

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/18/2020 1:38 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date:	Time:
	2. ☐ Manually prepared 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 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title XVIII		HIT	Title XIX	
		Title V	Part A	Part B		
		1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-5,195,439	-456,231	0	70,599,279
2.00	Subprovider - IPF	0	70,620	2,880		766,131
3.00	Subprovider - IRF	0	0	0		0
5.00	Swing Bed - SNF	0	0	0		0
6.00	Swing Bed - NF	0				0
200.00	Total	0	-5,124,819	-453,351	0	71,365,410

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 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/18/2020 1:38 pm		
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)					01/01/2019		12/31/2019		20.00
21.00	Type of Control (see instructions)					2				21.00
						1.00		2.00		3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				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.		27,705	15,092	2,751	4,490	17,566	3,069		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				20.00	1		60.01

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.03	
		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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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 in 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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Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
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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)			69.82	548.57	0.112906	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	27.41	113.66	0.194301	67.00
67.01		PEDIATRICS	2000	0.00	3.42	0.000000	67.01
67.02		GERIATRICS	1408	0.37	0.38	0.493333	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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	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 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/18/2020 1:38 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
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	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1		5,186,500		0118.01	
						1.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	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

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Health Financial Systems		BARNES-JEWISH HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 26-0032		Period: From 01/01/2019 To 12/31/2019
			Worksheet S-2 Part I Date/Time Prepared: 8/18/2020 1:38 pm		
			1.00	2.00	
133.00	Removed and reserved				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y	HB1804
			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		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
					1.00
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
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
					1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N
			Part A	Part B	Title V
			1.00	2.00	3.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital		N	N	N
156.00	Subprovider - IPF		N	N	N
157.00	Subprovider - IRF		N	N	N
158.00	SUBPROVIDER				
159.00	SNF		N	N	N
160.00	HOME HEALTH AGENCY		N	N	N
161.00	CMHC			N	N
					1.00
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N
			Name	County	State
			0	1.00	2.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				
					0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				
168.01	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)				
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/18/2020 1:38 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/18/2020 1:38 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	02/25/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
		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		
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	03/31/2020	
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		
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		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/18/2020 1:38 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		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 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

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

Health Financial Systems		BARNES-JEWISH HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part IX Date/Time Prepared: 8/18/2020 1:38 pm	
			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	Y	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
			State		
			1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	1,146	422,764	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)		1,146	422,764	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	23,704	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	38	9,802	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)		1,331	485,835	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	17,376		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)		1,331				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		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 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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)	92,390	30,595	282,892			1.00
2.00	HMO and other (see instructions)	50,436	34,221				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)	92,390	30,595	282,892			7.00
8.00	INTENSIVE CARE UNIT	5,853	1,909	17,447			8.00
9.00	CORONARY CARE UNIT	1,497	482	4,580			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,514	1,361	11,039			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU	2,398	674	7,675			12.01
12.02	CARDIO-THORACIC ICU	2,887	759	8,889			12.02
13.00	NURSERY		520	5,703			13.00
14.00	Total (see instructions)	108,539	36,300	338,225	759.00	9,099.06	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,592	3,861	11,191	3.98	66.67	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)				762.98	9,165.73	27.00
28.00	Observation Bed Days		844	5,136			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)	38	152	2,878			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 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	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	16,040	5,499	52,862	1.00
2.00 HMO and other (see instructions)			7,954	5,579		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU						12.01
12.02 CARDIO-THORACIC ICU						12.02
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	16,040	5,499	52,862	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	233	443	1,493	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

	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	603,921,435	669,534	604,590,969	18,810,610.53	32.14 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		132,737	0	132,737	741.00	179.13 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		1,623,029	0	1,623,029	12,507.00	129.77 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	50,312,896	0	50,312,896	1,610,353.90	31.24 7.00
7.01	Contracted interns and residents (in an approved programs)		48,750	0	48,750	101.80	478.88 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		31,984,043	1,050,483	33,034,526	1,030,696.50	32.05 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		51,856,132	0	51,856,132	785,838.83	65.99 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		12,580,297	0	12,580,297	84,415.27	149.03 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		119,011,802	0	119,011,802	2,791,255.00	42.64 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		116,755,315	0	116,755,315	575,262.48	202.96 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		154,030,174	0	154,030,174		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		9,842,567	0	9,842,567		
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		21,796	0	21,796		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		331,327	0	331,327		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		11,372,358	0	11,372,358		
25.50	Home office wage-related (core)		23,928,369	0	23,928,369		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

