO	233,419	70,325	664	14,449	36,641	76.01
76.02	03320	ELECTROSHOCK THERAPY	11,910	21,712	1,557	1,821	11,835	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	16,186	7,028	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	707	102	11,204	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	80,274	1,579	1,028	17,727	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	92,058	793,458	79,432	40,758	313,616	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP					
			2.00	4.00	5.01	5.03	5.04	
90.01	04950	OUTPATIENT PSYCH	7,238	9,280	5,151	302	2,476	90.01
91.00	09100	EMERGENCY	836,493	1,217,538	48,237	112,925	1,371,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,109	100,410	2,950	249	66,136	105.00
106.00	10600	HEART ACQUISITION	222	62,674	2,060	114	7,162	106.00
107.00	10700	LIVER ACQUISITION	0	56,790	2,395	72	37,765	107.00
108.00	10800	LUNG ACQUISITION	222	53,075	1,708	295	31,456	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,465	0	1	2,586	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	209,787	9,214	1,064	116,413	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,372,878	42,105,065	1,659,766	15,288,601	25,375,023	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	11,362	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	26	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	6	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	839,351	561,382	24,541	33,171	0	194.00
194.01	07951	RETAIL PHARMACY	64,208	222,849	15,743	250,559	83	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	3,040	73,946	5,178	3,685	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	81,279,477	42,974,604	1,705,228	15,576,048	25,375,106	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	429,966,504	429,966,504			5.06
7.00	00700	OPERATION OF PLANT	0	70,099,775	19,523,138	89,622,913		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,956,851	823,498	230,213	4,010,562	8.00
9.00	00900	HOUSEKEEPING	0	23,259,839	6,477,981	1,152,476	67	9.00
10.00	01000	DIETARY	0	14,435,213	4,020,279	1,179,086	0	10.00
11.00	01100	CAFETERIA	0	6,910,861	1,924,709	1,719,925	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	61,417,345	17,105,038	706,286	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,405,567	6,797,072	2,024,589	3,167	14.00
15.00	01500	PHARMACY	0	191,866,319	53,436,465	1,404,783	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,845,696	1,628,056	418,546	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,733,968	4,103,484	282,122	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	13,407,151	3,733,959	1,232,787	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	114,513	31,892	0	0	18.02
20.00	02000	NURSING SCHOOL	0	-5,029,023	0	3,212,946	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	129,772,283	36,142,230	577,996	10,654	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	290,613	80,937	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	325,660	90,698	8,789	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	179,850,069	50,089,143	21,244,671	2,369,071	30.00
31.00	03100	INTENSIVE CARE UNIT	0	22,644,507	6,306,608	2,011,698	240,805	31.00
32.00	03200	CORONARY CARE UNIT	0	5,642,342	1,571,420	342,958	38,447	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	15,988,033	4,452,747	1,194,665	0	34.00
35.01	02400	NEURO ICU	0	10,102,747	2,813,666	411,446	73,761	35.01
35.02	02401	CARDIO-THORACIC ICU	0	14,148,339	3,940,383	842,642	100,671	35.02
40.00	04000	SUBPROVIDER - IPF	0	15,270,498	4,252,910	2,441,101	60,774	40.00
43.00	04300	NURSERY	0	2,935,963	817,680	235,796	5,217	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	91,988,081	25,619,140	6,660,379	419,929	50.00
51.00	05100	RECOVERY ROOM	0	23,425,406	6,524,093	1,788,861	216,895	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,159,679	3,386,531	778,738	127,432	52.00
53.00	05300	ANESTHESIOLOGY	0	11,438,746	3,185,748	8,341	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,923,083	10,561,768	3,018,477	74,771	54.00
54.01	03630	ULTRASOUND	0	4,798,889	1,336,515	616,152	8,497	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	38,657,956	10,766,434	2,526,824	66,145	55.00
56.00	05600	RADIOISOTOPE	0	3,395,555	945,679	348,714	10,895	56.00
57.00	05700	CT SCAN	0	9,161,957	2,551,651	190,264	3,609	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,682,512	3,253,638	965,969	1,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,446,126	3,466,308	897,998	54,451	59.00
60.00	06000	LABORATORY	0	59,366,061	16,533,745	2,121,582	3,107	60.00
60.01	06001	HLA LAB	0	4,972,481	1,384,861	93,305	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	36,292,451	10,107,629	615,394	4,460	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,020,324	4,740,245	200,225	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,797,472	1,614,625	541,425	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,818,445	784,951	31,642	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,092,011	304,131	15,821	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,774,194	1,608,142	309,282	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,326,140	647,842	72,693	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	72,815,662	20,279,526	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,199,635	27,349,089	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,312,404	644,016	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,931,079	1,373,330	379,908	0	74.00
76.00	03330	ENDOSCOPY	0	9,185,502	2,558,208	749,234	66,218	76.00
76.01	03950	OB/GYN IN VITRO	0	3,109,226	865,935	194,056	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	524,740	146,143	79,552	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	493,209	137,361	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	278,990	77,700	27,919	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,222,812	1,454,579	35,640	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	20,170,695	5,617,639	2,474,501	43,641	90.00
90.01	04950	OUTPATIENT PSYCH	0	196,833	54,819	187,334	0	90.01
91.00	09100	EMERGENCY	0	29,600,088	8,243,773	1,761,252	4,289	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	12,080,725	3,364,542	83,689	0	105.00
106.00	10600	HEART ACQUISITION	0	2,275,804	633,823	52,667	0	106.00
107.00	10700	LIVER ACQUISITION	0	6,810,937	1,896,880	44,671	0	107.00
108.00	10800	LUNG ACQUISITION	0	6,405,302	1,783,909	39,328	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	502,748	140,018	2,309	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	12,899,173	3,592,484	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,931,914,766	419,701,443	70,789,667	4,008,210	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	375,000	104,439	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	9,041	2,518	5,929	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	1,913	533	5,929	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	25,454,790	7,089,286	18,300,402	2,352	194.00
194.01	07951	RETAIL PHARMACY	0	5,164,413	1,438,315	141,457	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,852,570	1,629,970	379,529	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,968,772,493	429,966,504	89,622,913	4,010,562	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	30,890,363					9.00
10.00	01000	DIETARY	414,935	20,049,513				10.00
11.00	01100	CAFETERIA	605,262	0	11,160,757			11.00
13.00	01300	NURSING ADMINISTRATION	248,551	0	482,245	79,959,465		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	712,477	0	179,690	0	34,122,562	14.00
15.00	01500	PHARMACY	494,360	0	428,492	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	147,292	0	116,722	0	0	16.00
17.00	01700	SOCIAL SERVICE	97,717	0	218,086	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	433,833	0	90,613	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	1,536	0	0	18.02
20.00	02000	NURSING SCHOOL	1,130,675	0	144,366	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	203,404	0	1,173,362	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	6,143	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	3,093	0	6,143	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,476,259	17,420,212	2,649,279	36,911,937	0	30.00
31.00	03100	INTENSIVE CARE UNIT	707,941	222,334	276,446	3,929,709	0	31.00
32.00	03200	CORONARY CARE UNIT	120,691	195,289	76,791	1,100,986	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	420,417	454,569	188,905	2,682,014	0	34.00
35.01	02400	NEURO ICU	144,793	166,764	107,507	1,520,941	0	35.01
35.02	02401	CARDIO-THORACIC ICU	296,536	224,144	172,011	2,440,176	0	35.02
40.00	04000	SUBPROVIDER - IPF	859,053	629,890	201,192	1,373,875	0	40.00
43.00	04300	NURSERY	82,980	0	41,467	588,769	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,343,868	0	764,835	10,626,123	0	50.00
51.00	05100	RECOVERY ROOM	629,522	82	277,982	3,771,050	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,047	0	167,404	2,382,547	0	52.00
53.00	05300	ANESTHESIOLOGY	2,935	0	96,756	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,062,239	0	353,237	0	0	54.00
54.01	03630	ULTRASOUND	216,831	0	30,716	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	747,544	0	204,263	0	0	55.00
56.00	05600	RADIOISOTOPE	122,717	0	19,966	0	0	56.00
57.00	05700	CT SCAN	66,956	0	73,719	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	339,936	0	84,470	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	316,016	0	95,220	1,361,526	0	59.00
60.00	06000	LABORATORY	727,737	0	548,285	0	0	60.00
60.01	06001	HLA LAB	32,835	0	24,573	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	216,565	0	125,937	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	70,462	0	202,727	0	0	65.00
66.00	06600	PHYSICAL THERAPY	190,534	0	89,077	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,135	0	43,003	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,568	0	13,822	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	108,840	0	62,968	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,582	0	24,573	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	14,535,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	19,586,894	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	133,694	0	46,074	0	0	74.00
76.00	03330	ENDOSCOPY	263,664	0	75,255	1,044,281	0	76.00
76.01	03950	OB/GYN IN VITRO	68,290	0	18,430	257,421	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	27,995	0	7,679	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,825	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	12,542	0	19,966	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	870,807	0	231,908	3,259,925	0	90.00
90.01	04950	OUTPATIENT PSYCH	65,925	0	3,072	0	0	90.01
91.00	09100	EMERGENCY	619,806	0	390,097	5,549,580	0	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	29,451	0	30,716	443,961	0	105.00
106.00	10600	HEART ACQUISITION	18,534	0	16,894	252,286	0	106.00
107.00	10700	LIVER ACQUISITION	15,720	0	16,894	236,755	0	107.00
108.00	10800	LUNG ACQUISITION	13,840	0	15,358	220,710	0	108.00
109.00	10900	PANCREAS ACQUISITION	813	0	0	4,893	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	58,361	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,263,044	19,313,284	10,795,233	79,959,465	34,122,562	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	3,072	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	2,086	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	2,086	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,439,806	15,058	277,982	0	0	194.00
194.01	07951	RETAIL PHARMACY	49,780	0	61,433	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	133,561	0	23,037	0	0	194.02
194.03	07953	GUEST MEALS	0	721,171	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,890,363	20,049,513	11,160,757	79,959,465	34,122,562	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	247,630,419					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,156,312				16.00
17.00	01700	SOCIAL SERVICE	275,036	0	19,710,413			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	18,898,343	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	124	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,188	743,110	16,332,835	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,232	95,854	986,922	0	0	31.00
32.00	03200	CORONARY CARE UNIT	3,609	28,886	285,283	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,527	64,463	693,231	0	0	34.00
35.01	02400	NEURO ICU	2,934	43,356	436,170	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	1,826	56,290	580,213	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	790	45,381	0	0	0	40.00
43.00	04300	NURSERY	0	8,166	395,759	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,300	720,319	0	0	0	50.00
51.00	05100	RECOVERY ROOM	366	143,633	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,007	23,289	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	975,612	261,979	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,016,007	492,071	0	0	0	54.00
54.01	03630	ULTRASOUND	5,653	74,363	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,864,288	545,731	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,919,526	21,239	0	0	0	56.00
57.00	05700	CT SCAN	6,593	438,460	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	155,880	229,402	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	202	170,649	0	0	0	59.00
60.00	06000	LABORATORY	81	955,651	0	0	14,356,120	60.00
60.01	06001	HLA LAB	2,792	45,762	0	0	754,350	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,199	345,187	0	0	3,787,873	63.00
65.00	06500	RESPIRATORY THERAPY	4,288	88,169	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	22,534	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,847	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,942	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,691,907	206,091	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,359	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	311,339	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	445,368	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	221,109,384	743,098	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	62,474	26,636	0	0	0	74.00
76.00	03330	ENDOSCOPY	465	69,302	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	3,975	11,775	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	296	3,803	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	2,259	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,601	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,697	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,770	100,782	0	0	0	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
90.01	04950	OUTPATIENT PSYCH	0	796	0	0	0	90.01
91.00	09100	EMERGENCY	24,862	440,605	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	21,253	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	2,302	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	12,136	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	10,109	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	831	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	37,410	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	236,313,193	8,156,285	19,710,413	0	18,898,343	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	111,780	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	11,205,446	27	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	247,630,419	8,156,312	19,710,413	0	18,898,343	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	
			RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
			18.02		21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	147,941					18.02
20.00	02000	NURSING SCHOOL	0	-540,912				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		167,879,929			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			377,693		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				434,383	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	35,976,667	0	371,163,441	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,036,398	0	42,466,454	31.00
32.00	03200	CORONARY CARE UNIT	0	0	2,367,107	0	11,773,809	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	3,726,934	0	29,868,505	34.00
35.01	02400	NEURO ICU	0	0	990,492	0	16,814,577	35.01
35.02	02401	CARDIO-THORACIC ICU	0	0	2,518,199	0	25,321,430	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	2,887,535	0	28,022,999	40.00
43.00	04300	NURSERY	0	0	0	0	5,111,797	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	29,194,320	0	168,371,294	50.00
51.00	05100	RECOVERY ROOM	0	0	402,912	0	37,180,802	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,048,135	0	21,348,809	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,252,413	0	23,222,530	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,624,571	0	68,126,224	54.00
54.01	03630	ULTRASOUND	0	0	1,997,771	0	9,085,387	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,417,471	0	62,796,656	55.00
56.00	05600	RADIOISOTOPE	0	0	2,853,959	0	9,638,250	56.00
57.00	05700	CT SCAN	0	0	923,340	0	13,416,549	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	436,488	0	17,149,532	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,165,651	0	20,974,147	59.00
60.00	06000	LABORATORY	0	0	10,475,708	0	105,088,077	60.00
60.01	06001	HLA LAB	0	0	0	0	7,310,959	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,494,131	0	53,025,826	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,813,103	0	24,139,543	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,813,103	0	10,068,770	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,702,023	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,437,295	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,359,827	0	12,121,251	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,230,574	0	7,345,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	107,942,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	145,580,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	377,693	225,186,595	73.00
74.00	07400	RENAL DIALYSIS	0	0	705,096	0	7,658,291	74.00
76.00	03330	ENDOSCOPY	0	0	2,417,471	0	16,429,600	76.00
76.01	03950	OB/GYN IN VITRO	0	0	201,456	0	4,730,564	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	218,244	0	1,008,452	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	632,829	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	398,035	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	6,751,236	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	14,286,582	0	47,059,250	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	2,602,139	0	3,110,918	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	
			RESEARCH ADMINISTRATION		SERVICES-SALAR Y & FRINGES			
			18.02		21.00			
91.00	09100	EMERGENCY	0	0	9,871,340	0	56,505,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	16,054,337	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3,252,310	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	9,033,993	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	8,488,556	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	651,612	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	16,587,428	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	167,309,137	377,693	1,883,589,961	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	147,941	0	0	0	630,452	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	335,760	0	355,334	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	235,032	0	245,493	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	57,691,456	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	18,060,871	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	8,018,667	194.02
194.03	07953	GUEST MEALS	0	0	0	0	721,171	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	-540,912	0	0	-540,912	201.00
202.00		TOTAL (sum lines 118 through 201)	147,941	-540,912	167,879,929	377,693	1,968,772,493	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
18.00	01852	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
23.01	02301	PARAMED ED PRGM-PHARMACY					23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	434,383				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,289	371,244,730	-35,976,667	335,268,063	30.00
31.00	03100	INTENSIVE CARE UNIT	9,385	42,475,839	-5,036,398	37,439,441	31.00
32.00	03200	CORONARY CARE UNIT	2,602	11,776,411	-2,367,107	9,409,304	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,601	29,875,106	-3,726,934	26,148,172	34.00
35.01	02400	NEURO ICU	3,716	16,818,293	-990,492	15,827,801	35.01
35.02	02401	CARDIO-THORACIC ICU	5,596	25,327,026	-2,518,199	22,808,827	35.02
40.00	04000	SUBPROVIDER - IPF	6,193	28,029,192	-2,887,535	25,141,657	40.00
43.00	04300	NURSERY	1,130	5,112,927	0	5,112,927	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,210	168,408,504	-29,194,320	139,214,184	50.00
51.00	05100	RECOVERY ROOM	8,217	37,189,019	-402,912	36,786,107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,718	21,353,527	-2,048,135	19,305,392	52.00
53.00	05300	ANESTHESIOLOGY	5,132	23,227,662	-7,252,413	15,975,249	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,056	68,141,280	-12,624,571	55,516,709	54.00
54.01	03630	ULTRASOUND	2,008	9,087,395	-1,997,771	7,089,624	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13,878	62,810,534	-2,417,471	60,393,063	55.00
56.00	05600	RADIOISOTOPE	2,130	9,640,380	-2,853,959	6,786,421	56.00
57.00	05700	CT SCAN	2,965	13,419,514	-923,340	12,496,174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,790	17,153,322	-436,488	16,716,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,635	20,978,782	-2,165,651	18,813,131	59.00
60.00	06000	LABORATORY	23,224	105,111,301	-10,475,708	94,635,593	60.00
60.01	06001	HLA LAB	1,616	7,312,575	0	7,312,575	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,719	53,037,545	-1,494,131	51,543,414	63.00
65.00	06500	RESPIRATORY THERAPY	5,335	24,144,878	-1,813,103	22,331,775	65.00
66.00	06600	PHYSICAL THERAPY	2,225	10,070,995	-1,813,103	8,257,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	818	3,702,841	0	3,702,841	67.00
68.00	06800	SPEECH PATHOLOGY	318	1,437,613	0	1,437,613	68.00
69.00	06900	ELECTROCARDIOLOGY	2,679	12,123,930	-1,359,827	10,764,103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,623	7,347,386	-4,230,574	3,116,812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,855	107,966,050	0	107,966,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,173	145,613,159	0	145,613,159	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,766	225,236,361	0	225,236,361	73.00
74.00	07400	RENAL DIALYSIS	1,692	7,659,983	-705,096	6,954,887	74.00
76.00	03330	ENDOSCOPY	3,631	16,433,231	-2,417,471	14,015,760	76.00
76.01	03950	OB/GYN IN VITRO	1,045	4,731,609	-201,456	4,530,153	76.01
76.02	03320	ELECTROSHOCK THERAPY	223	1,008,675	-218,244	790,431	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	140	632,969	0	632,969	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	88	398,123	0	398,123	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,492	6,752,728	0	6,752,728	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,400	47,069,650	-14,286,582	32,783,068	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
90.01	04950	OUTPATIENT PSYCH	688	3,111,606	-2,602,139	509,467	90.01
91.00	09100	EMERGENCY	12,488	56,518,180	-9,871,340	46,646,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,548	16,057,885	0	16,057,885	105.00
106.00	10600	HEART ACQUISITION	719	3,253,029	0	3,253,029	106.00
107.00	10700	LIVER ACQUISITION	1,997	9,035,990	0	9,035,990	107.00
108.00	10800	LUNG ACQUISITION	1,876	8,490,432	0	8,490,432	108.00
109.00	10900	PANCREAS ACQUISITION	144	651,756	0	651,756	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	3,666	16,591,094	0	16,591,094	112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	415,439	1,883,571,017	-167,309,137	1,716,261,880	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	139	630,591	0	630,591	191.00
191.01	19101	RESEARCH CTSA I/P	79	355,413	-335,760	19,653	191.01
191.02	19102	RESEARCH CTSA O/P	54	245,547	-235,032	10,515	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	12,750	57,704,206	0	57,704,206	194.00
194.01	07951	RETAIL PHARMACY	3,991	18,064,862	0	18,064,862	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,772	8,020,439	0	8,020,439	194.02
194.03	07953	GUEST MEALS	159	721,330	0	721,330	194.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-540,912	0	-540,912	201.00
202.00		TOTAL (sum lines 118 through 201)	434,383	1,968,772,493	-167,879,929	1,800,892,564	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0032

Period:

From 01/01/2018

To 12/31/2018

Worksheet Non-CMS W

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	100	BJH SQ FT	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	103	NEW STRUCT SQ FT	1.03
1.04	NEW CRC-B&F(GSON)	104	GSON SQ FT	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	105	THE HIGHLANDS SQ FT	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	200	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	540	TELEPHONE EXPENSE	5.01
5.03	PURCHASING RECEIVING AND STORES	560	SUPPLY EXPENSE	5.03
5.04	ADMITTING	570	GROSS REVENUES	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	580	TOTAL REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM COST	5.06
7.00	OPERATION OF PLANT	700	BJH TOTAL SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	800	LAUNDRY POUNDS	8.00
9.00	HOUSEKEEPING	900	BJH TOTAL SQ FT	9.00
10.00	DIETARY	1000	MEALS SERVED	10.00
11.00	CAFETERIA	1100	FTE HOURS	11.00
13.00	NURSING ADMINISTRATION	1300	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	1400	COSTED REQUIS.	14.00
15.00	PHARMACY	1500	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	570	GROSS REVENUES	16.00
17.00	SOCIAL SERVICE	1700	PATIENT DAYS	17.00
18.00	EXTENDED CARE SERVICES	1800	ECF PT DAYS	18.00
18.01	LAB ADMINISTRATION	1801	TIME SPENT	18.01
18.02	RESEARCH ADMINISTRATION	1802	TIME SPENT	18.02
20.00	NURSING SCHOOL	2000	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2100	ASSIGNED TIME	21.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
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			CAPITAL RELATED COSTS					
Cost Center Description			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,730	487,512	60,234	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	13,399	186,781	36,387	0	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	2,476	554,258	7,444	0	0	5.03
5.04	00570	ADMITTING	108,399	405,238	71,130	0	12,254	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	10,737,532	10,958,061	4,780,761	0	297,947	5.06
7.00	00700	OPERATION OF PLANT	156,709	5,282,024	2,187,652	0	1,589	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,633	23,225	391	0	0	8.00
9.00	00900	HOUSEKEEPING	29,849	495,466	42,748	0	314	9.00
10.00	01000	DIETARY	22,908	447,095	2,267	0	0	10.00
11.00	01100	CAFETERIA	21,098	822,731	19,062	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	89,081	269,313	47,945	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,860,287	937,024	40,842	0	0	14.00
15.00	01500	PHARMACY	2,645,553	96,553	344,041	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	133,283	28,008	105,430	0	0	16.00
17.00	01700	SOCIAL SERVICE	34,039	21,477	69,544	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	9,592	0	358,818	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	846,225	0	0	1,416,095	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	40,868	199,876	45,978	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	800	0	2,558	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	646,043	10,551,399	12,069	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	45,676	996,673	2,177	0	0	31.00
32.00	03200	CORONARY CARE UNIT	5,604	170,549	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,397	594,093	0	0	0	34.00
35.01	02400	NEURO ICU	12,820	204,607	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	23,739	90,485	192,301	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	27,377	510,275	411,849	0	0	40.00
43.00	04300	NURSERY	738	109,957	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	631,921	1,533,722	1,040,900	0	0	50.00
51.00	05100	RECOVERY ROOM	40,225	585,231	178,135	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,675	387,257	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,891	4,148	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,301,322	417,407	453,634	0	0	54.00
54.01	03630	ULTRASOUND	7,210	167,875	55,630	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	44,717	276,872	573,411	0	31,827	55.00
56.00	05600	RADIOISOTOPE	312,040	173,411	0	0	0	56.00
57.00	05700	CT SCAN	22,279	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,388	229,650	80,701	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,569	8,639	256,317	0	0	59.00
60.00	06000	LABORATORY	104,211	86,903	556,878	0	12,254	60.00
60.01	06001	HLA LAB	10,650	0	27,158	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,176	6,016	175,597	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	284,452	99,570	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,354	39,269	134,605	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,021	2,759	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,502	1,384	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,673	106,803	27,509	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,873	36,149	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 PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,433	188,923	0	0	0	74.00
76.00	03330	ENDOSCOPY	58,694	99,930	159,585	0	0	76.00
76.01	03950	OB/GYN IN VITRO	7,170	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,178	39,560	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	535	0	8,126	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,194	0	10,373	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
0			1.00	1.03	1.04	1.05		
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	93,025	0	666,060	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	4,303	0	54,526	0	0	90.01
91.00	09100	EMERGENCY	60,256	53,239	456,604	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	8,413	754	23,917	0	0	105.00
106.00	10600	HEART ACQUISITION	18,610	754	14,888	0	0	106.00
107.00	10700	LIVER ACQUISITION	5,058	754	12,561	0	0	107.00
108.00	10800	LUNG ACQUISITION	7,475	754	11,006	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	60	754	231	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	7,598	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,741,483	39,003,547	13,824,123	1,416,095	356,185	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	1,726	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	1,726	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	546,844	1,762,377	3,706,264	0	781,632	194.00
194.01	07951	RETAIL PHARMACY	23,911	0	41,173	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	4,791	0	110,467	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	29,317,029	40,765,924	17,685,479	1,416,095	1,137,817	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	604,745	1,181,221	1,181,221			4.00
5.01	00540	NONPATIENT TELEPHONES	5,417	241,984	3,247	245,231		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	10,362	574,540	2,916	289	577,745	5.03
5.04	00570	ADMITTING	44,691	641,712	32,767	10,085	545	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,487,327	60,261,628	68,331	23,251	1,470	5.06
7.00	00700	OPERATION OF PLANT	582,856	8,210,830	19,718	4,404	2,845	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	464	27,713	0	0	3,416	8.00
9.00	00900	HOUSEKEEPING	177,750	746,127	26,553	2,419	2,187	9.00
10.00	01000	DIETARY	1,027,857	1,500,127	13,484	2,642	3,210	10.00
11.00	01100	CAFETERIA	204,407	1,067,298	9,542	2,029	9,625	11.00
13.00	01300	NURSING ADMINISTRATION	1,412,112	1,818,451	56,967	8,320	545	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	159,375	10,997,528	9,818	1,483	7,155	14.00
15.00	01500	PHARMACY	2,230,340	5,316,487	46,325	5,843	172,991	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,825	298,546	6,302	2,213	190	16.00
17.00	01700	SOCIAL SERVICE	22,719	147,779	20,395	3,608	269	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	45,336	413,746	10,244	958	75	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	164	0	0	18.02
20.00	02000	NURSING SCHOOL	444,572	2,706,892	18,062	2,999	324	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,706	297,428	95,378	1,630	295	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	429	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	605	3,963	485	89	1	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,736,461	12,945,972	227,577	63,336	11,232	30.00
31.00	03100	INTENSIVE CARE UNIT	98,209	1,142,735	26,747	4,627	2,361	31.00
32.00	03200	CORONARY CARE UNIT	4,190	180,343	7,483	927	406	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	613,490	19,031	2,774	2,361	34.00
35.01	02400	NEURO ICU	198,863	416,290	11,451	1,539	1,084	35.01
35.02	02401	CARDIO-THORACIC ICU	172,103	478,628	17,999	2,409	1,673	35.02
40.00	04000	SUBPROVIDER - IPF	113,178	1,062,679	16,431	3,415	414	40.00
43.00	04300	NURSERY	0	110,695	3,649	140	2	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,965,951	11,172,494	83,337	17,079	21,150	50.00
51.00	05100	RECOVERY ROOM	203,546	1,007,137	27,743	4,076	2,691	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	171,913	587,845	14,420	3,024	1,679	52.00
53.00	05300	ANESTHESIOLOGY	988,943	1,017,982	5,104	3,733	7,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,765,392	8,937,755	30,538	7,411	6,911	54.00
54.01	03630	ULTRASOUND	279,561	510,276	2,959	563	177	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,372,913	10,299,740	19,453	6,256	6,839	55.00
56.00	05600	RADIOISOTOPE	1,130,058	1,615,509	2,177	1,114	1,551	56.00
57.00	05700	CT SCAN	1,391,815	1,414,094	7,693	1,624	1,017	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,518,534	1,846,273	8,018	1,421	1,826	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,146,925	2,426,450	9,305	2,541	3,850	59.00
60.00	06000	LABORATORY	600,638	1,360,884	38,053	7,107	24,525	60.00
60.01	06001	HLA LAB	97,455	135,263	2,229	469	3,357	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	331,205	533,994	10,337	1,728	34,576	63.00
65.00	06500	RESPIRATORY THERAPY	539,954	923,976	18,322	1,750	3,562	65.00
66.00	06600	PHYSICAL THERAPY	17,021	211,249	7,882	504	37	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,086	18,866	4,013	0	22	67.00
68.00	06800	SPEECH PATHOLOGY	70,760	77,646	1,350	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	405,400	550,385	5,540	1,226	2,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	385,601	423,623	1,978	356	58	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	88,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	119,515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	191,249	383,605	4,906	653	1,388	74.00
76.00	03330	ENDOSCOPY	1,783,817	2,102,026	6,890	2,245	2,318	76.00
76.01	03950	OB/GYN IN VITRO	233,419	240,589	1,933	95	536	76.01
76.02	03320	ELECTROSHOCK THERAPY	11,910	52,648	597	224	68	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	600	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	8,661	0	102	4	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	11,567	2,207	227	38	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	92,058	851,143	21,810	11,423	1,511	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.03	
90.01	04950	OUTPATIENT PSYCH	7,238	66,067	255	741	11	90.01
91.00	09100	EMERGENCY	836,493	1,406,592	33,467	6,937	4,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,109	34,193	2,760	424	9	105.00
106.00	10600	HEART ACQUISITION	222	34,474	1,723	296	4	106.00
107.00	10700	LIVER ACQUISITION	0	18,373	1,561	344	3	107.00
108.00	10800	LUNG ACQUISITION	222	19,457	1,459	246	11	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,045	40	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	7,598	5,766	1,325	39	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,372,878	163,714,311	1,157,320	238,693	567,086	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	312	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	1,726	0	0	1	191.01
191.02	19102	RESEARCH CTSA O/P	0	1,726	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	839,351	7,636,468	15,431	3,529	1,230	194.00
194.01	07951	RETAIL PHARMACY	64,208	129,292	6,125	2,264	9,291	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	3,040	118,298	2,033	745	137	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	81,279,477	171,601,821	1,181,221	245,231	577,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	685,109					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	60,354,680			5.06
7.00	00700	OPERATION OF PLANT	0	0	2,740,481	10,978,278		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	115,595	28,200	174,924	8.00
9.00	00900	HOUSEKEEPING	0	0	909,320	141,172	3	9.00
10.00	01000	DIETARY	0	0	564,330	144,431	0	10.00
11.00	01100	CAFETERIA	0	0	270,173	210,681	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,401,050	86,516	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	954,111	248,000	138	14.00
15.00	01500	PHARMACY	0	0	7,500,815	172,078	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	228,532	51,269	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	576,010	34,558	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	524,139	151,009	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	4,477	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	393,567	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,073,318	70,801	465	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	11,361	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	12,731	1,077	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,469	0	7,031,059	2,602,348	103,327	30.00
31.00	03100	INTENSIVE CARE UNIT	8,058	0	885,264	246,421	10,503	31.00
32.00	03200	CORONARY CARE UNIT	2,428	0	220,582	42,010	1,677	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,419	0	625,036	146,339	0	34.00
35.01	02400	NEURO ICU	3,645	0	394,957	50,400	3,217	35.01
35.02	02401	CARDIO-THORACIC ICU	4,732	0	553,115	103,219	4,391	35.02
40.00	04000	SUBPROVIDER - IPF	3,815	0	596,985	299,021	2,651	40.00
43.00	04300	NURSERY	686	0	114,779	28,884	228	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,553	0	3,596,182	815,857	18,316	50.00
51.00	05100	RECOVERY ROOM	12,074	0	915,793	219,125	9,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,958	0	475,370	95,391	5,558	52.00
53.00	05300	ANESTHESIOLOGY	22,023	0	447,186	1,022	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,366	0	1,482,565	369,746	3,261	54.00
54.01	03630	ULTRASOUND	6,251	0	187,608	75,475	371	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	45,877	0	1,511,294	309,521	2,885	55.00
56.00	05600	RADIOISOTOPE	1,785	0	132,746	42,715	475	56.00
57.00	05700	CT SCAN	36,859	0	358,178	23,306	157	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,285	0	456,716	118,326	54	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,345	0	486,569	109,999	2,375	59.00
60.00	06000	LABORATORY	79,791	0	2,320,857	259,881	136	60.00
60.01	06001	HLA LAB	3,847	0	194,394	11,429	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,018	0	1,418,817	75,382	195	63.00
65.00	06500	RESPIRATORY THERAPY	7,412	0	665,393	24,526	0	65.00
66.00	06600	PHYSICAL THERAPY	1,894	0	226,646	66,321	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,080	0	110,184	3,876	0	67.00
68.00	06800	SPEECH PATHOLOGY	499	0	42,691	1,938	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,325	0	225,736	37,885	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,543	0	90,938	8,904	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,172	0	2,846,655	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	37,440	0	3,839,017	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,468	0	90,401	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,239	0	192,776	46,536	0	74.00
76.00	03330	ENDOSCOPY	5,826	0	359,098	91,777	2,888	76.00
76.01	03950	OB/GYN IN VITRO	990	0	121,552	23,771	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	320	0	20,514	9,745	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	190	0	19,282	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	303	0	10,907	3,420	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	479	0	204,181	4,366	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,472	0	788,553	303,112	1,903	90.00
90.01	04950	OUTPATIENT PSYCH	67	0	7,695	22,947	0	90.01
91.00	09100	EMERGENCY	37,039	0	1,157,186	215,743	187	91.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,787	0	472,284	10,251	0	105.00
106.00	10600	HEART ACQUISITION	193	0	88,970	6,451	0	106.00
107.00	10700	LIVER ACQUISITION	1,020	0	266,267	5,472	0	107.00
108.00	10800	LUNG ACQUISITION	850	0	250,409	4,817	0	108.00
109.00	10900	PANCREAS ACQUISITION	70	0	19,654	283	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	3,145	0	504,280	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	685,107	0	58,913,764	8,671,317	174,821	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	14,660	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	353	726	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	75	726	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	995,130	2,241,691	103	194.00
194.01	07951	RETAIL PHARMACY	2	0	201,898	17,328	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	228,800	46,490	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	685,109	0	60,354,680	10,978,278	174,924	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,827,781					9.00
10.00	01000	DIETARY	24,552	2,252,776				10.00
11.00	01100	CAFETERIA	35,813	0	1,605,161			11.00
13.00	01300	NURSING ADMINISTRATION	14,707	0	69,357	4,455,913		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,157	0	25,843	0	12,286,233	14.00
15.00	01500	PHARMACY	29,251	0	61,627	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,715	0	16,787	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,782	0	31,365	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	25,670	0	13,032	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	221	0	0	18.02
20.00	02000	NURSING SCHOOL	66,902	0	20,763	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,035	0	168,755	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	884	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	183	0	884	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	442,369	1,957,345	381,024	2,056,995	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,889	24,982	39,759	218,992	0	31.00
32.00	03200	CORONARY CARE UNIT	7,141	21,943	11,044	61,355	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	24,876	51,076	27,169	149,461	0	34.00
35.01	02400	NEURO ICU	8,567	18,738	15,462	84,758	0	35.01
35.02	02401	CARDIO-THORACIC ICU	17,546	25,185	24,739	135,984	0	35.02
40.00	04000	SUBPROVIDER - IPF	50,830	70,775	28,936	76,562	0	40.00
43.00	04300	NURSERY	4,910	0	5,964	32,810	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	138,687	0	110,000	592,164	0	50.00
51.00	05100	RECOVERY ROOM	37,249	9	39,980	210,150	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,215	0	24,076	132,773	0	52.00
53.00	05300	ANESTHESIOLOGY	174	0	13,916	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,853	0	50,803	0	0	54.00
54.01	03630	ULTRASOUND	12,830	0	4,418	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	44,232	0	29,378	0	0	55.00
56.00	05600	RADIOISOTOPE	7,261	0	2,871	0	0	56.00
57.00	05700	CT SCAN	3,962	0	10,602	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,114	0	12,149	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,699	0	13,695	75,874	0	59.00
60.00	06000	LABORATORY	43,060	0	78,855	0	0	60.00
60.01	06001	HLA LAB	1,943	0	3,534	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,814	0	18,112	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,169	0	29,157	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,274	0	12,811	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	659	0	6,185	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	329	0	1,988	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,440	0	9,056	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,514	0	3,534	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,233,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,052,456	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,911	0	6,627	0	0	74.00
76.00	03330	ENDOSCOPY	15,601	0	10,823	58,195	0	76.00
76.01	03950	OB/GYN IN VITRO	4,041	0	2,651	14,345	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,656	0	1,104	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	581	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	742	0	2,871	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	51,526	0	33,353	181,666	0	90.00
90.01	04950	OUTPATIENT PSYCH	3,901	0	442	0	0	90.01
91.00	09100	EMERGENCY	36,674	0	56,104	309,262	0	91.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,743	0	4,418	24,741	0	105.00
106.00	10600	HEART ACQUISITION	1,097	0	2,430	14,059	0	106.00
107.00	10700	LIVER ACQUISITION	930	0	2,430	13,194	0	107.00
108.00	10800	LUNG ACQUISITION	819	0	2,209	12,300	0	108.00
109.00	10900	PANCREAS ACQUISITION	48	0	0	273	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	8,394	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,435,643	2,170,053	1,552,591	4,455,913	12,286,233	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	442	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	123	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	123	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	381,043	1,692	39,980	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,946	0	8,835	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	7,903	0	3,313	0	0	194.02
194.03	07953	GUEST MEALS	0	81,031	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,827,781	2,252,776	1,605,161	4,455,913	12,286,233	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	13,305,417					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	612,554				16.00
17.00	01700	SOCIAL SERVICE	14,778	0	834,544			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	1,138,873	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	7	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,383	55,951	691,535	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	389	7,217	41,787	0	0	31.00
32.00	03200	CORONARY CARE UNIT	194	2,175	12,079	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	136	4,854	29,352	0	0	34.00
35.01	02400	NEURO ICU	158	3,264	18,468	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	98	4,238	24,566	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	42	3,417	0	0	0	40.00
43.00	04300	NURSERY	0	615	16,757	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,843	54,235	0	0	0	50.00
51.00	05100	RECOVERY ROOM	20	10,815	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54	1,753	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	52,421	19,725	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,322	37,049	0	0	0	54.00
54.01	03630	ULTRASOUND	304	5,599	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	368,825	41,089	0	0	0	55.00
56.00	05600	RADIOISOTOPE	103,138	1,599	0	0	0	56.00
57.00	05700	CT SCAN	354	33,013	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,376	17,272	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11	12,849	0	0	0	59.00
60.00	06000	LABORATORY	4	70,398	0	0	865,145	60.00
60.01	06001	HLA LAB	150	3,446	0	0	45,459	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,945	25,990	0	0	228,269	63.00
65.00	06500	RESPIRATORY THERAPY	230	6,638	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,697	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	967	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	447	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	144,639	15,517	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,382	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,441	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	33,533	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,880,413	55,950	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,357	2,006	0	0	0	74.00
76.00	03330	ENDOSCOPY	25	5,218	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	214	887	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	16	286	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	170	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	271	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	429	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	149	7,588	0	0	0	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
90.01	04950	OUTPATIENT PSYCH	0	60	0	0	0	90.01
91.00	09100	EMERGENCY	1,336	33,174	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,600	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	173	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	914	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	761	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	63	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	2,817	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,697,331	612,552	834,544	0	1,138,873	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,006	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	602,080	2	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,305,417	612,554	834,544	0	1,138,873	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
			18.02		21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	4,862					18.02
20.00	02000	NURSING SCHOOL	0	3,209,516				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		5,720,105			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			12,674		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				19,413	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.01	02400	NEURO ICU	0					35.01
35.02	02401	CARDIO-THORACIC ICU	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
54.01	03630	ULTRASOUND	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
60.01	06001	HLA LAB	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03330	ENDOSCOPY	0					76.00
76.01	03950	OB/GYN IN VITRO	0					76.01
76.02	03320	ELECTROSHOCK THERAPY	0					76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0					76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0					77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
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Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			RESEARCH ADMINISTRATION		SERVICES-SALAR Y & FRINGES			
			18.02		21.00			
90.01	04950	OUTPATIENT PSYCH	0					90.01
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0					112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	4,862					191.00
191.01	19101	RESEARCH CTSA I/P	0					191.01
191.02	19102	RESEARCH CTSA O/P	0					191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0					194.00
194.01	07951	RETAIL PHARMACY	0					194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0					194.02
194.03	07953	GUEST MEALS	0					194.03
200.00		Cross Foot Adjustments		0	5,720,105	12,674	19,413	200.00
201.00		Negative Cost Centers	0	3,209,516	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,862	3,209,516	5,720,105	12,674	19,413	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)				1.03
1.04	00104	NEW CRC-B&F(GSON)				1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)				1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
18.00	01852	EXTENDED CARE SERVICES				18.00
18.01	01851	LAB ADMINISTRATION				18.01
18.02	01850	RESEARCH ADMINISTRATION				18.02
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY				23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,637,922	0	28,637,922	30.00
31.00	03100	INTENSIVE CARE UNIT	2,701,731	0	2,701,731	31.00
32.00	03200	CORONARY CARE UNIT	571,787	0	571,787	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,701,374	0	1,701,374	34.00
35.01	02400	NEURO ICU	1,031,998	0	1,031,998	35.01
35.02	02401	CARDIO-THORACIC ICU	1,398,522	0	1,398,522	35.02
40.00	04000	SUBPROVIDER - IPF	2,215,973	0	2,215,973	40.00
43.00	04300	NURSERY	320,119	0	320,119	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,681,897	0	16,681,897	50.00
51.00	05100	RECOVERY ROOM	2,496,322	0	2,496,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,360,116	0	1,360,116	52.00
53.00	05300	ANESTHESIOLOGY	1,590,657	0	1,590,657	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,138,580	0	11,138,580	54.00
54.01	03630	ULTRASOUND	806,831	0	806,831	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,685,389	0	12,685,389	55.00
56.00	05600	RADIOISOTOPE	1,912,941	0	1,912,941	56.00
57.00	05700	CT SCAN	1,890,859	0	1,890,859	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,509,830	0	2,509,830	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,176,562	0	3,176,562	59.00
60.00	06000	LABORATORY	5,148,696	0	5,148,696	60.00
60.01	06001	HLA LAB	405,520	0	405,520	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,391,177	0	2,391,177	63.00
65.00	06500	RESPIRATORY THERAPY	1,685,135	0	1,685,135	65.00
66.00	06600	PHYSICAL THERAPY	540,315	0	540,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	145,852	0	145,852	67.00
68.00	06800	SPEECH PATHOLOGY	126,894	0	126,894	68.00
69.00	06900	ELECTROCARDIOLOGY	1,016,018	0	1,016,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	533,830	0	533,830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,218,739	0	8,218,739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,081,961	0	11,081,961	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,089,232	0	12,089,232	73.00
74.00	07400	RENAL DIALYSIS	652,004	0	652,004	74.00
76.00	03330	ENDOSCOPY	2,662,930	0	2,662,930	76.00
76.01	03950	OB/GYN IN VITRO	411,604	0	411,604	76.01
76.02	03320	ELECTROSHOCK THERAPY	87,178	0	87,178	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	20,242	0	20,242	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,249	0	24,249	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	227,107	0	227,107	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,262,209	0	2,262,209	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.01	04950	OUTPATIENT PSYCH	102,186	0	102,186	90.01