		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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,017,986	-165,781	2,852,205	72,827.41	39.16	26.00
27.00	Administrative & General	5.00	50,163,147	606,218	50,769,365	1,783,799.00	28.46	27.00
28.00	Administrative & General under contract (see inst.)		16,912,434	0	16,912,434	177,719.95	95.16	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	11,145,994	6,250	11,152,244	348,901.45	31.96	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	14,356,674	-96,613	14,260,061	909,533.66	15.68	32.00
33.00	Housekeeping under contract (see instructions)		1,718,648	0	1,718,648	103,331.69	16.63	33.00
34.00	Dietary	10.00	9,456,470	-1,951,090	7,505,380	381,770.13	19.66	34.00
35.00	Dietary under contract (see instructions)		3,323,188	0	3,323,188	89,970.49	36.94	35.00
36.00	Cafeteria	11.00	3,000,407	1,929,056	4,929,463	300,078.17	16.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	31,278,100	1,053,717	32,331,817	735,226.50	43.98	38.00
39.00	Central Services and Supply	14.00	5,411,447	500	5,411,947	244,892.53	22.10	39.00
40.00	Pharmacy	15.00	24,487,267	-254,146	24,233,121	607,634.47	39.88	40.00
41.00	Medical Records & Medical Records Library	16.00	455,626	500	456,126	18,675.13	24.42	41.00
42.00	Social Service	17.00	9,722,666	-190,954	9,531,712	272,268.24	35.01	42.00
43.00	Other General Service	18.00	5,326,920	105,047	5,431,967	131,792.21	41.22	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/18/2020 1:38 pm

	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)	573,891,030	669,534	574,560,564	17,558,669.96	32.72	1.00
2.00	Excluded area salaries (see instructions)	31,984,043	1,050,483	33,034,526	1,030,696.50	32.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	541,906,987	-380,949	541,526,038	16,527,973.46	32.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	183,448,231	0	183,448,231	3,661,509.10	50.10	4.00
5.00	Subtotal wage-related costs (see inst.)	177,980,339	0	177,980,339	0.00	32.87	5.00
6.00	Total (sum of lines 3 thru 5)	903,335,557	-380,949	902,954,608	20,189,482.56	44.72	6.00
7.00	Total overhead cost (see instructions)	189,776,974	1,042,704	190,819,678	6,178,421.03	30.88	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	9,363,592	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)	45,605,504	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)	58,797,721	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	2,372,381	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	184,850	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)	5,270,838	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	5,476,060	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	44,322,242	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	338,879	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	1,207,228	22.00
23.00	Tuition Reimbursement	2,658,925	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	175,598,220	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/18/2020 1:38 pm

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	51,856,132	175,598,220	1.00
2.00	Hospital	51,856,132	175,598,220	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 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/18/2020 1:38 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.261187	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		109,378,452	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		49,237,917	5.00
6.00	Medicaid charges		634,326,818	6.00
7.00	Medicaid cost (line 1 times line 6)		165,677,919	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)		7,061,550	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		46,574	9.00
10.00	Stand-alone CHIP charges		229,838	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		60,031	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		13,457	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		348,123	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		429,842	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,075,007	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)	283,838,645	8,916,475	292,755,120
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	74,134,964	8,916,475	83,051,439
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	74,134,964	8,916,475	83,051,439
				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)		81,075,421	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		4,331,284	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		6,663,515	27.01
28.00	Non-Medicare bad debt expense (see instructions)		74,411,906	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		21,767,653	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		104,819,092	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		111,894,099	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		71,202,377	71,202,377	-1,528,279	69,674,098	1.00
1.03	00103 NEW CRC-B&F(BJH CAMP EXP)		29,356,451	29,356,451	-33,484	29,322,967	1.03
1.04	00104 NEW CRC-B&F(GSON)		1,394,345	1,394,345	18,785	1,413,130	1.04
1.05	00105 NEW CRC-B&F(THE HIGHLANDS)		1,106,511	1,106,511	0	1,106,511	1.05
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		-7,186,034	-7,186,034	57,590,407	50,404,373	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	3,017,986	9,961,879	12,979,865	-688,555	12,291,310	4.00
5.01	00540 NONPATIENT TELEPHONES	1,647,190	-371,845	1,275,345	-24	1,275,321	5.01
5.03	00560 PURCHASING RECEIVING AND STORES	1,481,794	6,207,048	7,688,842	-4,027,516	3,661,326	5.03
5.04	00570 ADMITTING	16,200,133	6,013,986	22,214,119	-21,643	22,192,476	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	30,834,030	395,976,593	426,810,623	-91,694,862	335,115,761	5.06
7.00	00700 OPERATION OF PLANT	11,145,994	33,922,995	45,068,989	-34,039	45,034,950	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	2,438,576	2,438,576	-245	2,438,331	8.00
9.00	00900 HOUSEKEEPING	14,356,674	11,047,864	25,404,538	-166,628	25,237,910	9.00
10.00	01000 DIETARY	9,456,470	11,421,881	20,878,351	-6,510,728	14,367,623	10.00
11.00	01100 CAFETERIA	3,000,407	6,179,832	9,180,239	7,251,766	16,432,005	11.00
13.00	01300 NURSING ADMINISTRATION	31,278,100	39,931,557	71,209,657	-1,404,349	69,805,308	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	5,411,447	19,217,821	24,629,268	-528,599	24,100,669	14.00
15.00	01500 PHARMACY	24,487,267	144,474,904	168,962,171	19,339,528	188,301,699	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	455,626	236,717	692,343	-2,205	690,138	16.00
17.00	01700 SOCIAL SERVICE	9,722,666	5,070,373	14,793,039	-410,132	14,382,907	17.00
18.00	01852 EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851 LAB ADMINISTRATION	5,326,920	7,363,425	12,690,345	-10,180	12,680,165	18.01
18.02	01850 RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000 NURSING SCHOOL	9,554,759	7,549,446	17,104,205	-27,606	17,076,599	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	50,312,896	19,266,454	69,579,350	67,856,126	137,435,476	21.00
23.01	02301 PARAMED ED PRGM-PHARMACY	0	0	0	274,508	274,508	23.01
23.02	02302 PARAMED ED PRGM-PASTORAL ED	111,710	46,558	158,268	13,847	172,115	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	116,141,196	79,577,202	195,718,398	-2,443,281	193,275,117	30.00
31.00	03100 INTENSIVE CARE UNIT	14,488,624	6,890,523	21,379,147	-57,399	21,321,748	31.00
32.00	03200 CORONARY CARE UNIT	3,767,866	1,377,192	5,145,058	-4,372	5,140,686	32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	9,717,503	4,501,947	14,219,450	-46,263	14,173,187	34.00
35.01	02400 NEURO ICU	7,415,404	3,644,566	11,059,970	-118,006	10,941,964	35.01
35.02	02401 CARDIO-THORACIC ICU	9,165,151	4,001,232	13,166,383	-85,551	13,080,832	35.02
40.00	04000 SUBPROVIDER - IPF	4,329,698	5,337,923	9,667,621	-1,868,778	7,798,843	40.00
43.00	04300 NURSERY	0	10,628	10,628	2,953,508	2,964,136	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	45,954,705	171,497,716	217,452,421	-133,951,593	83,500,828	50.00
51.00	05100 RECOVERY ROOM	14,188,035	7,361,638	21,549,673	-405,301	21,144,372	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,173,063	4,304,653	12,477,716	-437,930	12,039,786	52.00
53.00	05300 ANESTHESIOLOGY	2,655,081	25,618,791	28,273,872	-1,395,876	26,877,996	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,389,807	34,179,492	49,569,299	-19,935,252	29,634,047	54.00
54.01	03630 ULTRASOUND	1,553,299	4,061,993	5,615,292	-739,139	4,876,153	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	9,916,895	39,272,134	49,189,029	-12,316,747	36,872,282	55.00
56.00	05600 RADIOISOTOPE	989,113	2,773,991	3,763,104	-2,045,962	1,717,142	56.00
57.00	05700 CT SCAN	4,034,662	3,820,793	7,855,455	-1,814,298	6,041,157	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,051,386	4,752,359	8,803,745	-2,043,023	6,760,722	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,367,394	35,792,481	40,159,875	-29,922,385	10,237,490	59.00
60.00	06000 LABORATORY	19,563,318	41,092,735	60,656,053	-427,291	60,228,762	60.00
60.01	06001 HLA LAB	1,190,800	3,388,398	4,579,198	-94,897	4,484,301	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,970,583	31,993,834	36,964,417	-207,729	36,756,688	63.00
65.00	06500 RESPIRATORY THERAPY	9,248,021	7,387,283	16,635,304	-733,563	15,901,741	65.00
66.00	06600 PHYSICAL THERAPY	4,136,620	1,496,309	5,632,929	-3,312	5,629,617	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,227,379	687,574	2,914,953	-10,651	2,904,302	67.00
68.00	06800 SPEECH PATHOLOGY	753,963	333,228	1,087,191	-67,607	1,019,584	68.00
69.00	06900 ELECTROCARDIOLOGY	2,868,463	3,398,445	6,266,908	-1,770,661	4,496,247	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,181,657	970,261	2,151,918	-237,322	1,914,596	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	73,449,304	73,449,304	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	102,976,130	102,976,130	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	2,424,225	2,420,270	4,844,495	-464,445	4,380,050	74.00
76.00	03330 ENDOSCOPY	3,197,296	8,946,189	12,143,485	-5,903,819	6,239,666	76.00
76.01	03950 OB/GYN IN VITRO	913,789	2,034,004	2,947,793	-150,793	2,797,000	76.01
76.02	03320 ELECTROSHOCK THERAPY	334,399	173,561	507,960	-5,477	502,483	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	0	363,750	363,750	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	274,306	274,306	0	274,306	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1,058,789	5,422,768	6,481,557	2,500	6,484,057	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	11,535,684	8,442,340	19,978,024	-604,894	19,373,130	90.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
8/18/2020 1:38 pm