91.00	09100	EMERGENCY	3,297,888	0	3,297,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	554,210	0	554,210	105.00
106.00	10600	HEART ACQUISITION	149,870	0	149,870	106.00
107.00	10700	LIVER ACQUISITION	310,508	0	310,508	107.00
108.00	10800	LUNG ACQUISITION	293,338	0	293,338	108.00
109.00	10900	PANCREAS ACQUISITION	21,476	0	21,476	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	533,364	0	533,364	112.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,823,142	0	149,823,142	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	20,276	0	20,276	191.00
191.01	19101	RESEARCH CTSA I/P	2,929	0	2,929	191.01
191.02	19102	RESEARCH CTSA O/P	2,650	0	2,650	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	11,322,303	0	11,322,303	194.00
194.01	07951	RETAIL PHARMACY	980,063	0	980,063	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	407,719	0	407,719	194.02
194.03	07953	GUEST MEALS	81,031	0	81,031	194.03
200.00		Cross Foot Adjustments	5,752,192	0	5,752,192	200.00
201.00		Negative Cost Centers	3,209,516	0	3,209,516	201.00
202.00		TOTAL (sum lines 118 through 201)	171,601,821	0	171,601,821	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.03	1.04	1.05	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,378,328					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	1,762,839				1.03
1.04	00104	NEW CRC-B&F(GSON)	0	0	93,215			1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	54,411		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					49,410,643	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,442	6,004	0	0	367,631	4.00
5.01	00540	NONPATIENT TELEPHONES	10,897	3,627	0	0	3,293	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	32,336	742	0	0	6,299	5.03
5.04	00570	ADMITTING	23,642	7,090	0	586	27,168	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	639,305	476,533	0	14,248	20,357,294	5.06
7.00	00700	OPERATION OF PLANT	308,159	218,059	0	76	354,324	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,355	39	0	0	282	8.00
9.00	00900	HOUSEKEEPING	28,906	4,261	0	15	108,056	9.00
10.00	01000	DIETARY	26,084	226	0	0	624,845	10.00
11.00	01100	CAFETERIA	47,999	1,900	0	0	124,261	11.00
13.00	01300	NURSING ADMINISTRATION	15,712	4,779	0	0	858,438	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,667	4,071	0	0	96,886	14.00
15.00	01500	PHARMACY	5,633	34,293	0	0	1,355,847	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,634	10,509	0	0	19,347	16.00
17.00	01700	SOCIAL SERVICE	1,253	6,932	0	0	13,811	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	35,766	0	0	27,560	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	93,215	0	270,260	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,661	4,583	0	0	6,508	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	255	0	0	368	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	615,580	1,203	0	0	1,055,613	30.00
31.00	03100	INTENSIVE CARE UNIT	58,147	217	0	0	59,702	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	2,547	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,660	0	0	0	0	34.00
35.01	02400	NEURO ICU	11,937	0	0	0	120,891	35.01
35.02	02401	CARDIO-THORACIC ICU	5,279	19,168	0	0	104,623	35.02
40.00	04000	SUBPROVIDER - IPF	29,770	41,052	0	0	68,802	40.00
43.00	04300	NURSERY	6,415	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,479	103,754	0	0	4,842,585	50.00
51.00	05100	RECOVERY ROOM	34,143	17,756	0	0	123,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,593	0	0	0	104,508	52.00
53.00	05300	ANESTHESIOLOGY	242	0	0	0	601,189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,352	45,217	0	0	4,112,753	54.00
54.01	03630	ULTRASOUND	9,794	5,545	0	0	169,948	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	16,153	57,156	0	1,522	5,697,892	55.00
56.00	05600	RADIOISOTOPE	10,117	0	0	0	686,974	56.00
57.00	05700	CT SCAN	0	0	0	0	846,099	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,398	8,044	0	0	923,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	504	25,549	0	0	1,305,138	59.00
60.00	06000	LABORATORY	5,070	55,508	0	586	365,134	60.00
60.01	06001	HLA LAB	0	2,707	0	0	59,244	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	351	17,503	0	0	201,343	63.00
65.00	06500	RESPIRATORY THERAPY	5,809	0	0	0	328,244	65.00
66.00	06600	PHYSICAL THERAPY	2,291	13,417	0	0	10,347	66.00
67.00	06700	OCCUPATIONAL THERAPY	643	275	0	0	3,092	67.00
68.00	06800	SPEECH PATHOLOGY	321	138	0	0	43,016	68.00
69.00	06900	ELECTROCARDIOLOGY	6,231	2,742	0	0	246,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,109	0	0	0	234,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,022	0	0	0	116,262	74.00
76.00	03330	ENDOSCOPY	5,830	15,907	0	0	1,084,401	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	141,898	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	7,240	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	810	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,034	0	0	0	77.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			CAPITAL RELATED COSTS						
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (DOLLAR VALUE)		
			1.00	1.03	1.04	1.05	2.00		
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	66,391	0	0	55,963	90.00	
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	4,400	90.01	
91.00	09100	EMERGENCY	3,106	45,513	0	0	508,513	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	44	2,384	0	0	674	105.00	
106.00	10600	HEART ACQUISITION	44	1,484	0	0	135	106.00	
107.00	10700	LIVER ACQUISITION	44	1,252	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	44	1,097	0	0	135	108.00	
109.00	10900	PANCREAS ACQUISITION	44	23	0	0	0	109.00	
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	0	112.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,275,509	1,377,950	93,215	17,033	48,859,512	118.00	
	NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
191.01	19101	RESEARCH CTSA I/P	0	172	0	0	0	191.01	
191.02	19102	RESEARCH CTSA O/P	0	172	0	0	0	191.02	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	102,819	369,430	0	37,378	510,250	194.00	
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	39,033	194.01	
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	11,011	0	0	1,848	194.02	
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers						201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	40,765,924	17,685,479	1,416,095	1,137,817	81,279,477	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	17.140581	10.032385	15.191707	20.911525	1.644979	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONE EXPENSE)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (GROSS REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	581,897,152					4.00
5.01	00540	NONPATIENT TELEPHONES	1,599,674	3,956,585				5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,436,614	4,665	452,289,878			5.03
5.04	00570	ADMITTING	16,141,199	162,706	427,036	5,961,301,840		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,660,658	375,136	1,151,049	0	0	5.06
7.00	00700	OPERATION OF PLANT	9,713,327	71,057	2,227,712	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,674,942	0	0	8.00
9.00	00900	HOUSEKEEPING	13,080,456	39,035	1,712,364	0	0	9.00
10.00	01000	DIETARY	6,642,291	42,629	2,513,450	0	0	10.00
11.00	01100	CAFETERIA	4,700,665	32,733	7,537,514	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	28,062,703	134,243	426,903	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,836,279	23,922	5,603,270	0	0	14.00
15.00	01500	PHARMACY	22,820,001	94,269	135,331,759	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,104,633	35,705	148,474	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,046,647	58,220	210,898	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,046,308	15,462	58,993	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	80,992	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,897,715	48,379	253,357	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	46,984,376	26,306	231,266	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	211,190	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	238,972	1,444	596	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,120,978	1,021,822	8,795,316	543,209,122	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,175,880	74,660	1,848,886	70,068,996	0	31.00
32.00	03200	CORONARY CARE UNIT	3,686,363	14,956	317,665	21,115,228	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,375,015	44,759	1,848,731	47,122,157	0	34.00
35.01	02400	NEURO ICU	5,640,649	24,835	849,066	31,693,059	0	35.01
35.02	02401	CARDIO-THORACIC ICU	8,866,448	38,874	1,310,311	41,147,984	0	35.02
40.00	04000	SUBPROVIDER - IPF	8,093,945	55,093	324,553	33,173,138	0	40.00
43.00	04300	NURSERY	1,797,494	2,264	1,742	5,969,360	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,052,576	275,557	16,562,519	526,549,305	0	50.00
51.00	05100	RECOVERY ROOM	13,666,680	65,769	2,107,487	104,995,243	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,103,465	48,782	1,314,431	17,024,187	0	52.00
53.00	05300	ANESTHESIOLOGY	2,514,098	60,235	5,772,301	191,504,808	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,043,235	119,566	5,412,093	359,700,995	0	54.00
54.01	03630	ULTRASOUND	1,457,799	9,078	138,692	54,358,579	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,582,797	100,929	5,355,187	398,926,387	0	55.00
56.00	05600	RADIOISOTOPE	1,072,473	17,969	1,214,722	15,525,691	0	56.00
57.00	05700	CT SCAN	3,789,729	26,203	796,082	320,511,495	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,949,875	22,930	1,429,560	167,691,432	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,583,843	40,995	3,015,224	124,743,136	0	59.00
60.00	06000	LABORATORY	18,745,479	114,665	19,205,070	697,661,701	0	60.00
60.01	06001	HLA LAB	1,097,918	7,575	2,628,749	33,451,923	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,092,355	27,883	27,075,701	252,329,833	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,025,790	28,229	2,789,194	64,451,283	0	65.00
66.00	06600	PHYSICAL THERAPY	3,882,866	8,131	29,048	16,472,281	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,976,876	0	17,255	9,391,401	0	67.00
68.00	06800	SPEECH PATHOLOGY	664,812	0	4,842	4,343,226	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,729,246	19,783	1,776,906	150,651,398	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	974,400	5,746	45,704	13,420,452	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	69,454,936	227,586,855	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	93,590,645	325,561,413	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	543,200,294	0	73.00
74.00	07400	RENAL DIALYSIS	2,416,692	10,531	1,086,698	19,470,913	0	74.00
76.00	03330	ENDOSCOPY	3,393,978	36,215	1,815,493	50,659,038	0	76.00
76.01	03950	OB/GYN IN VITRO	952,232	1,540	419,569	8,607,200	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	293,990	3,613	52,876	2,780,233	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	469,995	1,651,043	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,640	2,972	2,631,969	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,086,947	3,663	29,848	4,164,192	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,743,746	184,304	1,183,520	73,670,747	0	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONE EXPENSE)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (GROSS REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
90.01	04950	OUTPATIENT PSYCH	125,649	11,951	8,758	581,558	0	90.01
91.00	09100	EMERGENCY	16,485,962	111,923	3,279,079	322,079,960	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,359,590	6,844	7,227	15,535,930	0	105.00
106.00	10600	HEART ACQUISITION	848,631	4,779	3,301	1,682,484	0	106.00
107.00	10700	LIVER ACQUISITION	768,955	5,556	2,102	8,871,350	0	107.00
108.00	10800	LUNG ACQUISITION	718,659	3,963	8,564	7,389,325	0	108.00
109.00	10900	PANCREAS ACQUISITION	19,835	0	23	607,586	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	2,840,597	21,379	30,885	27,346,345	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	570,123,247	3,851,100	443,943,111	5,961,282,235	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	153,843	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	757	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	181	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,601,343	56,941	963,196	0	0	194.00
194.01	07951	RETAIL PHARMACY	3,017,463	36,529	7,275,643	19,605	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,001,256	12,015	106,990	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	42,974,604	1,705,228	15,576,048	25,375,106	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.073853	0.430985	0.034438	0.004257	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,181,221	245,231	577,745	685,109	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002030	0.061980	0.001277	0.000115	0.000000	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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-429,966,504	1,543,835,012			5.06
7.00	00700	OPERATION OF PLANT	0	70,099,775	2,600,168		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,956,851	6,679	7,418,764	8.00
9.00	00900	HOUSEKEEPING	0	23,259,839	33,436	124	9.00
10.00	01000	DIETARY	0	14,435,213	34,208	0	10.00
11.00	01100	CAFETERIA	0	6,910,861	49,899	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	61,417,345	20,491	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,405,567	58,738	5,859	14.00
15.00	01500	PHARMACY	0	191,866,319	40,756	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,845,696	12,143	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,733,968	8,185	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	13,407,151	35,766	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	114,513	0	0	18.02
20.00	02000	NURSING SCHOOL	5,029,023	0	93,215	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	129,772,283	16,769	19,707	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	290,613	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	325,660	255	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	179,850,069	616,357	4,382,322	30.00
31.00	03100	INTENSIVE CARE UNIT	0	22,644,507	58,364	445,443	31.00
32.00	03200	CORONARY CARE UNIT	0	5,642,342	9,950	71,119	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	15,988,033	34,660	0	34.00
35.01	02400	NEURO ICU	0	10,102,747	11,937	136,444	35.01
35.02	02401	CARDIO-THORACIC ICU	0	14,148,339	24,447	186,222	35.02
40.00	04000	SUBPROVIDER - IPF	0	15,270,498	70,822	112,420	40.00
43.00	04300	NURSERY	0	2,935,963	6,841	9,650	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	91,988,081	193,233	776,787	50.00
51.00	05100	RECOVERY ROOM	0	23,425,406	51,899	401,214	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,159,679	22,593	235,725	52.00
53.00	05300	ANESTHESIOLOGY	0	11,438,746	242	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,923,083	87,573	138,312	54.00
54.01	03630	ULTRASOUND	0	4,798,889	17,876	15,718	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	38,657,956	73,309	122,355	55.00
56.00	05600	RADIOISOTOPE	0	3,395,555	10,117	20,154	56.00
57.00	05700	CT SCAN	0	9,161,957	5,520	6,676	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,682,512	28,025	2,288	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,446,126	26,053	100,723	59.00
60.00	06000	LABORATORY	0	59,366,061	61,552	5,748	60.00
60.01	06001	HLA LAB	0	4,972,481	2,707	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	36,292,451	17,854	8,251	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,020,324	5,809	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,797,472	15,708	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,818,445	918	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,092,011	459	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,774,194	8,973	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,326,140	2,109	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	72,815,662	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,199,635	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,312,404	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,931,079	11,022	0	74.00
76.00	03330	ENDOSCOPY	0	9,185,502	21,737	122,490	76.00
76.01	03950	OB/GYN IN VITRO	0	3,109,226	5,630	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	524,740	2,308	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	493,209	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	278,990	810	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	5,222,812	1,034	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	20,170,695	71,791	80,728	90.00
90.01	04950	OUTPATIENT PSYCH	0	196,833	5,435	0	90.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	29,600,088	51,098	7,934	51,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	12,080,725	2,428	0	2,428	105.00
106.00	10600	HEART ACQUISITION	0	2,275,804	1,528	0	1,528	106.00
107.00	10700	LIVER ACQUISITION	0	6,810,937	1,296	0	1,296	107.00
108.00	10800	LUNG ACQUISITION	0	6,405,302	1,141	0	1,141	108.00
109.00	10900	PANCREAS ACQUISITION	0	502,748	67	0	67	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	12,899,173	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-424,937,481	1,506,977,285	2,053,772	7,414,413	2,000,292	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	375,000	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	9,041	172	0	172	191.01
191.02	19102	RESEARCH CTSA O/P	0	1,913	172	0	172	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	25,454,790	530,937	4,351	530,910	194.00
194.01	07951	RETAIL PHARMACY	0	5,164,413	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,852,570	11,011	0	11,011	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		429,966,504	89,622,913	4,010,562	30,890,363	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.278505	34.468124	0.540597	12.129751	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		60,354,680	10,978,278	174,924	1,827,781	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.039094	4.222142	0.023579	0.717717	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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	730,980					10.00
11.00	01100	CAFETERIA	0	7,267				11.00
13.00	01300	NURSING ADMINISTRATION	0	314	7,614,474			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	117	0	163,045,581		14.00
15.00	01500	PHARMACY	0	279	0	0	149,559,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	76	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	142	0	0	166,112	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	59	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	1	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	94	0	0	75	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	764	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	4	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	4	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	635,119	1,725	3,515,093	0	60,510	30.00
31.00	03100	INTENSIVE CARE UNIT	8,106	180	374,223	0	4,368	31.00
32.00	03200	CORONARY CARE UNIT	7,120	50	104,846	0	2,180	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,573	123	255,406	0	1,526	34.00
35.01	02400	NEURO ICU	6,080	70	144,838	0	1,772	35.01
35.02	02401	CARDIO-THORACIC ICU	8,172	112	232,376	0	1,103	35.02
40.00	04000	SUBPROVIDER - IPF	22,965	131	130,833	0	477	40.00
43.00	04300	NURSERY	0	27	56,068	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	498	1,011,917	0	20,716	50.00
51.00	05100	RECOVERY ROOM	3	181	359,114	0	221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	109	226,888	0	608	52.00
53.00	05300	ANESTHESIOLOGY	0	63	0	0	589,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	230	0	0	1,217,595	54.00
54.01	03630	ULTRASOUND	0	20	0	0	3,414	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	133	0	0	4,145,780	55.00
56.00	05600	RADIOISOTOPE	0	13	0	0	1,159,324	56.00
57.00	05700	CT SCAN	0	48	0	0	3,982	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	55	0	0	94,146	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	62	129,657	0	122	59.00
60.00	06000	LABORATORY	0	357	0	0	49	60.00
60.01	06001	HLA LAB	0	16	0	0	1,686	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	82	0	0	21,863	63.00
65.00	06500	RESPIRATORY THERAPY	0	132	0	0	2,590	65.00
66.00	06600	PHYSICAL THERAPY	0	58	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41	0	0	1,625,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	69,454,936	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	93,590,645	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	133,542,034	73.00
74.00	07400	RENAL DIALYSIS	0	30	0	0	37,732	74.00
76.00	03330	ENDOSCOPY	0	49	99,446	0	281	76.00
76.01	03950	OB/GYN IN VITRO	0	12	24,514	0	2,401	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	5	0	0	179	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	13	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	151	310,440	0	1,673	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
90.01	04950	OUTPATIENT PSYCH	0	2	0	0	0	90.01
91.00	09100	EMERGENCY	0	254	528,482	0	15,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	20	42,278	0	0	105.00
106.00	10600	HEART ACQUISITION	0	11	24,025	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	11	22,546	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	10	21,018	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	466	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	38	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	704,138	7,029	7,614,474	163,045,581	142,724,583	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	2	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	549	181	0	0	67,511	194.00
194.01	07951	RETAIL PHARMACY	0	40	0	0	6,767,681	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	15	0	0	0	194.02
194.03	07953	GUEST MEALS	26,293	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,049,513	11,160,757	79,959,465	34,122,562	247,630,419	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.428265	1,535.813541	10.500983	0.209282	1.655729	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,252,776	1,605,161	4,455,913	12,286,233	13,305,417	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.081857	220.883583	0.585190	0.075355	0.088964	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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE			
					EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION (TIME SPENT)	RESEARCH ADMINISTRATION (TIME SPENT)	
			16.00	17.00	18.00	18.01	18.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,961,301,840					16.00
17.00	01700	SOCIAL SERVICE	0	302,410				17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0			18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	850,833		18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	100	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	543,209,122	250,589	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	70,068,996	15,142	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	21,115,228	4,377	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	47,122,157	10,636	0	0	0	34.00
35.01	02400	NEURO ICU	31,693,059	6,692	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	41,147,984	8,902	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,173,138	0	0	0	0	40.00
43.00	04300	NURSERY	5,969,360	6,072	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	526,549,305	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	104,995,243	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,024,187	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	191,504,808	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	359,700,995	0	0	0	0	54.00
54.01	03630	ULTRASOUND	54,358,579	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	398,926,387	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	15,525,691	0	0	0	0	56.00
57.00	05700	CT SCAN	320,511,495	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	167,691,432	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	124,743,136	0	0	0	0	59.00
60.00	06000	LABORATORY	697,661,701	0	0	646,335	0	60.00
60.01	06001	HLA LAB	33,451,923	0	0	33,962	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	252,329,833	0	0	170,536	0	63.00
65.00	06500	RESPIRATORY THERAPY	64,451,283	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,472,281	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,391,401	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,343,226	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	150,651,398	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,420,452	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	227,586,855	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	325,561,413	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	543,200,294	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,470,913	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	50,659,038	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	8,607,200	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,780,233	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	1,651,043	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,631,969	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,164,192	0	0	0	0	77.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE				
				EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION	RESEARCH ADMINISTRATION		
						(TIME SPENT)		(TIME SPENT)
		16.00	17.00	18.00	18.01	18.02		
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	73,670,747	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	581,558	0	0	0	0	90.01
91.00	09100	EMERGENCY	322,079,960	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	15,535,930	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,682,484	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	8,871,350	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	7,389,325	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	607,586	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	27,346,345	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,961,282,235	302,410	0	850,833	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	100	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	19,605	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,156,312	19,710,413	0	18,898,343	147,941	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001368	65.177782	0.000000	22.211577	1,479.410000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	612,554	834,544	0	1,138,873	4,862	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000103	2.759644	0.000000	1.338539	48.620000	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: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED	Reconciliation	PARAMED ED	
			SERVICES-SALARY & FRINGES	PRGM-PHARMACY		PRGM-PASTORAL ED	
			(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
18.00	01852	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING SCHOOL	34,675				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		10,000			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY			100		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				-434,383	1,968,879,022
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,223	2,143	0	0	371,163,441
31.00	03100	INTENSIVE CARE UNIT	864	300	0	0	42,466,454
32.00	03200	CORONARY CARE UNIT	0	141	0	0	11,773,809
34.00	03400	SURGICAL INTENSIVE CARE UNIT	384	222	0	0	29,868,505
35.01	02400	NEURO ICU	192	59	0	0	16,814,577
35.02	02401	CARDIO-THORACIC ICU	288	150	0	0	25,321,430
40.00	04000	SUBPROVIDER - IPF	2,400	172	0	0	28,022,999
43.00	04300	NURSERY	0	0	0	0	5,111,797
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	96	1,739	0	0	168,371,294
51.00	05100	RECOVERY ROOM	0	24	0	0	37,180,802
52.00	05200	DELIVERY ROOM & LABOR ROOM	228	122	0	0	21,348,809
53.00	05300	ANESTHESIOLOGY	0	432	0	0	23,222,530
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	752	0	0	68,126,224
54.01	03630	ULTRASOUND	0	119	0	0	9,085,387
55.00	05500	RADIOLOGY-THERAPEUTIC	0	144	0	0	62,796,656
56.00	05600	RADIOISOTOPE	0	170	0	0	9,638,250
57.00	05700	CT SCAN	0	55	0	0	13,416,549
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	26	0	0	17,149,532
59.00	05900	CARDIAC CATHETERIZATION	0	129	0	0	20,974,147
60.00	06000	LABORATORY	0	624	0	0	105,088,077
60.01	06001	HLA LAB	0	0	0	0	7,310,959
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	89	0	0	53,025,826
65.00	06500	RESPIRATORY THERAPY	0	108	0	0	24,139,543
66.00	06600	PHYSICAL THERAPY	0	108	0	0	10,068,770
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,702,023
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,437,295
69.00	06900	ELECTROCARDIOLOGY	0	81	0	0	12,121,251
70.00	07000	ELECTROENCEPHALOGRAPHY	0	252	0	0	7,345,763
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	107,942,195
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	145,580,986
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	225,186,595
74.00	07400	RENAL DIALYSIS	0	42	0	0	7,658,291
76.00	03330	ENDOSCOPY	0	144	0	0	16,429,600
76.01	03950	OB/GYN IN VITRO	0	12	0	0	4,730,564
76.02	03320	ELECTROSHOCK THERAPY	0	13	0	0	1,008,452
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	632,829
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	398,035
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	6,751,236

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
	OUTPATIENT SERVICE COST CENTERS	20.00	21.00	23.01	23A.02	23.02	
90.00	09000 CLINIC	0	851	0	0	47,059,250	90.00
90.01	04950 OUTPATIENT PSYCH	0	155	0	0	3,110,918	90.01
91.00	09100 EMERGENCY	0	588	0	0	56,505,692	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	16,054,337	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	3,252,310	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	9,033,993	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	8,488,556	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	651,612	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	16,587,428	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	34,675	9,966	100	-434,383	1,883,155,578	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	630,452	191.00
191.01	19101 RESEARCH CTSA I/P	0	20	0	0	355,334	191.01
191.02	19102 RESEARCH CTSA O/P	0	14	0	0	245,493	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	57,691,456	194.00
194.01	07951 RETAIL PHARMACY	0	0	0	0	18,060,871	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	8,018,667	194.02
194.03	07953 GUEST MEALS	0	0	0	0	721,171	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-540,912	167,879,929	377,693		434,383	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	16,787.992900	3,776.930000		0.000221	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,209,516	5,720,105	12,674		19,413	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	92.559942	572.010500	126.740000		0.000010	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0		0		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000		0.000000		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 7:03 am

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	335,268,063		335,268,063	30.00
31.00	03100	INTENSIVE CARE UNIT	37,439,441		37,439,441	31.00
32.00	03200	CORONARY CARE UNIT	9,409,304		9,409,304	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	26,148,172		26,148,172	34.00
35.01	02400	NEURO ICU	15,827,801		15,827,801	35.01
35.02	02401	CARDIO-THORACIC ICU	22,808,827		22,808,827	35.02
40.00	04000	SUBPROVIDER - IPF	25,141,657		25,141,657	40.00
43.00	04300	NURSERY	5,112,927		5,112,927	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	139,214,184		139,214,184	50.00
51.00	05100	RECOVERY ROOM	36,786,107		36,786,107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,305,392		19,305,392	52.00
53.00	05300	ANESTHESIOLOGY	15,975,249		15,975,249	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,516,709		55,516,709	54.00
54.01	03630	ULTRASOUND	7,089,624		7,089,624	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	60,393,063		60,393,063	55.00
56.00	05600	RADIOISOTOPE	6,786,421		6,786,421	56.00
57.00	05700	CT SCAN	12,496,174		12,496,174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,716,834		16,716,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,813,131		18,813,131	59.00
60.00	06000	LABORATORY	94,635,593		94,635,593	60.00
60.01	06001	HLA LAB	7,312,575		7,312,575	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,543,414		51,543,414	63.00
65.00	06500	RESPIRATORY THERAPY	22,331,775	0	22,331,775	65.00
66.00	06600	PHYSICAL THERAPY	8,257,892	0	8,257,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,702,841	0	3,702,841	67.00
68.00	06800	SPEECH PATHOLOGY	1,437,613	0	1,437,613	68.00
69.00	06900	ELECTROCARDIOLOGY	10,764,103		10,764,103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,116,812		3,116,812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	107,966,050		107,966,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	145,613,159		145,613,159	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,236,361		225,236,361	73.00
74.00	07400	RENAL DIALYSIS	6,954,887		6,954,887	74.00
76.00	03330	ENDOSCOPY	14,015,760		14,015,760	76.00
76.01	03950	OB/GYN IN VITRO	4,530,153		4,530,153	76.01
76.02	03320	ELECTROSHOCK THERAPY	790,431		790,431	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	632,969		632,969	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	398,123		398,123	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,752,728		6,752,728	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	32,783,068		32,783,068	90.00
90.01	04950	OUTPATIENT PSYCH	509,467		509,467	90.01
91.00	09100	EMERGENCY	46,646,840		46,646,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,265,366		9,265,366	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	16,057,885		16,057,885	105.00
106.00	10600	HEART ACQUISITION	3,253,029		3,253,029	106.00
107.00	10700	LIVER ACQUISITION	9,035,990		9,035,990	107.00
108.00	10800	LUNG ACQUISITION	8,490,432		8,490,432	108.00
109.00	10900	PANCREAS ACQUISITION	651,756		651,756	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	16,591,094		16,591,094	112.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	1,725,527,246	0	1,725,527,246	200.00
201.00		Less Observation Beds	9,265,366		9,265,366	201.00
202.00		Total (see instructions)	1,716,261,880	0	1,716,261,880	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 7:03 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	535,127,345		535,127,345			30.00
31.00	03100	INTENSIVE CARE UNIT	70,069,001		70,069,001			31.00
32.00	03200	CORONARY CARE UNIT	21,115,111		21,115,111			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	47,121,358		47,121,358			34.00
35.01	02400	NEURO ICU	31,693,060		31,693,060			35.01
35.02	02401	CARDIO-THORACIC ICU	41,147,984		41,147,984			35.02
40.00	04000	SUBPROVIDER - IPF	33,172,761		33,172,761			40.00
43.00	04300	NURSERY	5,969,360		5,969,360			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	330,327,639	196,221,666	526,549,305	0.264390	0.000000	50.00
51.00	05100	RECOVERY ROOM	34,494,777	70,500,466	104,995,243	0.350360	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,658,461	4,365,726	17,024,187	1.133998	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	105,711,219	85,793,589	191,504,808	0.083420	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,854,559	238,846,436	359,700,995	0.154341	0.000000	54.00
54.01	03630	ULTRASOUND	12,220,391	42,138,188	54,358,579	0.130423	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,263,572	384,662,815	398,926,387	0.151389	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,916,099	12,609,592	15,525,691	0.437109	0.000000	56.00
57.00	05700	CT SCAN	113,078,602	207,432,893	320,511,495	0.038988	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,569,498	132,121,934	167,691,432	0.099688	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,353,179	75,389,957	124,743,136	0.150815	0.000000	59.00
60.00	06000	LABORATORY	334,698,237	362,963,464	697,661,701	0.135647	0.000000	60.00
60.01	06001	HLA LAB	6,244,664	27,207,259	33,451,923	0.218600	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	173,731,835	78,597,998	252,329,833	0.204270	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	58,169,051	6,282,232	64,451,283	0.346491	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,570,826	901,455	16,472,281	0.501320	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,737,223	654,178	9,391,401	0.394280	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,079,566	263,660	4,343,226	0.331001	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	80,523,762	70,127,636	150,651,398	0.071450	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,257,115	2,163,337	13,420,452	0.232243	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,105,589	86,481,266	227,586,855	0.474395	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	229,922,382	95,639,031	325,561,413	0.447268	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	292,882,395	250,317,899	543,200,294	0.414647	0.000000	73.00
74.00	07400	RENAL DIALYSIS	18,634,106	836,807	19,470,913	0.357194	0.000000	74.00
76.00	03330	ENDOSCOPY	13,787,847	36,871,191	50,659,038	0.276668	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	843	8,606,357	8,607,200	0.526321	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	941,269	1,838,964	2,780,233	0.284304	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	1,651,043	1,651,043	0.383375	0.000000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,236	2,628,733	2,631,969	0.151264	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,085,328	1,078,864	4,164,192	1.621618	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,738,093	71,932,654	73,670,747	0.444994	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	0	581,558	581,558	0.876038	0.000000	90.01
91.00	09100	EMERGENCY	113,037,699	209,042,261	322,079,960	0.144830	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	773,926	7,089,716	7,863,642	1.178254	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	15,535,930	0	15,535,930			105.00
106.00	10600	HEART ACQUISITION	1,682,484	0	1,682,484			106.00
107.00	10700	LIVER ACQUISITION	8,871,350	0	8,871,350			107.00
108.00	10800	LUNG ACQUISITION	7,389,325	0	7,389,325			108.00
109.00	10900	PANCREAS ACQUISITION	607,586	0	607,586			109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	27,346,345	0	27,346,345			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	3,187,221,988	2,773,840,825	5,961,062,813			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,187,221,988	2,773,840,825	5,961,062,813			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.01	02400	NEURO ICU				35.01
35.02	02401	CARDIO-THORACIC ICU				35.02
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.264390			50.00
51.00	05100	RECOVERY ROOM	0.350360			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.133998			52.00
53.00	05300	ANESTHESIOLOGY	0.085667			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154341			54.00
54.01	03630	ULTRASOUND	0.130423			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151389			55.00
56.00	05600	RADIOISOTOPE	0.437109			56.00
57.00	05700	CT SCAN	0.038988			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.099688			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150815			59.00
60.00	06000	LABORATORY	0.135647			60.00
60.01	06001	HLA LAB	0.218600			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.204270			63.00
65.00	06500	RESPIRATORY THERAPY	0.346491			65.00
66.00	06600	PHYSICAL THERAPY	0.501320			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394280			67.00
68.00	06800	SPEECH PATHOLOGY	0.331001			68.00
69.00	06900	ELECTROCARDIOLOGY	0.071450			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232243			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474395			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.447268			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.414647			73.00
74.00	07400	RENAL DIALYSIS	0.357194			74.00
76.00	03330	ENDOSCOPY	0.276668			76.00
76.01	03950	OB/GYN IN VITRO	0.526321			76.01
76.02	03320	ELECTROSHOCK THERAPY	0.284304			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.383375			76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.151264			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.621618			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.444994			90.00
90.01	04950	OUTPATIENT PSYCH	0.876038			90.01
91.00	09100	EMERGENCY	0.144830			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.178254			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW				112.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 7:03 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	335,268,063		335,268,063	30.00
31.00	03100	INTENSIVE CARE UNIT	37,439,441		37,439,441	31.00
32.00	03200	CORONARY CARE UNIT	9,409,304		9,409,304	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	26,148,172		26,148,172	34.00
35.01	02400	NEURO ICU	15,827,801		15,827,801	35.01
35.02	02401	CARDIO-THORACIC ICU	22,808,827		22,808,827	35.02
40.00	04000	SUBPROVIDER - IPF	25,141,657		25,141,657	40.00
43.00	04300	NURSERY	5,112,927		5,112,927	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	139,214,184		139,214,184	50.00
51.00	05100	RECOVERY ROOM	36,786,107		36,786,107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,305,392		19,305,392	52.00
53.00	05300	ANESTHESIOLOGY	15,975,249		15,975,249	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,516,709		55,516,709	54.00
54.01	03630	ULTRASOUND	7,089,624		7,089,624	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	60,393,063		60,393,063	55.00
56.00	05600	RADIOISOTOPE	6,786,421		6,786,421	56.00
57.00	05700	CT SCAN	12,496,174		12,496,174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,716,834		16,716,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,813,131		18,813,131	59.00
60.00	06000	LABORATORY	94,635,593		94,635,593	60.00
60.01	06001	HLA LAB	7,312,575		7,312,575	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,543,414		51,543,414	63.00
65.00	06500	RESPIRATORY THERAPY	22,331,775	0	22,331,775	65.00
66.00	06600	PHYSICAL THERAPY	8,257,892	0	8,257,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,702,841	0	3,702,841	67.00
68.00	06800	SPEECH PATHOLOGY	1,437,613	0	1,437,613	68.00
69.00	06900	ELECTROCARDIOLOGY	10,764,103		10,764,103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,116,812		3,116,812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	107,966,050		107,966,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	145,613,159		145,613,159	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,236,361		225,236,361	73.00
74.00	07400	RENAL DIALYSIS	6,954,887		6,954,887	74.00
76.00	03330	ENDOSCOPY	14,015,760		14,015,760	76.00
76.01	03950	OB/GYN IN VITRO	4,530,153		4,530,153	76.01
76.02	03320	ELECTROSHOCK THERAPY	790,431		790,431	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	632,969		632,969	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	398,123		398,123	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,752,728		6,752,728	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	32,783,068		32,783,068	90.00
90.01	04950	OUTPATIENT PSYCH	509,467		509,467	90.01
91.00	09100	EMERGENCY	46,646,840		46,646,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,265,366		9,265,366	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	16,057,885		16,057,885	105.00
106.00	10600	HEART ACQUISITION	3,253,029		3,253,029	106.00
107.00	10700	LIVER ACQUISITION	9,035,990		9,035,990	107.00
108.00	10800	LUNG ACQUISITION	8,490,432		8,490,432	108.00
109.00	10900	PANCREAS ACQUISITION	651,756		651,756	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	16,591,094		16,591,094	112.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	1,725,527,246	0	1,725,527,246	200.00
201.00		Less Observation Beds	9,265,366		9,265,366	201.00
202.00		Total (see instructions)	1,716,261,880	0	1,716,261,880	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 7:03 am

				Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	535,127,345		535,127,345			30.00
31.00	03100	INTENSIVE CARE UNIT	70,069,001		70,069,001			31.00
32.00	03200	CORONARY CARE UNIT	21,115,111		21,115,111			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	47,121,358		47,121,358			34.00
35.01	02400	NEURO ICU	31,693,060		31,693,060			35.01
35.02	02401	CARDIO-THORACIC ICU	41,147,984		41,147,984			35.02
40.00	04000	SUBPROVIDER - IPF	33,172,761		33,172,761			40.00
43.00	04300	NURSERY	5,969,360		5,969,360			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	330,327,639	196,221,666	526,549,305	0.264390	0.000000	50.00
51.00	05100	RECOVERY ROOM	34,494,777	70,500,466	104,995,243	0.350360	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,658,461	4,365,726	17,024,187	1.133998	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	105,711,219	85,793,589	191,504,808	0.083420	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,854,559	238,846,436	359,700,995	0.154341	0.000000	54.00
54.01	03630	ULTRASOUND	12,220,391	42,138,188	54,358,579	0.130423	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,263,572	384,662,815	398,926,387	0.151389	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,916,099	12,609,592	15,525,691	0.437109	0.000000	56.00
57.00	05700	CT SCAN	113,078,602	207,432,893	320,511,495	0.038988	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,569,498	132,121,934	167,691,432	0.099688	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,353,179	75,389,957	124,743,136	0.150815	0.000000	59.00
60.00	06000	LABORATORY	334,698,237	362,963,464	697,661,701	0.135647	0.000000	60.00
60.01	06001	HLA LAB	6,244,664	27,207,259	33,451,923	0.218600	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	173,731,835	78,597,998	252,329,833	0.204270	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	58,169,051	6,282,232	64,451,283	0.346491	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,570,826	901,455	16,472,281	0.501320	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,737,223	654,178	9,391,401	0.394280	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,079,566	263,660	4,343,226	0.331001	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	80,523,762	70,127,636	150,651,398	0.071450	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,257,115	2,163,337	13,420,452	0.232243	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,105,589	86,481,266	227,586,855	0.474395	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	229,922,382	95,639,031	325,561,413	0.447268	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	292,882,395	250,317,899	543,200,294	0.414647	0.000000	73.00
74.00	07400	RENAL DIALYSIS	18,634,106	836,807	19,470,913	0.357194	0.000000	74.00
76.00	03330	ENDOSCOPY	13,787,847	36,871,191	50,659,038	0.276668	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	843	8,606,357	8,607,200	0.526321	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	941,269	1,838,964	2,780,233	0.284304	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	1,651,043	1,651,043	0.383375	0.000000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,236	2,628,733	2,631,969	0.151264	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,085,328	1,078,864	4,164,192	1.621618	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,738,093	71,932,654	73,670,747	0.444994	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	0	581,558	581,558	0.876038	0.000000	90.01
91.00	09100	EMERGENCY	113,037,699	209,042,261	322,079,960	0.144830	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	773,926	7,089,716	7,863,642	1.178254	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	15,535,930	0	15,535,930			105.00
106.00	10600	HEART ACQUISITION	1,682,484	0	1,682,484			106.00
107.00	10700	LIVER ACQUISITION	8,871,350	0	8,871,350			107.00
108.00	10800	LUNG ACQUISITION	7,389,325	0	7,389,325			108.00
109.00	10900	PANCREAS ACQUISITION	607,586	0	607,586			109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	27,346,345	0	27,346,345			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	3,187,221,988	2,773,840,825	5,961,062,813			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,187,221,988	2,773,840,825	5,961,062,813			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 7:03 am

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
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.01	02400	NEURO ICU				35.01
35.02	02401	CARDIO-THORACIC ICU				35.02
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	HLA LAB	0.000000			60.01
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 PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
76.01	03950	OB/GYN IN VITRO	0.000000			76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000000			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000000			76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	04950	OUTPATIENT PSYCH	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW				112.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/30/2019 7:03 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	28,637,922	0	28,637,922	257,711	111.12	30.00
31.00	INTENSIVE CARE UNIT	2,701,731		2,701,731	15,142	178.43	31.00
32.00	CORONARY CARE UNIT	571,787		571,787	4,377	130.63	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,701,374		1,701,374	10,636	159.96	34.00
35.01	NEURO ICU	1,031,998		1,031,998	6,692	154.21	35.01
35.02	CARDIO-THORACIC ICU	1,398,522		1,398,522	8,902	157.10	35.02
40.00	SUBPROVIDER - IPF	2,215,973	0	2,215,973	19,978	110.92	40.00
43.00	NURSERY	320,119		320,119	6,072	52.72	43.00
200.00	Total (lines 30 through 199)	38,579,426		38,579,426	329,510		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	89,622	9,958,797				
31.00	INTENSIVE CARE UNIT	5,517	984,398				
32.00	CORONARY CARE UNIT	1,769	231,084				
34.00	SURGICAL INTENSIVE CARE UNIT	3,153	504,354				
35.01	NEURO ICU	2,009	309,808				
35.02	CARDIO-THORACIC ICU	3,100	487,010				
40.00	SUBPROVIDER - IPF	5,464	606,067				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	110,634	13,081,518				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Title XVIII Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS 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	16,681,897	526,549,305	0.031682	107,745,342	3,413,588	50.00	
51.00	05100	RECOVERY ROOM	2,496,322	104,995,243	0.023776	11,310,747	268,924	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,360,116	17,024,187	0.079893	167,567	13,387	52.00	
53.00	05300	ANESTHESIOLOGY	1,590,657	191,504,808	0.008306	32,424,143	269,315	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,138,580	359,700,995	0.030966	43,064,624	1,333,539	54.00	
54.01	03630	ULTRASOUND	806,831	54,358,579	0.014843	4,189,166	62,180	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	12,685,389	398,926,387	0.031799	5,529,699	175,839	55.00	
56.00	05600	RADIOISOTOPE	1,912,941	15,525,691	0.123211	1,256,750	154,845	56.00	
57.00	05700	CT SCAN	1,890,859	320,511,495	0.005900	41,724,091	246,172	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,509,830	167,691,432	0.014967	11,897,231	178,066	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,176,562	124,743,136	0.025465	21,364,745	544,053	59.00	
60.00	06000	LABORATORY	5,148,696	697,661,701	0.007380	115,537,189	852,664	60.00	
60.01	06001	HLA LAB	405,520	33,451,923	0.012122	2,932,416	35,547	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,391,177	252,329,833	0.009476	58,732,103	556,545	63.00	
65.00	06500	RESPIRATORY THERAPY	1,685,135	64,451,283	0.026146	23,710,678	619,939	65.00	
66.00	06600	PHYSICAL THERAPY	540,315	16,472,281	0.032801	6,199,965	203,365	66.00	
67.00	06700	OCCUPATIONAL THERAPY	145,852	9,391,401	0.015530	3,435,116	53,347	67.00	
68.00	06800	SPEECH PATHOLOGY	126,894	4,343,226	0.029217	1,675,666	48,958	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,016,018	150,651,398	0.006744	33,597,109	226,579	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	533,830	13,420,452	0.039777	4,021,599	159,967	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,218,739	227,586,855	0.036113	50,102,422	1,809,349	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,081,961	325,561,413	0.034040	92,161,646	3,137,182	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	12,089,232	543,200,294	0.022256	104,980,493	2,336,446	73.00	
74.00	07400	RENAL DIALYSIS	652,004	19,470,913	0.033486	9,551,298	319,835	74.00	
76.00	03330	ENDOSCOPY	2,662,930	50,659,038	0.052566	5,362,132	281,866	76.00	
76.01	03950	OB/GYN IN VITRO	411,604	8,607,200	0.047821	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	87,178	2,780,233	0.031356	0	0	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	20,242	1,651,043	0.012260	0	0	76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,249	2,631,969	0.009213	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	227,107	4,164,192	0.054538	837,833	45,694	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,262,209	73,670,747	0.030707	670,267	20,582	90.00	
90.01	04950	OUTPATIENT PSYCH	102,186	581,558	0.175711	0	0	90.01	
91.00	09100	EMERGENCY	3,297,888	322,079,960	0.010239	43,651,107	446,944	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	791,429	7,863,642	0.100644	463,438	46,642	92.00	
200.00		Total (lines 50 through 199)	110,172,379	5,114,213,813		838,296,582	17,861,359	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/30/2019 7:03 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	81,289	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,385	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	2,602	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	6,601	0	34.00		
35.01	02400	NEURO ICU	0	0	0	3,716	0	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	0	0	5,596	0	35.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,193	0	40.00		
43.00	04300	NURSERY	0	0	0	1,130	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	116,512	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	81,289	257,711	0.32	89,622	30.00		
31.00	03100	INTENSIVE CARE UNIT		9,385	15,142	0.62	5,517	31.00		
32.00	03200	CORONARY CARE UNIT		2,602	4,377	0.59	1,769	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,601	10,636	0.62	3,153	34.00		
35.01	02400	NEURO ICU		3,716	6,692	0.56	2,009	35.01		
35.02	02401	CARDIO-THORACIC ICU		5,596	8,902	0.63	3,100	35.02		
40.00	04000	SUBPROVIDER - IPF	0	6,193	19,978	0.31	5,464	40.00		
43.00	04300	NURSERY		1,130	6,072	0.19	0	43.00		
200.00		Total (lines 30 through 199)		116,512	329,510		110,634	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	28,679	0						30.00
31.00	03100	INTENSIVE CARE UNIT	3,421	0						31.00
32.00	03200	CORONARY CARE UNIT	1,044	0						32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,955	0						34.00
35.01	02400	NEURO ICU	1,125	0						35.01
35.02	02401	CARDIO-THORACIC ICU	1,953	0						35.02
40.00	04000	SUBPROVIDER - IPF	1,694	0						40.00
43.00	04300	NURSERY	0	0						43.00
200.00		Total (lines 30 through 199)	39,871	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	37,210	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	8,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	4,718	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	5,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	15,056	54.00
54.01	03630	ULTRASOUND		0	0	0	0	2,008	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	13,878	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	2,130	56.00
57.00	05700	CT SCAN		0	0	0	0	2,965	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	3,790	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	4,635	59.00
60.00	06000	LABORATORY		0	0	0	0	23,224	60.00
60.01	06001	HLA LAB		0	0	0	0	1,616	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	11,719	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	5,335	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	2,225	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	818	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	318	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	2,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	1,623	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	23,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	32,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	427,459	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	1,692	74.00
76.00	03330	ENDOSCOPY		0	0	0	0	3,631	76.00
76.01	03950	OB/GYN IN VITRO		0	0	0	0	1,045	76.01
76.02	03320	ELECTROSHOCK THERAPY		0	0	0	0	223	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION		0	0	0	0	140	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	88	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	1,492	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	10,400	90.00
90.01	04950	OUTPATIENT PSYCH		0	0	0	0	688	90.01
91.00	09100	EMERGENCY		0	0	0	0	12,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	2,242	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	666,912	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		37,210	37,210	526,549,305	0.000071	50.00
51.00	05100	RECOVERY ROOM	0		8,217	8,217	104,995,243	0.000078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		4,718	4,718	17,024,187	0.000277	52.00
53.00	05300	ANESTHESIOLOGY	0		5,132	5,132	191,504,808	0.000027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		15,056	15,056	359,700,995	0.000042	54.00
54.01	03630	ULTRASOUND	0		2,008	2,008	54,358,579	0.000037	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		13,878	13,878	398,926,387	0.000035	55.00
56.00	05600	RADIOISOTOPE	0		2,130	2,130	15,525,691	0.000137	56.00
57.00	05700	CT SCAN	0		2,965	2,965	320,511,495	0.000009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		3,790	3,790	167,691,432	0.000023	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		4,635	4,635	124,743,136	0.000037	59.00
60.00	06000	LABORATORY	0		23,224	23,224	697,661,701	0.000033	60.00
60.01	06001	HLA LAB	0		1,616	1,616	33,451,923	0.000048	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		11,719	11,719	252,329,833	0.000046	63.00
65.00	06500	RESPIRATORY THERAPY	0		5,335	5,335	64,451,283	0.000083	65.00
66.00	06600	PHYSICAL THERAPY	0		2,225	2,225	16,472,281	0.000135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		818	818	9,391,401	0.000087	67.00
68.00	06800	SPEECH PATHOLOGY	0		318	318	4,343,226	0.000073	68.00
69.00	06900	ELECTROCARDIOLOGY	0		2,679	2,679	150,651,398	0.000018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		1,623	1,623	13,420,452	0.000121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		23,855	23,855	227,586,855	0.000105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		32,173	32,173	325,561,413	0.000099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		427,459	427,459	543,200,294	0.000787	73.00
74.00	07400	RENAL DIALYSIS	0		1,692	1,692	19,470,913	0.000087	74.00
76.00	03330	ENDOSCOPY	0		3,631	3,631	50,659,038	0.000072	76.00
76.01	03950	OB/GYN IN VITRO	0		1,045	1,045	8,607,200	0.000121	76.01
76.02	03320	ELECTROSHOCK THERAPY	0		223	223	2,780,233	0.000080	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0		140	140	1,651,043	0.000085	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		88	88	2,631,969	0.000033	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		1,492	1,492	4,164,192	0.000358	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		10,400	10,400	73,670,747	0.000141	90.00
90.01	04950	OUTPATIENT PSYCH	0		688	688	581,558	0.001183	90.01
91.00	09100	EMERGENCY	0		12,488	12,488	322,079,960	0.000039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		2,242	2,242	7,863,642	0.000285	92.00
200.00		Total (lines 50 through 199)	0		666,912	666,912	5,114,213,813		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000071	107,745,342	7,650	42,728,620	3,034	50.00	
51.00	05100	RECOVERY ROOM	0.000078	11,310,747	882	16,191,191	1,263	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000277	167,567	46	67,183	19	52.00	
53.00	05300	ANESTHESIOLOGY	0.000027	32,424,143	875	18,945,709	512	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000042	43,064,624	1,809	61,405,595	2,579	54.00	
54.01	03630	ULTRASOUND	0.000037	4,189,166	155	5,643,403	209	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000035	5,529,699	194	118,578,640	4,150	55.00	
56.00	05600	RADIOISOTOPE	0.000137	1,256,750	172	3,359,168	460	56.00	
57.00	05700	CT SCAN	0.000009	41,724,091	376	57,240,226	515	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000023	11,897,231	274	30,434,064	700	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000037	21,364,745	790	27,074,896	1,002	59.00	
60.00	06000	LABORATORY	0.000033	115,537,189	3,813	41,653,686	1,375	60.00	
60.01	06001	HLA LAB	0.000048	2,932,416	141	3,762,268	181	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000046	58,732,103	2,702	22,842,344	1,051	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000083	23,710,678	1,968	2,620,151	217	65.00	
66.00	06600	PHYSICAL THERAPY	0.000135	6,199,965	837	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000087	3,435,116	299	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000073	1,675,666	122	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000018	33,597,109	605	21,229,943	382	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000121	4,021,599	487	537,467	65	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000105	50,102,422	5,261	23,984,461	2,518	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000099	92,161,646	9,124	31,038,714	3,073	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000787	104,980,493	82,620	81,157,504	63,871	73.00	
74.00	07400	RENAL DIALYSIS	0.000087	9,551,298	831	671,834	58	74.00	
76.00	03330	ENDOSCOPY	0.000072	5,362,132	386	9,808,771	706	76.00	
76.01	03950	OB/GYN IN VITRO	0.000121	0	0	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0.000080	0	0	671,834	54	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000085	0	0	0	0	76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000033	0	0	1,007,750	33	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000358	837,833	300	268,733	96	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000141	670,267	95	21,431,493	3,022	90.00	
90.01	04950	OUTPATIENT PSYCH	0.001183	0	0	201,550	238	90.01	
91.00	09100	EMERGENCY	0.000039	43,651,107	1,702	26,537,429	1,035	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000285	463,438	132	739,017	211	92.00	
200.00		Total (lines 50 through 199)		838,296,582	124,648	671,833,644	92,629	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/30/2019 7:03 am

				Title XVIII	Hospital	PPS
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
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 PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.264390	42,728,620	0	0	11,297,020	50.00
51.00	05100	RECOVERY ROOM		0.350360	16,191,191	0	0	5,672,746	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1.133998	67,183	0	0	76,185	52.00
53.00	05300	ANESTHESIOLOGY		0.083420	18,945,709	0	0	1,580,451	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.154341	61,405,595	0	0	9,477,401	54.00
54.01	03630	ULTRASOUND		0.130423	5,643,403	0	0	736,030	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.151389	118,578,640	0	0	17,951,502	55.00
56.00	05600	RADIOISOTOPE		0.437109	3,359,168	0	0	1,468,323	56.00
57.00	05700	CT SCAN		0.038988	57,240,226	0	0	2,231,682	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.099688	30,434,064	0	0	3,033,911	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.150815	27,074,896	0	0	4,083,300	59.00
60.00	06000	LABORATORY		0.135647	41,653,686	1,400	0	5,650,198	60.00
60.01	06001	HLA LAB		0.218600	3,762,268	0	0	822,432	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.204270	22,842,344	0	0	4,666,006	63.00
65.00	06500	RESPIRATORY THERAPY		0.346491	2,620,151	297	0	907,859	65.00
66.00	06600	PHYSICAL THERAPY		0.501320	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.394280	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.331001	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.071450	21,229,943	0	0	1,516,879	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.232243	537,467	0	0	124,823	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.474395	23,984,461	0	0	11,378,108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.447268	31,038,714	0	0	13,882,624	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.414647	81,157,504	783,812	198,801	33,651,716	73.00
74.00	07400	RENAL DIALYSIS		0.357194	671,834	0	0	239,975	74.00
76.00	03330	ENDOSCOPY		0.276668	9,808,771	0	0	2,713,773	76.00
76.01	03950	OB/GYN IN VITRO		0.526321	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY		0.284304	671,834	0	0	191,005	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION		0.383375	0	24,786	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.151264	1,007,750	0	0	152,436	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		1.621618	268,733	0	0	435,782	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.444994	21,431,493	0	118	9,536,886	90.00
90.01	04950	OUTPATIENT PSYCH		0.876038	201,550	0	0	176,565	90.01
91.00	09100	EMERGENCY		0.144830	26,537,429	0	0	3,843,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		1.178254	739,017	0	0	870,750	92.00
200.00		Subtotal (see instructions)			671,833,644	810,295	198,919	148,369,784	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			671,833,644	810,295	198,919	148,369,784	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/30/2019 7:03 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	190	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	103	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 PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	325,005	82,432		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	9,502	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	53		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	334,800	82,485		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	334,800	82,485		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/30/2019 7:03 am		
				Component CCN: 26-S032				
				Title XVIII	Subprovider - IPF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,681,897	526,549,305	0.031682	17,974	569	50.00
51.00	05100	RECOVERY ROOM	2,496,322	104,995,243	0.023776	154,311	3,669	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,360,116	17,024,187	0.079893	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,590,657	191,504,808	0.008306	247,686	2,057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,138,580	359,700,995	0.030966	78,032	2,416	54.00
54.01	03630	ULTRASOUND	806,831	54,358,579	0.014843	7,014	104	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,685,389	398,926,387	0.031799	0	0	55.00
56.00	05600	RADIOISOTOPE	1,912,941	15,525,691	0.123211	0	0	56.00
57.00	05700	CT SCAN	1,890,859	320,511,495	0.005900	185,874	1,097	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,509,830	167,691,432	0.014967	60,058	899	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,176,562	124,743,136	0.025465	10,521	268	59.00
60.00	06000	LABORATORY	5,148,696	697,661,701	0.007380	819,775	6,050	60.00
60.01	06001	HLA LAB	405,520	33,451,923	0.012122	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,391,177	252,329,833	0.009476	7,014	66	63.00
65.00	06500	RESPIRATORY THERAPY	1,685,135	64,451,283	0.026146	43,400	1,135	65.00
66.00	06600	PHYSICAL THERAPY	540,315	16,472,281	0.032801	9,206	302	66.00
67.00	06700	OCCUPATIONAL THERAPY	145,852	9,391,401	0.015530	9,644	150	67.00
68.00	06800	SPEECH PATHOLOGY	126,894	4,343,226	0.029217	3,945	115	68.00
69.00	06900	ELECTROCARDIOLOGY	1,016,018	150,651,398	0.006744	41,646	281	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	533,830	13,420,452	0.039777	8,329	331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,218,739	227,586,855	0.036113	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,081,961	325,561,413	0.034040	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,089,232	543,200,294	0.022256	1,056,502	23,514	73.00
74.00	07400	RENAL DIALYSIS	652,004	19,470,913	0.033486	27,180	910	74.00
76.00	03330	ENDOSCOPY	2,662,930	50,659,038	0.052566	0	0	76.00
76.01	03950	OB/GYN IN VITRO	411,604	8,607,200	0.047821	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	87,178	2,780,233	0.031356	359,035	11,258	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	20,242	1,651,043	0.012260	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,249	2,631,969	0.009213	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	227,107	4,164,192	0.054538	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,262,209	73,670,747	0.030707	4,384	135	90.00
90.01	04950	OUTPATIENT PSYCH	102,186	581,558	0.175711	0	0	90.01
91.00	09100	EMERGENCY	3,297,888	322,079,960	0.010239	1,232,293	12,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,863,642	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)		109,380,950	5,114,213,813		4,383,823	67,943	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	37,210	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	8,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	4,718	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	5,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	15,056	54.00
54.01	03630	ULTRASOUND		0	0	0	0	2,008	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	13,878	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	2,130	56.00
57.00	05700	CT SCAN		0	0	0	0	2,965	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	3,790	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	4,635	59.00
60.00	06000	LABORATORY		0	0	0	0	23,224	60.00
60.01	06001	HLA LAB		0	0	0	0	1,616	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	11,719	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	5,335	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	2,225	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	818	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	318	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	2,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	1,623	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	23,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	32,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	427,459	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	1,692	74.00
76.00	03330	ENDOSCOPY		0	0	0	0	3,631	76.00
76.01	03950	OB/GYN IN VITRO		0	0	0	0	1,045	76.01
76.02	03320	ELECTROSHOCK THERAPY		0	0	0	0	223	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION		0	0	0	0	140	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	88	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	1,492	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	10,400	90.00
90.01	04950	OUTPATIENT PSYCH		0	0	0	0	688	90.01
91.00	09100	EMERGENCY		0	0	0	0	12,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	664,670	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		37,210	37,210	526,549,305	0.000071	50.00
51.00	05100	RECOVERY ROOM	0		8,217	8,217	104,995,243	0.000078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		4,718	4,718	17,024,187	0.000277	52.00
53.00	05300	ANESTHESIOLOGY	0		5,132	5,132	191,504,808	0.000027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		15,056	15,056	359,700,995	0.000042	54.00
54.01	03630	ULTRASOUND	0		2,008	2,008	54,358,579	0.000037	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		13,878	13,878	398,926,387	0.000035	55.00
56.00	05600	RADIOISOTOPE	0		2,130	2,130	15,525,691	0.000137	56.00
57.00	05700	CT SCAN	0		2,965	2,965	320,511,495	0.000009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		3,790	3,790	167,691,432	0.000023	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		4,635	4,635	124,743,136	0.000037	59.00
60.00	06000	LABORATORY	0		23,224	23,224	697,661,701	0.000033	60.00
60.01	06001	HLA LAB	0		1,616	1,616	33,451,923	0.000048	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		11,719	11,719	252,329,833	0.000046	63.00
65.00	06500	RESPIRATORY THERAPY	0		5,335	5,335	64,451,283	0.000083	65.00
66.00	06600	PHYSICAL THERAPY	0		2,225	2,225	16,472,281	0.000135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		818	818	9,391,401	0.000087	67.00
68.00	06800	SPEECH PATHOLOGY	0		318	318	4,343,226	0.000073	68.00
69.00	06900	ELECTROCARDIOLOGY	0		2,679	2,679	150,651,398	0.000018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		1,623	1,623	13,420,452	0.000121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		23,855	23,855	227,586,855	0.000105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		32,173	32,173	325,561,413	0.000099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		427,459	427,459	543,200,294	0.000787	73.00
74.00	07400	RENAL DIALYSIS	0		1,692	1,692	19,470,913	0.000087	74.00
76.00	03330	ENDOSCOPY	0		3,631	3,631	50,659,038	0.000072	76.00
76.01	03950	OB/GYN IN VITRO	0		1,045	1,045	8,607,200	0.000121	76.01
76.02	03320	ELECTROSHOCK THERAPY	0		223	223	2,780,233	0.000080	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0		140	140	1,651,043	0.000085	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		88	88	2,631,969	0.000033	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		1,492	1,492	4,164,192	0.000358	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		10,400	10,400	73,670,747	0.000141	90.00
90.01	04950	OUTPATIENT PSYCH	0		688	688	581,558	0.001183	90.01
91.00	09100	EMERGENCY	0		12,488	12,488	322,079,960	0.000039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	7,863,642	0.000000	92.00
200.00		Total (lines 50 through 199)	0		664,670	664,670	5,114,213,813		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000071	17,974	1	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000078	154,311	12	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000277	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000027	247,686	7	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000042	78,032	3	381	0	0	54.00
54.01	03630	ULTRASOUND	0.000037	7,014	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000035	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000137	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000009	185,874	2	4,497	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000023	60,058	1	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000037	10,521	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000033	819,775	27	0	0	0	60.00
60.01	06001	HLA LAB	0.000048	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000046	7,014	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000083	43,400	4	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000135	9,206	1	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000087	9,644	1	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000073	3,945	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000018	41,646	1	868	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000121	8,329	1	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000105	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000099	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000787	1,056,502	831	387	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000087	27,180	2	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000072	0	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.000121	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000080	359,035	29	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000085	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000033	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000358	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000141	4,384	1	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.001183	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000039	1,232,293	48	6,670	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		4,383,823	972	12,803	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am
			Title XVIII		Subprovider - IPF	PPS
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
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 PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2018
To 12/31/2018Part V
Date/Time Prepared:
5/30/2019 7:03 am

Title XVIII

Subprovider -

PPS

Cost Center Description			Charges				IPF		Costs	
			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	0.264390	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.350360	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.133998	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.083420	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154341	381	0	0	0	59	54.00	
54.01	03630	ULTRASOUND	0.130423	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151389	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.437109	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.038988	4,497	0	0	0	175	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.099688	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.150815	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.135647	0	0	0	0	0	60.00	
60.01	06001	HLA LAB	0.218600	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.204270	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.346491	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.501320	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.394280	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.331001	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.071450	868	0	0	0	62	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232243	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474395	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.447268	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.414647	387	0	0	0	160	73.00	
74.00	07400	RENAL DIALYSIS	0.357194	0	0	0	0	0	74.00	
76.00	03330	ENDOSCOPY	0.276668	0	0	0	0	0	76.00	
76.01	03950	OB/GYN IN VITRO	0.526321	0	0	0	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0.284304	0	0	0	0	0	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0.383375	0	0	0	0	0	76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.151264	0	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.621618	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0.444994	0	0	0	0	0	90.00	
90.01	04950	OUTPATIENT PSYCH	0.876038	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.144830	6,670	0	0	0	966	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.178254	0	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		12,803	0	0	0	1,422	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00	
202.00		Net Charges (line 200 - line 201)		12,803	0	0	0	1,422	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2018
To 12/31/2018Part V
Date/Time Prepared:
5/30/2019 7:03 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
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 PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/30/2019 7:03 am	
					Title XIX		Hospital		Cost	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	81,289	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,385	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	2,602	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	6,601	0	34.00		
35.01	02400	NEURO ICU	0	0	0	3,716	0	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	0	0	5,596	0	35.02		
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,193	0	40.00		
43.00	04300	NURSERY	0	0	0	1,130	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	116,512	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	81,289	257,711	0.32	24,740	30.00		
31.00	03100	INTENSIVE CARE UNIT		9,385	15,142	0.62	1,631	31.00		
32.00	03200	CORONARY CARE UNIT		2,602	4,377	0.59	368	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,601	10,636	0.62	1,086	34.00		
35.01	02400	NEURO ICU		3,716	6,692	0.56	518	35.01		
35.02	02401	CARDIO-THORACIC ICU		5,596	8,902	0.63	562	35.02		
40.00	04000	SUBPROVIDER - IPF	0	6,193	19,978	0.31	5,503	40.00		
43.00	04300	NURSERY		1,130	6,072	0.19	444	43.00		
200.00		Total (lines 30 through 199)		116,512	329,510		34,852	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	7,917	0				30.00		
31.00	03100	INTENSIVE CARE UNIT	1,011	0				31.00		
32.00	03200	CORONARY CARE UNIT	217	0				32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	673	0				34.00		
35.01	02400	NEURO ICU	290	0				35.01		
35.02	02401	CARDIO-THORACIC ICU	354	0				35.02		
40.00	04000	SUBPROVIDER - IPF	1,706	0				40.00		
43.00	04300	NURSERY	84	0				43.00		
200.00		Total (lines 30 through 199)	12,252	0				200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/30/2019 7:03 am

				Title XIX		Hospital	Cost	
Cost Center Description			Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
			Anesthetist Cost	Post-Stepdown Adjustments		Post-Stepdown Adjustments		
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	37,210	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	8,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,718	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,056	54.00
54.01	03630	ULTRASOUND	0	0	0	0	2,008	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	13,878	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,130	56.00
57.00	05700	CT SCAN	0	0	0	0	2,965	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,790	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,635	59.00
60.00	06000	LABORATORY	0	0	0	0	23,224	60.00
60.01	06001	HLA LAB	0	0	0	0	1,616	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	11,719	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,335	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	818	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	318	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,623	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	23,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	32,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	427,459	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,692	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	3,631	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	1,045	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	223	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	140	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	88	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,492	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	10,400	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	688	90.01
91.00	09100	EMERGENCY	0	0	0	0	12,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	664,670	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/30/2019 7:03 am

				Title XIX		Hospital	Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	37,210	37,210	526,549,305	0.000071	50.00
51.00	05100	RECOVERY ROOM	0	8,217	8,217	104,995,243	0.000078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,718	4,718	17,024,187	0.000277	52.00
53.00	05300	ANESTHESIOLOGY	0	5,132	5,132	191,504,808	0.000027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,056	15,056	359,700,995	0.000042	54.00
54.01	03630	ULTRASOUND	0	2,008	2,008	54,358,579	0.000037	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,878	13,878	398,926,387	0.000035	55.00
56.00	05600	RADIOISOTOPE	0	2,130	2,130	15,525,691	0.000137	56.00
57.00	05700	CT SCAN	0	2,965	2,965	320,511,495	0.000009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,790	3,790	167,691,432	0.000023	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,635	4,635	124,743,136	0.000037	59.00
60.00	06000	LABORATORY	0	23,224	23,224	697,661,701	0.000033	60.00
60.01	06001	HLA LAB	0	1,616	1,616	33,451,923	0.000048	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,719	11,719	252,329,833	0.000046	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,335	5,335	64,451,283	0.000083	65.00
66.00	06600	PHYSICAL THERAPY	0	2,225	2,225	16,472,281	0.000135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	818	818	9,391,401	0.000087	67.00
68.00	06800	SPEECH PATHOLOGY	0	318	318	4,343,226	0.000073	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,679	2,679	150,651,398	0.000018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,623	1,623	13,420,452	0.000121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,855	23,855	227,586,855	0.000105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,173	32,173	325,561,413	0.000099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	427,459	427,459	543,200,294	0.000787	73.00
74.00	07400	RENAL DIALYSIS	0	1,692	1,692	19,470,913	0.000087	74.00
76.00	03330	ENDOSCOPY	0	3,631	3,631	50,659,038	0.000072	76.00
76.01	03950	OB/GYN IN VITRO	0	1,045	1,045	8,607,200	0.000121	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	223	223	2,780,233	0.000080	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	140	140	1,651,043	0.000085	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	88	88	2,631,969	0.000033	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,492	1,492	4,164,192	0.000358	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,400	10,400	73,670,747	0.000141	90.00
90.01	04950	OUTPATIENT PSYCH	0	688	688	581,558	0.001183	90.01
91.00	09100	EMERGENCY	0	12,488	12,488	322,079,960	0.000039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	7,863,642	0.000000	92.00
200.00	Total (lines 50 through 199)		0	664,670	664,670	5,114,213,813		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/30/2019 7:03 am

				Title XIX		Hospital	Cost		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000071	18,020,029	1,279	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.000078	1,869,596	146	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000277	807,836	224	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000027	6,154,887	166	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000042	9,549,123	401	0	0	54.00	
54.01	03630	ULTRASOUND	0.000037	1,371,172	51	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000035	1,207,980	42	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000137	243,475	33	0	0	56.00	
57.00	05700	CT SCAN	0.000009	12,131,932	109	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000023	3,241,474	75	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000037	2,960,529	110	0	0	59.00	
60.00	06000	LABORATORY	0.000033	29,991,698	990	0	0	60.00	
60.01	06001	HLA LAB	0.000048	248,711	12	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000046	14,081,261	648	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000083	5,818,715	483	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000135	1,111,038	150	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000087	723,534	63	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000073	333,304	24	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000018	6,924,229	125	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000121	1,069,807	129	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000105	7,285,705	765	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000099	9,328,894	924	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000787	23,585,525	18,562	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000087	1,556,297	135	0	0	74.00	
76.00	03330	ENDOSCOPY	0.000072	928,385	67	0	0	76.00	
76.01	03950	OB/GYN IN VITRO	0.000121	0	0	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0.000080	0	0	0	0	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000085	0	0	0	0	76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000033	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000358	255,651	92	0	0	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000141	147,465	21	0	0	90.00	
90.01	04950	OUTPATIENT PSYCH	0.001183	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.000039	16,760,943	654	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	97,882	0	0	0	92.00	
200.00		Total (lines 50 through 199)		177,807,077	26,480	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am		
				Title XIX		Hospital		Cost		
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0						52.00
53.00	05300	ANESTHESIOLOGY	0	0						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0						54.00
54.01	03630	ULTRASOUND	0	0						54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0						55.00
56.00	05600	RADIOISOTOPE	0	0						56.00
57.00	05700	CT SCAN	0	0						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0						58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0						59.00
60.00	06000	LABORATORY	0	0						60.00
60.01	06001	HLA LAB	0	0						60.01
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 PATIENT	0	0						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0						73.00
74.00	07400	RENAL DIALYSIS	0	0						74.00
76.00	03330	ENDOSCOPY	0	0						76.00
76.01	03950	OB/GYN IN VITRO	0	0						76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0						76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0						76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0						76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0						77.00
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0						90.00
90.01	04950	OUTPATIENT PSYCH	0	0						90.01
91.00	09100	EMERGENCY	0	0						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0						92.00
200.00		Total (lines 50 through 199)	0	0						200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/30/2019 7:03 am

			Title XIX		Hospital		Cost		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.264390	0	0	7,938,043	0	50.00	
51.00	05100	RECOVERY ROOM	0.350360	0	0	3,181,755	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.133998	0	0	345,706	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.083420	0	0	3,777,366	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154341	0	0	12,110,345	0	54.00	
54.01	03630	ULTRASOUND	0.130423	0	0	2,925,142	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151389	0	0	17,764,580	0	55.00	
56.00	05600	RADIOISOTOPE	0.437109	0	0	560,886	0	56.00	
57.00	05700	CT SCAN	0.038988	0	0	12,573,308	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.099688	0	0	5,307,573	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.150815	0	0	2,762,675	0	59.00	
60.00	06000	LABORATORY	0.135647	0	0	19,820,031	0	60.00	
60.01	06001	HLA LAB	0.218600	0	0	697,094	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.204270	0	0	3,228,986	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.346491	0	0	366,942	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.501320	0	0	49,024	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.394280	0	0	46,389	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.331001	0	0	18,234	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.071450	0	0	4,180,259	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232243	0	0	176,323	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474395	0	0	3,395,269	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.447268	0	0	3,155,386	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.414647	0	0	13,505,956	0	73.00	
74.00	07400	RENAL DIALYSIS	0.357194	0	0	72,405	0	74.00	
76.00	03330	ENDOSCOPY	0.276668	0	0	2,318,678	0	76.00	
76.01	03950	OB/GYN IN VITRO	0.526321	0	0	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0.284304	0	0	196,420	0	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0.383375	0	0	10,150	0	76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.151264	0	0	185,719	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.621618	0	0	36,274	0	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.444994	0	0	6,647,649	0	90.00	
90.01	04950	OUTPATIENT PSYCH	0.876038	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.144830	0	0	22,729,909	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.178254	0	0	614,886	0	92.00	
200.00		Subtotal (see instructions)		0	0	150,699,362	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	150,699,362	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/30/2019 7:03 am

			Title XIX		Hospital	5/30/2019 7:03 am	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	0	2,098,739			50.00
51.00	05100	RECOVERY ROOM	0	1,114,760			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	392,030			52.00
53.00	05300	ANESTHESIOLOGY	0	315,108			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,869,123			54.00
54.01	03630	ULTRASOUND	0	381,506			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,689,362			55.00
56.00	05600	RADIOISOTOPE	0	245,168			56.00
57.00	05700	CT SCAN	0	490,208			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	529,101			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	416,653			59.00
60.00	06000	LABORATORY	0	2,688,528			60.00
60.01	06001	HLA LAB	0	152,385			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	659,585			63.00
65.00	06500	RESPIRATORY THERAPY	0	127,142			65.00
66.00	06600	PHYSICAL THERAPY	0	24,577			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,290			67.00
68.00	06800	SPEECH PATHOLOGY	0	6,035			68.00
69.00	06900	ELECTROCARDIOLOGY	0	298,680			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	40,950			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,610,699			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,411,303			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,600,204			73.00
74.00	07400	RENAL DIALYSIS	0	25,863			74.00
76.00	03330	ENDOSCOPY	0	641,504			76.00
76.01	03950	OB/GYN IN VITRO	0	0			76.01
76.02	03320	ELECTROSHOCK THERAPY	0	55,843			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	3,891			76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	28,093			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	58,823			77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,958,164			90.00
90.01	04950	OUTPATIENT PSYCH	0	0			90.01
91.00	09100	EMERGENCY	0	3,291,973			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	724,492			92.00
200.00		Subtotal (see instructions)	0	30,968,782			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	0	30,968,782			202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2018
To 12/31/2018Part IV
Date/Time Prepared:
5/30/2019 7:03 am

				Title XIX		Subprovider - IPF	Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
				1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM		0	0	0	0	37,210
51.00	05100	RECOVERY ROOM		0	0	0	0	8,217
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	4,718
53.00	05300	ANESTHESIOLOGY		0	0	0	0	5,132
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	15,056
54.01	03630	ULTRASOUND		0	0	0	0	2,008
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	13,878
56.00	05600	RADIOISOTOPE		0	0	0	0	2,130
57.00	05700	CT SCAN		0	0	0	0	2,965
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	3,790
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	4,635
60.00	06000	LABORATORY		0	0	0	0	23,224
60.01	06001	HLA LAB		0	0	0	0	1,616
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	11,719
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	5,335
66.00	06600	PHYSICAL THERAPY		0	0	0	0	2,225
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	818
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	318
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	2,679
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	1,623
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	23,855
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	32,173
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	427,459
74.00	07400	RENAL DIALYSIS		0	0	0	0	1,692
76.00	03330	ENDOSCOPY		0	0	0	0	3,631
76.01	03950	OB/GYN IN VITRO		0	0	0	0	1,045
76.02	03320	ELECTROSHOCK THERAPY		0	0	0	0	223
76.03	03951	CORNEAL TISSUE ACQUISITION		0	0	0	0	140
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	88
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	1,492
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		0	0	0	0	10,400
90.01	04950	OUTPATIENT PSYCH		0	0	0	0	688
91.00	09100	EMERGENCY		0	0	0	0	12,488
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0
200.00		Total (lines 50 through 199)		0	0	0	0	664,670

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		37,210	37,210	526,549,305	0.000071	50.00
51.00	05100	RECOVERY ROOM	0		8,217	8,217	104,995,243	0.000078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		4,718	4,718	17,024,187	0.000277	52.00
53.00	05300	ANESTHESIOLOGY	0		5,132	5,132	191,504,808	0.000027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		15,056	15,056	359,700,995	0.000042	54.00
54.01	03630	ULTRASOUND	0		2,008	2,008	54,358,579	0.000037	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		13,878	13,878	398,926,387	0.000035	55.00
56.00	05600	RADIOISOTOPE	0		2,130	2,130	15,525,691	0.000137	56.00
57.00	05700	CT SCAN	0		2,965	2,965	320,511,495	0.000009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		3,790	3,790	167,691,432	0.000023	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		4,635	4,635	124,743,136	0.000037	59.00
60.00	06000	LABORATORY	0		23,224	23,224	697,661,701	0.000033	60.00
60.01	06001	HLA LAB	0		1,616	1,616	33,451,923	0.000048	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		11,719	11,719	252,329,833	0.000046	63.00
65.00	06500	RESPIRATORY THERAPY	0		5,335	5,335	64,451,283	0.000083	65.00
66.00	06600	PHYSICAL THERAPY	0		2,225	2,225	16,472,281	0.000135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		818	818	9,391,401	0.000087	67.00
68.00	06800	SPEECH PATHOLOGY	0		318	318	4,343,226	0.000073	68.00
69.00	06900	ELECTROCARDIOLOGY	0		2,679	2,679	150,651,398	0.000018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		1,623	1,623	13,420,452	0.000121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		23,855	23,855	227,586,855	0.000105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		32,173	32,173	325,561,413	0.000099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		427,459	427,459	543,200,294	0.000787	73.00
74.00	07400	RENAL DIALYSIS	0		1,692	1,692	19,470,913	0.000087	74.00
76.00	03330	ENDOSCOPY	0		3,631	3,631	50,659,038	0.000072	76.00
76.01	03950	OB/GYN IN VITRO	0		1,045	1,045	8,607,200	0.000121	76.01
76.02	03320	ELECTROSHOCK THERAPY	0		223	223	2,780,233	0.000080	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0		140	140	1,651,043	0.000085	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		88	88	2,631,969	0.000033	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		1,492	1,492	4,164,192	0.000358	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		10,400	10,400	73,670,747	0.000141	90.00
90.01	04950	OUTPATIENT PSYCH	0		688	688	581,558	0.001183	90.01
91.00	09100	EMERGENCY	0		12,488	12,488	322,079,960	0.000039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	7,863,642	0.000000	92.00
200.00		Total (lines 50 through 199)	0		664,670	664,670	5,114,213,813		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000071	90,808	6	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000078	104,196	8	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000277	6,643	2	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000027	184,471	5	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000042	137,343	6	0	0	0	54.00
54.01	03630	ULTRASOUND	0.000037	17,028	1	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000035	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000137	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000099	175,404	2	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000023	83,855	2	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000037	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000033	1,165,626	38	0	0	0	60.00
60.01	06001	HLA LAB	0.000048	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000046	28,772	1	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000083	24,472	2	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000135	21,066	3	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000087	15,932	1	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000073	1,656	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000018	62,030	1	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000121	16,017	2	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000105	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000099	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000787	1,272,855	1,002	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000087	9,534	1	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000072	5,284	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.000121	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000080	239,890	19	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000085	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000033	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000358	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000141	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.001183	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000039	2,001,859	78	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		5,664,741	1,180	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 7:03 am		
				Title XIX		Subprovider - IPF		Cost		
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	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00	
53.00	05300	ANESTHESIOLOGY	0	0					53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00	
54.01	03630	ULTRASOUND	0	0					54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00	
56.00	05600	RADIOISOTOPE	0	0					56.00	
57.00	05700	CT SCAN	0	0					57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00	
60.00	06000	LABORATORY	0	0					60.00	
60.01	06001	HLA LAB	0	0					60.01	
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 PATIENT	0	0					72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00	
74.00	07400	RENAL DIALYSIS	0	0					74.00	
76.00	03330	ENDOSCOPY	0	0					76.00	
76.01	03950	OB/GYN IN VITRO	0	0					76.01	
76.02	03320	ELECTROSHOCK THERAPY	0	0					76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0					76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0					77.00	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0					90.00	
90.01	04950	OUTPATIENT PSYCH	0	0					90.01	
91.00	09100	EMERGENCY	0	0					91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00	
200.00	Total (lines 50 through 199)		0	0					200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2018

Part V

To 12/31/2018

Date/Time Prepared:
5/30/2019 7:03 am

Title XIX

Subprovider -

Cost

Cost Center Description			Charges				IPF		Costs	
			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	0.264390	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.350360	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.133998	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.083420	0	0	0	3,126	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154341	0	0	0	3,692	0	54.00	
54.01	03630	ULTRASOUND	0.130423	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151389	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.437109	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.038988	0	0	0	982	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.099688	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.150815	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.135647	0	0	0	50,772	0	60.00	
60.01	06001	HLA LAB	0.218600	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.204270	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.346491	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.501320	0	0	0	220	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.394280	0	0	0	224	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.331001	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.071450	0	0	0	434	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232243	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474395	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.447268	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.414647	0	0	0	2,358,991	0	73.00	
74.00	07400	RENAL DIALYSIS	0.357194	0	0	0	0	0	74.00	
76.00	03330	ENDOSCOPY	0.276668	0	0	0	592	0	76.00	
76.01	03950	OB/GYN IN VITRO	0.526321	0	0	0	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0.284304	0	0	0	3,220	0	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0.383375	0	0	0	0	0	76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.151264	0	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.621618	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0.444994	0	0	0	12,146	0	90.00	
90.01	04950	OUTPATIENT PSYCH	0.876038	0	0	0	226,996	0	90.01	
91.00	09100	EMERGENCY	0.144830	0	0	0	23,340	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.178254	0	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		0	0	0	2,684,735	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	0	2,684,735	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2018
To 12/31/2018Part V
Date/Time Prepared:
5/30/2019 7:03 am

Title XIX

Subprovider -
IPF

Cost

Cost Center Description		Costs			
		Cost	Cost		
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	570	54.00
54.01	03630	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	38	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	6,887	60.00
60.01	06001	HLA LAB	0	0	60.01
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	110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	88	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31	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 PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	978,149	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	164	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	915	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	5,405	90.00
90.01	04950	OUTPATIENT PSYCH	0	198,857	90.01
91.00	09100	EMERGENCY	0	3,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	1,194,855	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,194,855	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 7:03 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		257,711	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		257,711	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)		250,589	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)		89,622	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)		335,268,063	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)		335,268,063	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)		335,268,063	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)		1,300.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		116,593,741	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)		116,593,741	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	37,439,441	15,142	2,472.56	5,517	13,641,114	43.00	
44.00	CORONARY CARE UNIT	9,409,304	4,377	2,149.72	1,769	3,802,855	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	26,148,172	10,636	2,458.46	3,153	7,751,524	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
47.01	NEURO ICU	15,827,801	6,692	2,365.18	2,009	4,751,647	47.01	
47.02	CARDIO-THORACIC ICU	22,808,827	8,902	2,562.21	3,100	7,942,851	47.02	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						216,848,710	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						371,332,442	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)						12,513,628	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						17,986,007	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						30,499,635	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						340,832,807	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)						7,122	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,300.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						9,265,366	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Title XVIII		Hospital	PPS	
		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	28,637,922	335,268,063	0.085418	9,265,366	791,429
91.00	Nursing School cost	0	335,268,063	0.000000	9,265,366	0
92.00	Allied health cost	81,289	335,268,063	0.000242	9,265,366	2,242
93.00	All other Medical Education	0	335,268,063	0.000000	9,265,366	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 7:03 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,978	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,978	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)		19,978	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)		5,464	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)		25,141,657	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)		25,141,657	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)		25,141,657	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)		1,258.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,876,280	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,876,280	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 26-S032		Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					980,402	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,856,682	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)					607,761	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					68,915	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					676,676	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,180,006	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 7:03 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
			1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost		2,215,973	25,141,657	0.088139	0	0	0	90.00
91.00	Nursing School cost		0	25,141,657	0.000000	0	0	0	91.00
92.00	Allied health cost		6,193	25,141,657	0.000246	0	0	0	92.00
93.00	All other Medical Education		0	25,141,657	0.000000	0	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 7:03 am	
		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)		257,711	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		257,711	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)		250,589	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)		24,740	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00	
15.00	Total nursery days (title V or XIX only)		6,072	15.00	
16.00	Nursery days (title V or XIX only)		444	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)		335,268,063	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)		335,268,063	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)		335,268,063	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)		1,300.95	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		32,185,503	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)		32,185,503	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
5/30/2019 7:03 am

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)		5,112,927	6,072	842.05	444	373,870	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		37,439,441	15,142	2,472.56	1,631	4,032,745	43.00
44.00	CORONARY CARE UNIT		9,409,304	4,377	2,149.72	368	791,097	44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT		26,148,172	10,636	2,458.46	1,086	2,669,888	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
47.01	NEURO ICU		15,827,801	6,692	2,365.18	518	1,225,163	47.01
47.02	CARDIO-THORACIC ICU		22,808,827	8,902	2,562.21	562	1,439,962	47.02
Cost Center Description								
								1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						41,988,637	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						84,706,865	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)						7,122	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,300.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						9,265,366	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Title XIX		Hospital	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	28,637,922	335,268,063	0.085418	9,265,366	791,429
91.00	Nursing School cost	0	335,268,063	0.000000	9,265,366	0
92.00	Allied health cost	81,289	335,268,063	0.000242	9,265,366	2,242
93.00	All other Medical Education	0	335,268,063	0.000000	9,265,366	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 7:03 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,978 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,978 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)			19,978 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)			5,503 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			6,072 15.00
16.00	Nursery days (title V or XIX only)			444 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)			25,141,657 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)			25,141,657 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)			25,141,657 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)			1,258.47 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,925,360 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			6,925,360 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
				Component CCN: 26-S032		Date/Time Prepared: 5/30/2019 7:03 am
				Title XIX	Subprovider - IPF	Cost
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
47.01	NEURO ICU	0	0	0.00	0	0
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,210,851
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,136,211
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0
72.00	Program routine service cost (line 9 x line 71)					0
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0
77.00	Program capital-related costs (line 9 x line 76)					0
78.00	Inpatient routine service cost (line 74 minus line 77)					0
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0
81.00	Inpatient routine service cost per diem limitation					0
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0
83.00	Reasonable inpatient routine service costs (see instructions)					0
84.00	Program inpatient ancillary services (see instructions)					0
85.00	Utilization review - physician compensation (see instructions)					0
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

Period:

Worksheet D-1

Component CCN: 26-S032

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/30/2019 7:03 am

Title XIX

Subprovider -
IPF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,215,973	25,141,657	0.088139	0	0	90.00
91.00	Nursing School cost	0	25,141,657	0.000000	0	0	91.00
92.00	Allied health cost	6,193	25,141,657	0.000246	0	0	92.00
93.00	All other Medical Education	0	25,141,657	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 7:03 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		189,845,027	30.00
31.00	03100	INTENSIVE CARE UNIT		26,811,399	31.00
32.00	03200	CORONARY CARE UNIT		8,964,990	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		15,141,718	34.00
35.01	02400	NEURO ICU		10,013,438	35.01
35.02	02401	CARDIO-THORACIC ICU		15,042,950	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.264390	107,745,342	50.00
51.00	05100	RECOVERY ROOM	0.350360	11,310,747	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.133998	167,567	52.00
53.00	05300	ANESTHESIOLOGY	0.085667	32,424,143	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154341	43,064,624	54.00
54.01	03630	ULTRASOUND	0.130423	4,189,166	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151389	5,529,699	55.00
56.00	05600	RADIOISOTOPE	0.437109	1,256,750	56.00
57.00	05700	CT SCAN	0.038988	41,724,091	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.099688	11,897,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150815	21,364,745	59.00
60.00	06000	LABORATORY	0.135647	115,537,189	60.00
60.01	06001	HLA LAB	0.218600	2,932,416	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.204270	58,732,103	63.00
65.00	06500	RESPIRATORY THERAPY	0.346491	23,710,678	65.00
66.00	06600	PHYSICAL THERAPY	0.501320	6,199,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394280	3,435,116	67.00
68.00	06800	SPEECH PATHOLOGY	0.331001	1,675,666	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071450	33,597,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232243	4,021,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474395	50,102,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.447268	92,161,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.414647	104,980,493	73.00
74.00	07400	RENAL DIALYSIS	0.357194	9,551,298	74.00
76.00	03330	ENDOSCOPY	0.276668	5,362,132	76.00
76.01	03950	OB/GYN IN VITRO	0.526321	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.284304	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.383375	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.151264	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.621618	837,833	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.444994	670,267	90.00
90.01	04950	OUTPATIENT PSYCH	0.876038	0	90.01
91.00	09100	EMERGENCY	0.144830	43,651,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.178254	463,438	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		838,296,582	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		838,296,582	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 7:03 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400 NEURO ICU		0		35.01
35.02	02401 CARDIO-THORACIC ICU		0		35.02
40.00	04000 SUBPROVIDER - IPF		8,977,086		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.264390	17,974	4,752	50.00
51.00	05100 RECOVERY ROOM	0.350360	154,311	54,064	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.133998	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.085667	247,686	21,219	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154341	78,032	12,044	54.00
54.01	03630 ULTRASOUND	0.130423	7,014	915	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.151389	0	0	55.00
56.00	05600 RADIOISOTOPE	0.437109	0	0	56.00
57.00	05700 CT SCAN	0.038988	185,874	7,247	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.099688	60,058	5,987	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150815	10,521	1,587	59.00
60.00	06000 LABORATORY	0.135647	819,775	111,200	60.00
60.01	06001 HLA LAB	0.218600	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.204270	7,014	1,433	63.00
65.00	06500 RESPIRATORY THERAPY	0.346491	43,400	15,038	65.00
66.00	06600 PHYSICAL THERAPY	0.501320	9,206	4,615	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.394280	9,644	3,802	67.00
68.00	06800 SPEECH PATHOLOGY	0.331001	3,945	1,306	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071450	41,646	2,976	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.232243	8,329	1,934	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474395	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.447268	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.414647	1,056,502	438,075	73.00
74.00	07400 RENAL DIALYSIS	0.357194	27,180	9,709	74.00
76.00	03330 ENDOSCOPY	0.276668	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0.526321	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.284304	359,035	102,075	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.383375	0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.151264	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.621618	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.444994	4,384	1,951	90.00
90.01	04950 OUTPATIENT PSYCH	0.876038	0	0	90.01
91.00	09100 EMERGENCY	0.144830	1,232,293	178,473	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.178254	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,383,823	980,402	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)		4,383,823		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 7:03 am	
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	46,466,249		30.00
31.00	03100	INTENSIVE CARE UNIT	7,467,199		31.00
32.00	03200	CORONARY CARE UNIT	1,682,345		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,888,006		34.00
35.01	02400	NEURO ICU	2,403,912		35.01
35.02	02401	CARDIO-THORACIC ICU	2,595,191		35.02
40.00	04000	SUBPROVIDER - IPF	0		40.00
43.00	04300	NURSERY	545,720		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	18,020,029	4,764,315	50.00
51.00	05100	RECOVERY ROOM	1,869,596	655,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	807,836	916,084	52.00
53.00	05300	ANESTHESIOLOGY	6,154,887	513,441	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,549,123	1,473,821	54.00
54.01	03630	ULTRASOUND	1,371,172	178,832	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,207,980	182,875	55.00
56.00	05600	RADIOISOTOPE	243,475	106,425	56.00
57.00	05700	CT SCAN	12,131,932	473,000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,241,474	323,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,960,529	446,492	59.00
60.00	06000	LABORATORY	29,991,698	4,068,284	60.00
60.01	06001	HLA LAB	248,711	54,368	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,081,261	2,876,379	63.00
65.00	06500	RESPIRATORY THERAPY	5,818,715	2,016,132	65.00
66.00	06600	PHYSICAL THERAPY	1,111,038	556,986	66.00
67.00	06700	OCCUPATIONAL THERAPY	723,534	285,275	67.00
68.00	06800	SPEECH PATHOLOGY	333,304	110,324	68.00
69.00	06900	ELECTROCARDIOLOGY	6,924,229	494,736	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,069,807	248,455	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,285,705	3,456,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,328,894	4,172,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,585,525	9,779,667	73.00
74.00	07400	RENAL DIALYSIS	1,556,297	555,900	74.00
76.00	03330	ENDOSCOPY	928,385	256,854	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	255,651	414,568	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	147,465	65,621	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	16,760,943	2,427,487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	97,882	115,330	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)	177,807,077	41,988,637	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)	177,807,077		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 7:03 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		167,091		30.00
31.00	03100 INTENSIVE CARE UNIT		52,879		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		4,897		34.00
35.01	02400 NEURO ICU		4,650		35.01
35.02	02401 CARDIO-THORACIC ICU		0		35.02
40.00	04000 SUBPROVIDER - IPF		10,678,479		40.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.264390	90,808	24,009	50.00
51.00	05100 RECOVERY ROOM	0.350360	104,196	36,506	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.133998	6,643	7,533	52.00
53.00	05300 ANESTHESIOLOGY	0.083420	184,471	15,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154341	137,343	21,198	54.00
54.01	03630 ULTRASOUND	0.130423	17,028	2,221	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.151389	0	0	55.00
56.00	05600 RADIOISOTOPE	0.437109	0	0	56.00
57.00	05700 CT SCAN	0.038988	175,404	6,839	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.099688	83,855	8,359	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150815	0	0	59.00
60.00	06000 LABORATORY	0.135647	1,165,626	158,114	60.00
60.01	06001 HLA LAB	0.218600	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.204270	28,772	5,877	63.00
65.00	06500 RESPIRATORY THERAPY	0.346491	24,472	8,479	65.00
66.00	06600 PHYSICAL THERAPY	0.501320	21,066	10,561	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.394280	15,932	6,282	67.00
68.00	06800 SPEECH PATHOLOGY	0.331001	1,656	548	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071450	62,030	4,432	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.232243	16,017	3,720	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.474395	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.447268	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.414647	1,272,855	527,786	73.00
74.00	07400 RENAL DIALYSIS	0.357194	9,534	3,405	74.00
76.00	03330 ENDOSCOPY	0.276668	5,284	1,462	76.00
76.01	03950 OB/GYN IN VITRO	0.526321	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.284304	239,890	68,202	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.383375	0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.151264	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.621618	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.444994	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0.876038	0	0	90.01
91.00	09100 EMERGENCY	0.144830	2,001,859	289,929	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.178254	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,664,741	1,210,851	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)		5,664,741		202.00

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

Provider CCN: 26-0032

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/30/2019 7:03 am

		Kidney		Hospital		PPS	
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	185,589	1,300.95	164	213,356	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,472.56	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,149.72	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	4,897	2,458.46	1	2,458	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	1,959	2,365.18	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,562.21	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		192,445		165	215,814	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	0.264390	668,046	176,625	8.00
9.00	RECOVERY ROOM		51.00	0.350360	59,224	20,750	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.133998	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.083420	151,402	12,630	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154341	831,952	128,404	12.00
12.01	ULTRASOUND		54.01	0.130423	80,546	10,505	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.151389	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.437109	500,024	218,565	14.00
15.00	CT SCAN		57.00	0.038988	2,082,533	81,194	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.099688	143,027	14,258	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.150815	231,393	34,898	17.00
18.00	LABORATORY		60.00	0.135647	4,416,770	599,122	18.00
18.01	HLA LAB		60.01	0.218600	11,411,859	2,494,632	18.01
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	0.204270	639,504	130,631	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.346491	93,754	32,485	23.00
24.00	PHYSICAL THERAPY		66.00	0.501320	731	366	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.394280	483	190	25.00
26.00	SPEECH PATHOLOGY		68.00	0.331001	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.071450	6,022,011	430,273	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232243	1,767	410	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.474395	1,524	723	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.447268	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.414647	228,523	94,756	31.00
32.00	RENAL DIALYSIS		74.00	0.357194	63,905	22,826	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.276668	47,581	13,164	34.00
34.01	OB/GYN IN VITRO		76.01	0.526321	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.284304	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.383375	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.151264	0	0	34.98
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	0.444994	15,445	6,873	37.00
37.01	OUTPATIENT PSYCH		90.01	0.876038	0	0	37.01
38.00	EMERGENCY		91.00	0.144830	44,448	6,437	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.178254	2,070	2,439	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				27,738,522	4,533,156	41.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 26-0032

Period:

Worksheet D-4

Component CCN:

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/30/2019 7:03 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	164	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			165	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	15,445	0.000000	0	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	0	51.01
52.00	EMERGENCY	24.00	44,448	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	2,070	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		61,963		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	4,748,970		27,930,967		0	56.00
57.00	Interns and Residents (inpatient)	0		0		0	57.00
58.00	Interns and Residents (outpatient)	0		0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	16,057,885		15,535,930		0	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		0	60.00
61.00	Total (sum of lines 56 thru 60)	20,806,855		43,466,897		0	61.00
62.00	Total Usable Organs (see instructions)		260			0	62.00
63.00	Medicare Usable Organs (see instructions)		164			0	63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.630769			0	64.00
65.00	Medicare Cost/Charges (see instructions)	13,124,319		27,417,571		0	65.00
66.00	Revenue for Organs Sold	136,308		136,308		0	66.00
67.00	Subtotal (line 65 minus line 66)	12,988,011		27,281,263		0	67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	12,988,011	0	27,281,263	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)			55	19		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)			0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals			0	0		72.00
73.00	Organs Purchased from OPOs			0	186		73.00
74.00	Total (sum of lines 70 through 73)			55	205		74.00
75.00	Organs Transplanted			55	186	15,535,930	75.00
76.00	Organs Sold to Other Hospitals			0	0	0	76.00
77.00	Organs Sold to OPOs			0	19	136,308	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)			55	205		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.

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

Provider CCN: 26-0032

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

Worksheet D-4

Date/Time Prepared:
5/30/2019 7:03 am

			Liver		Hospital	PPS	
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	36,465	1,300.95	33	42,931	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,472.56	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,149.72	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	2,458.46	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	979	2,365.18	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,562.21	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		37,444		33	42,931	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	0.264390	112,624	29,777	8.00
9.00	RECOVERY ROOM		51.00	0.350360	29,467	10,324	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.133998	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.083420	38,450	3,207	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154341	325,485	50,236	12.00
12.01	ULTRASOUND		54.01	0.130423	113,981	14,866	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.151389	72,231	10,935	13.00
14.00	RADIOISOTOPE		56.00	0.437109	189,093	82,654	14.00
15.00	CT SCAN		57.00	0.038988	684,199	26,676	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.099688	2,010,087	200,382	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.150815	62,290	9,394	17.00
18.00	LABORATORY		60.00	0.135647	1,863,701	252,805	18.00
18.01	HLA LAB		60.01	0.218600	320,534	70,069	18.01
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	0.204270	304,610	62,223	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.346491	17,779	6,160	23.00
24.00	PHYSICAL THERAPY		66.00	0.501320	220	110	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.394280	224	88	25.00
26.00	SPEECH PATHOLOGY		68.00	0.331001	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.071450	1,745,485	124,715	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232243	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.474395	17	8	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.447268	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.414647	39,621	16,429	31.00
32.00	RENAL DIALYSIS		74.00	0.357194	2,971	1,061	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.276668	71,865	19,883	34.00
34.01	OB/GYN IN VITRO		76.01	0.526321	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.284304	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.383375	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.151264	0	0	34.98
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	0.444994	683	304	37.00
37.01	OUTPATIENT PSYCH		90.01	0.876038	0	0	37.01
38.00	EMERGENCY		91.00	0.144830	17,949	2,600	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.178254	506	596	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				8,024,072	995,502	41.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 26-0032
Component CCN:

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

Worksheet D-4
Date/Time Prepared:
5/30/2019 7:03 am

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	33		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	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
47.01	NEURO ICU	7.01	0.00	0		0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0		0	47.02
48.00	TOTAL (sum of lines 42 through 47)			33		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved				Teaching Program			
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	683	0.000000	0	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	0	51.01
52.00	EMERGENCY	24.00	17,949	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	506	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		19,138		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	1,038,433		8,061,516			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	9,035,990		8,871,350			59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	10,074,423		16,932,866			61.00
62.00	Total Usable Organs (see instructions)		115				62.00
63.00	Medicare Usable Organs (see instructions)		41				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.356522				64.00
65.00	Medicare Cost/Charges (see instructions)	3,591,753		6,036,939			65.00
66.00	Revenue for Organs Sold	9,544		9,544			66.00
67.00	Subtotal (line 65 minus line 66)	3,582,209		6,027,395			67.00
68.00	Organs Furnished Part B	0	0	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,582,209	0	6,027,395	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	1			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	114			73.00
74.00	Total (sum of lines 70 through 73)		0	115			74.00
75.00	Organs Transplanted		0	114	8,871,350		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	1	9,544		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	115			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.

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

Provider CCN: 26-0032

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Heart Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS 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	22,035	1,300.95	13	16,912	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,472.56	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	4,897	2,149.72	1	2,150	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	2,458.46	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	2,365.18	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,562.21	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		26,932		14	19,062	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	0.264390	22,743	6,013	8.00
9.00	RECOVERY ROOM		51.00	0.350360	339	119	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.133998	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.083420	5,622	469	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154341	33,253	5,132	12.00
12.01	ULTRASOUND		54.01	0.130423	3,049	398	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.151389	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.437109	0	0	14.00
15.00	CT SCAN		57.00	0.038988	96,988	3,781	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.099688	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.150815	205,302	30,963	17.00
18.00	LABORATORY		60.00	0.135647	161,431	21,898	18.00
18.01	HLA LAB		60.01	0.218600	126,381	27,627	18.01
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	0.204270	10,928	2,232	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.346491	7,635	2,645	23.00
24.00	PHYSICAL THERAPY		66.00	0.501320	860	431	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.394280	483	190	25.00
26.00	SPEECH PATHOLOGY		68.00	0.331001	1,264	418	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.071450	80,362	5,742	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232243	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.474395	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.447268	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.414647	4,376	1,814	31.00
32.00	RENAL DIALYSIS		74.00	0.357194	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.276668	3,907	1,081	34.00
34.01	OB/GYN IN VITRO		76.01	0.526321	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.284304	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.383375	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.151264	0	0	34.98
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	0.444994	202	90	37.00
37.01	OUTPATIENT PSYCH		90.01	0.876038	0	0	37.01
38.00	EMERGENCY		91.00	0.144830	11,339	1,642	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.178254	2,760	3,252	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				779,224	115,937	41.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 26-0032

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/30/2019 7:03 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	13	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	1	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
47.01	NEURO ICU	7.01	0.00	0	0	47.01	
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02	
48.00	TOTAL (sum of lines 42 through 47)			14	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	202	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	11,339	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	2,760	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)		14,301		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	134,999		806,156		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)	3,253,029		1,682,484		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,388,028		2,488,640		61.00	
62.00	Total Usable Organs (see instructions)		30			62.00	
63.00	Medicare Usable Organs (see instructions)		11			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.366667			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,242,278		912,502		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,242,278		912,502		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,242,278	0	912,502	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	30		73.00
74.00	Total (sum of lines 70 through 73)			0	30		74.00
75.00	Organs Transplanted			0	30	1,682,484	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	30		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.

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

Provider CCN: 26-0032

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/30/2019 7:03 am

		Lung		Hospital		PPS	
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	47,098	1,300.95	33	42,931	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,472.56	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,149.72	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	2,458.46	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	1,959	2,365.18	1	2,365	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,562.21	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		49,057		34	45,296	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	0.264390	21,211	5,608	8.00
9.00	RECOVERY ROOM		51.00	0.350360	6,883	2,412	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.133998	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.083420	3,960	330	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154341	210,923	32,554	12.00
12.01	ULTRASOUND		54.01	0.130423	31,818	4,150	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.151389	202	31	13.00
14.00	RADIOISOTOPE		56.00	0.437109	767,473	335,469	14.00
15.00	CT SCAN		57.00	0.038988	384,567	14,993	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.099688	27,722	2,764	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.150815	2,192,404	330,647	17.00
18.00	LABORATORY		60.00	0.135647	1,109,323	150,476	18.00
18.01	HLA LAB		60.01	0.218600	630,820	137,897	18.01
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	0.204270	143,186	29,249	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.346491	135,252	46,864	23.00
24.00	PHYSICAL THERAPY		66.00	0.501320	1,903	954	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.394280	224	88	25.00
26.00	SPEECH PATHOLOGY		68.00	0.331001	723	239	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.071450	452,443	32,327	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232243	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.474395	16	8	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.447268	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.414647	33,542	13,908	31.00
32.00	RENAL DIALYSIS		74.00	0.357194	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.276668	17,741	4,908	34.00
34.01	OB/GYN IN VITRO		76.01	0.526321	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.284304	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.383375	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.151264	0	0	34.98
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	0.444994	0	0	37.00
37.01	OUTPATIENT PSYCH		90.01	0.876038	0	0	37.01
38.00	EMERGENCY		91.00	0.144830	6,115	886	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.178254	5,152	6,070	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				6,183,603	1,152,832	41.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 26-0032

Period:

Worksheet D-4

Component CCN:

From 01/01/2018

Date/Time Prepared:

To 12/31/2018

5/30/2019 7:03 am

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	33	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	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
47.01	NEURO ICU	7.01	0.00	1	0	47.01	
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02	
48.00	TOTAL (sum of lines 42 through 47)			34	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	6,115	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	5,152	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)		11,267		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,198,128		6,232,660		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)	8,490,432		7,389,325		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	9,688,560		13,621,985		61.00	
62.00	Total Usable Organs (see instructions)		144			62.00	
63.00	Medicare Usable Organs (see instructions)		68			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.472222			64.00	
65.00	Medicare Cost/Charges (see instructions)	4,575,151		6,432,601		65.00	
66.00	Revenue for Organs Sold	8,949		8,949		66.00	
67.00	Subtotal (line 65 minus line 66)	4,566,202		6,423,652		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,566,202	0	6,423,652	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	144		73.00	
74.00	Total (sum of lines 70 through 73)		0	144		74.00	
75.00	Organs Transplanted		0	144	7,389,325	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	8,949	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	144		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.

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

Provider CCN: 26-0032

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/30/2019 7:03 am

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)	PPS
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	553	1,300.95	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,472.56	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,149.72	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	2,458.46	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	2,365.18	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,562.21	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		553		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	0.264390	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.350360	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.133998	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.083420	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.154341	6,727	1,038	12.00
12.01	ULTRASOUND		54.01	0.130423	2,722	355	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.151389	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.437109	5,833	2,550	14.00
15.00	CT SCAN		57.00	0.038988	22,536	879	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.099688	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.150815	0	0	17.00
18.00	LABORATORY		60.00	0.135647	57,558	7,808	18.00
18.01	HLA LAB		60.01	0.218600	127,259	27,819	18.01
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	0.204270	7,002	1,430	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.346491	970	336	23.00
24.00	PHYSICAL THERAPY		66.00	0.501320	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.394280	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.331001	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.071450	77,880	5,565	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232243	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.474395	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.447268	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.414647	1,056	438	31.00
32.00	RENAL DIALYSIS		74.00	0.357194	2,921	1,043	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.276668	0	0	34.00
34.01	OB/GYN IN VITRO		76.01	0.526321	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.284304	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.383375	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.151264	0	0	34.98
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	0.444994	0	0	37.00
37.01	OUTPATIENT PSYCH		90.01	0.876038	0	0	37.01
38.00	EMERGENCY		91.00	0.144830	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.178254	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				312,464	49,261	41.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 26-0032

Period:

Worksheet D-4

Component CCN:

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/30/2019 7:03 am

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
47.01	NEURO ICU	7.01	0.00	0	0	47.01	
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02	
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
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	49,261		313,017		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)	651,756		607,586		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	701,017		920,603		61.00	
62.00	Total Usable Organs (see instructions)		13			62.00	
63.00	Medicare Usable Organs (see instructions)		8			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.615385			64.00	
65.00	Medicare Cost/Charges (see instructions)	431,395		566,525		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	431,395		566,525		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	431,395	0	566,525	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	13		73.00
74.00	Total (sum of lines 70 through 73)			0	13		74.00
75.00	Organs Transplanted			0	13	607,586	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	13		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.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A
Date/Time Prepared:
5/30/2019 7:03 am

		Title XVIII	Hospital	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			145,763,866	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			51,734,888	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)			36,902,794	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			68,403,449	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			1,270.86	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			563.66	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			52.59	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			-15.27	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			600.98	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			737.25	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			600.98	12.00
13.00	Total allowable FTE count for the prior year.			600.55	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			601.35	14.00
15.00	Sum of lines 12 through 14 divided by 3.			600.96	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			600.96	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.472877	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.489011	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.472877	21.00
22.00	IME payment adjustment (see instructions)			45,269,677	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			15,679,097	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			136.27	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			45,269,677	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			15,679,097	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.87	30.00
31.00	Percentage of Medicaid patient days (see instructions)			20.59	31.00
32.00	Sum of lines 30 and 31			27.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.87	33.00
34.00	Disproportionate share adjustment (see instructions)			5,860,776	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 7:03 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.002212084	0.002491610	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	14,968,497	20,612,773	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	11,195,612	5,195,552	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	16,391,164		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	301,923,165		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		317,602,262	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		22,570,276	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		23,165,458	52.00
53.00	Nursing and Allied Health Managed Care payment		342,649	53.00
54.00	Special add-on payments for new technologies		236,485	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		22,810,095	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		38,177	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		124,648	58.00
59.00	Total (sum of amounts on lines 49 through 58)		386,890,050	59.00
60.00	Primary payer payments		115,991	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		386,774,059	61.00
62.00	Deductibles billed to program beneficiaries		12,790,288	62.00
63.00	Coinurance billed to program beneficiaries		2,119,440	63.00
64.00	Allowable bad debts (see instructions)		5,392,433	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		3,505,081	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,503,958	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		375,369,412	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		21,845	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-155,996	70.93
70.94	HRR adjustment amount (see instructions)		-496,354	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A
Date/Time Prepared:
5/30/2019 7:03 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		374,695,217	71.00	
71.01	Sequestration adjustment (see instructions)		7,493,904	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		367,567,095	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-365,782	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		17,129,571	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0032

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

Worksheet DSH

Date/Time Prepared:
5/30/2019 7:03 am

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.87	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	20.59	0.00			20.59	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	27.46	0.00			20.59	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	1,270.86	0.00			1,270.86	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	11.87	0.00			6.20	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.87	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	27,671	0			27,671	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	6,312	0			6,312	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	2,999	0			2,999	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	4,547	0			4,547	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	19,736	0			19,736	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,597	0			1,597	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	62,862	0			62,862	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	302,410	0			302,410	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,872	0			2,872	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	305,282	0			305,282	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	20.59	0.00			20.59	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0032

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

Worksheet DSH

Date/Time Prepared:
5/30/2019 7:03 am

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	11.87		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		11.87		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		11.87		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0032

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

Worksheet DSH

Date/Time Prepared:
5/30/2019 7:03 am

Title XVIII

Hospital

PPS

		Revised		
		Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	6.20		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	6.20		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	6.20		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2019 7:03 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	145,763,866	145,763,866		145,763,866	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	51,734,888		51,734,888	51,734,888	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	36,902,794	29,698,355	7,204,439	36,902,794	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	68,403,449	49,361,265	19,042,184	68,403,449	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.472877	0.472877	0.472877		5.00
6.00	IME payment adjustment (see instructions)	22.00	45,269,677	33,411,265	11,858,412	45,269,677	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	15,679,097	11,314,343	4,364,754	15,679,097	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	45,269,677	33,411,265	11,858,412	45,269,677	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	15,679,097	11,314,343	4,364,754	15,679,097	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1187	0.1187	0.1187		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,860,776	4,325,543	1,535,233	5,860,776	11.00
11.01	Uncompensated care payments	36.00	16,391,164	11,195,612	5,195,552	16,391,164	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	301,923,165	224,394,641	77,528,524	301,923,165	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	317,602,262	235,708,984	81,893,278	317,602,262	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	22,570,276	16,782,688	5,787,588	22,570,276	16.00
17.00	Special add-on payments for new technologies	54.00	236,485	21,860	214,625	236,485	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	21,845	15,545	6,300	21,845	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			252,529,077	87,901,791	340,430,868	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2019 7:03 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	15,959,668	11,779,635	4,180,033	15,959,668	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,028,587	1,621,120	407,467	2,028,587	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2299	0.2299	0.2299		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,669,128	2,708,138	960,990	3,669,128	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0572	0.0572	0.0572		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	912,893	673,795	239,098	912,893	25.00
26.00	Total prospective capital payments (see instructions)	12.00	22,570,276	16,782,688	5,787,588	22,570,276	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-155,996	-291,690	135,694	-155,996	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-496,354	-335,312	-161,042	-496,354	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 7:03 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		417,285	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		148,277,155	2.00
3.00	OPPS payments		107,976,553	3.00
4.00	Outlier payment (see instructions)		920,339	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		92,629	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		417,285	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,009,214	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,009,214	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 chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,009,214	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		591,929	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)		417,285	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		108,989,521	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		161,780	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		19,510,836	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)		89,734,190	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		8,575,699	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)		98,309,889	30.00
31.00	Primary payer payments		17,379	31.00
32.00	Subtotal (line 30 minus line 31)		98,292,510	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)		2,742,396	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,782,557	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,767,092	36.00
37.00	Subtotal (see instructions)		100,075,067	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)		100,075,067	40.00
40.01	Sequestration adjustment (see instructions)		2,001,501	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		97,028,334	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,045,232	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		722,693	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: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 7:03 am	
		Title XVIII	Hospital	PPS	
				Overrides	
				1.00	
WORKSHEET OVERRIDE VALUES					
112.00	Override of Ancillary service charges (line 12)				0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 7:03 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,422	2.00
3.00	OPPS payments		1,729	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		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)		1,729	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)		276	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)		1,453	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,453	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,453	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)		6,236	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		4,053	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		5,319	36.00
37.00	Subtotal (see instructions)		5,506	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment 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)		5,506	40.00
40.01	Sequestration adjustment (see instructions)		110	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,424	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3,972	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 7:03 am
		Title XVIII	Subprovider - IPF	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part I
Date/Time Prepared:
5/30/2019 7:03 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		364,829,695		96,318,434	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	08/06/2018	2,599,800	08/06/2018	709,900	3.01
3.02		12/17/2018	137,600		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)		2,737,400		709,900	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)		367,567,095		97,028,334	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		0		1,045,232	6.01
6.02	SETTLEMENT TO PROGRAM		365,782		0	6.02
7.00	Total Medicare program liability (see instructions)		367,201,313		98,073,566	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0032

Period:

Worksheet E-1

Component CCN: 26-S032

From 01/01/2018
To 12/31/2018Part I
Date/Time Prepared:
5/30/2019 7:03 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,169,239		1,424	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,169,239		1,424	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		222,870		3,972	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,392,109		5,396	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 7:03 am	
		Title XVIII	Hospital	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00
				Overrides	
				1.00	
CONTRACTOR OVERRIDES					
108.00	Override of HIT payment				108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/30/2019 7:03 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,364,786 1.00
2.00	Net IPF PPS Outlier Payments			378,560 2.00
3.00	Net IPF PPS ECT Payments			68,356 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			4.26 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			7.97 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			4.26 8.00
9.00	Average Daily Census (see instructions)			54.734247 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.039354 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			171,772 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,983,474 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,983,474 16.00
17.00	Primary payer payments			9,912 17.00
18.00	Subtotal (line 16 less line 17).			4,973,562 18.00
19.00	Deductibles			308,008 19.00
20.00	Subtotal (line 18 minus line 19)			4,665,554 20.00
21.00	Coinsurance			441,899 21.00
22.00	Subtotal (line 20 minus line 21)			4,223,655 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			392,959 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			255,423 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			24,522 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,479,078 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,666 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			4,481,744 31.00
31.01	Sequestration adjustment (see instructions)			89,635 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			4,169,239 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			222,870 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			378,560 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet E-3
Part VII
Date/Time Prepared:
5/30/2019 7:03 am

		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		84,706,865		1.00
2.00	Medical and other services			30,968,782	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		84,706,865	30,968,782	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)		84,706,865	30,968,782	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		66,048,622		8.00
9.00	Ancillary service charges		177,807,077	150,699,362	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)		243,855,699	150,699,362	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)		243,855,699	150,699,362	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		159,148,834	119,730,580	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)		84,706,865	30,968,782	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)		84,706,865	30,968,782	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)		84,706,865	30,968,782	31.00
32.00	Deductibles		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)		84,706,865	30,968,782	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		84,706,865	30,968,782	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		14,089,563		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		98,796,428	30,968,782	40.00
41.00	Interim payments		39,940,434	22,516,204	41.00
42.00	Balance due provider/program (line 40 minus line 41)		58,855,994	8,452,578	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2019 7:03 am
		Title XIX	Subprovider - IPF	Cost
			Inpatient 1.00	Outpatient 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		8,136,211	1.00
2.00	Medical and other services			2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		8,136,211	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)		8,136,211	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		10,907,996	8.00
9.00	Ancillary service charges		5,664,741	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)		16,572,737	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		16,572,737	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		8,436,526	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		8,136,211	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		8,136,211	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		8,136,211	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		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)		8,136,211	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		8,136,211	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		8,136,211	40.00
41.00	Interim payments		7,231,073	41.00
42.00	Balance due provider/program (line 40 minus line 41)		905,138	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00
OVERRIDES				
109.00	Override Ancillary service charges (line 9)		0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 7:03 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	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))			-14.39	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)			622.23	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			746.66	6.00
7.00	Enter the lesser of line 5 or line 6			622.23	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.	182.46	481.13	663.59	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.	152.05	400.95	553.00	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	152.05	400.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	151.91	402.39		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	152.32	404.04		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	152.09	402.46		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	152.09	402.46		17.00
18.00	Per resident amount	133,446.15	126,361.75		18.00
19.00	Approved amount for resident costs	20,295,825	50,855,550	71,151,375	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)			124.43	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)			71,151,375	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	110,682	36,928		26.00
27.00	Total Inpatient Days (see instructions)	319,188	319,188		27.00
28.00	Ratio of inpatient days to total inpatient days	0.346761	0.115694		28.00
29.00	Program direct GME amount	24,672,522	8,231,787		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,163,152		30.00
31.00	Net Program direct GME amount			31,741,157	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 7:03 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		1,692	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		19,470,913	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000087	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)		379,189,124	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		22,810,095	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		125,903	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		401,873,316	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		148,788,491	42.00
43.00	Primary payer payments (see instructions)		17,379	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		148,771,112	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		550,644,428	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.729824	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.270176	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		31,741,157	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		23,165,458	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		8,575,699	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 7:03 am	
		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.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	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))			-14.39	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)			622.23	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			746.66	6.00
7.00	Enter the lesser of line 5 or line 6			622.23	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.	182.46	481.13	663.59	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.	152.05	400.95	553.00	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	152.05	400.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	151.91	402.39		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	152.32	404.04		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	152.09	402.46		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	152.09	402.46		17.00
18.00	Per resident amount	133,446.15	126,361.75		18.00
19.00	Approved amount for resident costs	20,295,825	50,855,550	71,151,375	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)			124.43	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)			71,151,375	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	34,555	33,366		26.00
27.00	Total Inpatient Days (see instructions)	319,188	319,188		27.00
28.00	Ratio of inpatient days to total inpatient days	0.108259	0.104534		28.00
29.00	Program direct GME amount	7,702,777	7,437,738		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,050,952		30.00
31.00	Net Program direct GME amount			14,089,563	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 7:03 am	
		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)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	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)			0	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	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)			0	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			0	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			14,089,563	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN: 26-0032

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

Worksheet G

Date/Time Prepared:
5/30/2019 7:03 am

	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	86,279	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	735,248,932	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-404,339,643	0	0	0	6.00
7.00 Inventory	50,130,306	0	0	0	7.00
8.00 Prepaid expenses	2,083,423	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	23,957,409	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	407,166,706	0	0	0	11.00
FIXED ASSETS					
12.00 Land	22,045,795	0	0	0	12.00
13.00 Land improvements	18,283,319	0	0	0	13.00
14.00 Accumulated depreciation	-9,855,522	0	0	0	14.00
15.00 Buildings	427,962,658	0	0	0	15.00
16.00 Accumulated depreciation	-260,579,174	0	0	0	16.00
17.00 Leasehold improvements	260,778,073	0	0	0	17.00
18.00 Accumulated depreciation	-94,295,663	0	0	0	18.00
19.00 Fixed equipment	488,088,615	0	0	0	19.00
20.00 Accumulated depreciation	-431,871,852	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	669,378,355	0	0	0	23.00
24.00 Accumulated depreciation	-572,949,506	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	22,344,588	0	0	0	27.00
28.00 Accumulated depreciation	-15,168,556	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)	524,161,130	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	14,371,053	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	854,833,648	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	869,204,701	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,800,532,537	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	81,134,196	0	0	0	37.00
38.00 Salaries, wages, and fees payable	47,791,564	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	25,808,387	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	154,734,147	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	14,244,739	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	14,244,739	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	168,978,886	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,631,553,651	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)	1,631,553,651	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,800,532,537	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0032

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

Worksheet G-1

Date/Time Prepared:
5/30/2019 7:03 am

		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		1,622,640,871		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		68,472,656				2.00
3.00	Total (sum of line 1 and line 2)		1,691,113,527		0		3.00
4.00	ROUNDING	1		0		0	4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	-784,183		0		0	5.00
6.00	TRANSFER FROM BJC	-59,205,103		0		0	6.00
7.00	ASSETS RELEASED FROM RESTRICT-CAPITA	429,410		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)		-59,559,875		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,631,553,652		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,631,553,652		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	ROUNDING		0				4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE		0				5.00
6.00	TRANSFER FROM BJC		0				6.00
7.00	ASSETS RELEASED FROM RESTRICT-CAPITA		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2019 7:03 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	541,096,705		541,096,705	1.00
2.00	SUBPROVIDER - IPF	33,172,761		33,172,761	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)	574,269,466		574,269,466	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	70,069,001		70,069,001	11.00
12.00	CORONARY CARE UNIT	21,115,111		21,115,111	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	47,121,358		47,121,358	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO ICU	31,693,060		31,693,060	15.01
15.02	CARDIO-THORACIC ICU	41,147,984		41,147,984	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	211,146,514		211,146,514	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	785,415,980		785,415,980	17.00
18.00	Ancillary services	2,290,247,731	2,485,583,535	4,775,831,266	18.00
19.00	Outpatient services	115,549,718	288,646,189	404,195,907	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	DIV 102 - BJEC NOW FREESTANDING	0	27,178,597	27,178,597	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,191,213,429	2,801,408,321	5,992,621,750	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,030,337,858		29.00
30.00	BJEC FREESTANDING SNF DIVISION	16,518,125			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)		16,518,125		36.00
37.00	NON OPERATING DEPARTMENTS	5,196,517			37.00
38.00	ROUNDING	6			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)		5,196,523		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,041,659,460		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0032

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

Worksheet G-3

Date/Time Prepared:
5/30/2019 7:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,992,621,750	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,964,582,922	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,028,038,828	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,041,659,460	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-13,620,632	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	7,640,160	6.00
7.00	Income from investments	12,810,271	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	6,739,758	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	13,598,489	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	9,302,127	17.00
18.00	Revenue from sale of medical records and abstracts	118,794	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	22,996,952	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	752,725	20.00
21.00	Rental of vending machines	321,618	21.00
22.00	Rental of hospital space	4,761,434	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID MEANINGFUL USE	0	24.00
24.01	MEDICARE MEANINGFUL USE	0	24.01
24.02	BJC ACO SHARED SAVINGS	78,085	24.02
24.03	BJC OTHER OPERATING REVENUE	1,211,660	24.03
24.04	MISC OTHER OPERATING REVENUE	5,625,245	24.04
25.00	Total other income (sum of lines 6-24)	85,957,318	25.00
26.00	Total (line 5 plus line 25)	72,336,686	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	3,949,943	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	0	27.01
27.02	LOSS ON SALE OF ASSETS	0	27.02
27.03	EXTRAORDINARY ITEM	0	27.03
27.04	BJEC OTHER INCOME	-85,913	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	3,864,030	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	68,472,656	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 26-0032

Period:
From 01/01/2018
To 12/31/2018Worksheet L
Parts I-III
Date/Time Prepared:
5/30/2019 7:03 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	15,959,668	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	2,028,587	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	819.75	3.00
4.00	Number of interns & residents (see instructions)	600.96	4.00
5.00	Indirect medical education percentage (see instructions)	22.99	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	3,669,128	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.87	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	20.59	8.00
9.00	Sum of lines 7 and 8	27.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.72	10.00
11.00	Disproportionate share adjustment (see instructions)	912,893	11.00
12.00	Total prospective capital payments (see instructions)	22,570,276	12.00
			1.00
PART II - PAYMENT UNDER REASONABLE COST			
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
			1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS			
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00