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	136,795	559,781	696,576	-3,060	693,516	90.01
91.00	09100	EMERGENCY	16,090,827	18,715,143	34,805,970	-772,876	34,033,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	842,451	12,101,146	12,943,597	610,095	13,553,692	105.00
106.00	10600	HEART ACQUISITION	757,388	2,872,468	3,629,856	155,953	3,785,809	106.00
107.00	10700	LIVER ACQUISITION	594,373	5,241,424	5,835,797	267,924	6,103,721	107.00
108.00	10800	LUNG ACQUISITION	483,588	7,729,060	8,212,648	277,782	8,490,430	108.00
109.00	10900	PANCREAS ACQUISITION	0	465,931	465,931	24,066	489,997	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	3,016,553	13,329,310	16,345,863	0	16,345,863	112.00
113.00	11300	INTEREST EXPENSE		32,043,181	32,043,181	0	32,043,181	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	591,627,912	1,472,125,917	2,063,753,829	5,247,352	2,069,001,181	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	267,670	267,670	191.00
191.01	19101	RESEARCH CTSA I/P	0	7,163	7,163	0	7,163	191.01
191.02	19102	RESEARCH CTSA O/P	0	38	38	0	38	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	8,063,341	13,603,081	21,666,422	1,362,174	23,028,596	194.00
194.01	07951	RETAIL PHARMACY	3,166,639	8,720,742	11,887,381	-6,876,372	5,011,009	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,063,543	4,625,523	5,689,066	-824	5,688,242	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	603,921,435	1,499,082,464	2,103,003,899	0	2,103,003,899	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
8/18/2020 1:38 pm

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	-3,284,891	66,389,207	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-1,088,027	28,234,940	1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,413,130	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	-125,508	981,003	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,726	50,407,099	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26,848,424	39,139,734	4.00
5.01	00540	NONPATIENT TELEPHONES	-38,064	1,237,257	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	10,340,281	14,001,607	5.03
5.04	00570	ADMITTING	-157	22,192,319	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,864,831	344,980,592	5.06
7.00	00700	OPERATION OF PLANT	22,364,061	67,399,011	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,438,331	8.00
9.00	00900	HOUSEKEEPING	-1,599,188	23,638,722	9.00
10.00	01000	DIETARY	-15,742	14,351,881	10.00
11.00	01100	CAFETERIA	-11,550,003	4,882,002	11.00
13.00	01300	NURSING ADMINISTRATION	-8,814,693	60,990,615	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,618	24,097,051	14.00
15.00	01500	PHARMACY	-598,462	187,703,237	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,112	681,026	16.00
17.00	01700	SOCIAL SERVICE	-588,930	13,793,977	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	18.00
18.01	01851	LAB ADMINISTRATION	-27,507	12,652,658	18.01
18.02	01850	RESEARCH ADMINISTRATION	128,722	128,722	18.02
20.00	02000	NURSING SCHOOL	-22,914,881	-5,838,282	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-61,259	137,374,217	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	274,508	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	-300	171,815	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-26,010,486	167,264,631	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,925	21,319,823	31.00
32.00	03200	CORONARY CARE UNIT	-1,000	5,139,686	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,208	14,171,979	34.00
35.01	02400	NEURO ICU	0	10,941,964	35.01
35.02	02401	CARDIO-THORACIC ICU	-1,544	13,079,288	35.02
40.00	04000	SUBPROVIDER - IPF	-1,305,791	6,493,052	40.00
43.00	04300	NURSERY	0	2,964,136	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-489,170	83,011,658	50.00
51.00	05100	RECOVERY ROOM	0	21,144,372	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-389,334	11,650,452	52.00
53.00	05300	ANESTHESIOLOGY	-16,910,291	9,967,705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-330,420	29,303,627	54.00
54.01	03630	ULTRASOUND	-4,842	4,871,311	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-6,928,692	29,943,590	55.00
56.00	05600	RADIOISOTOPE	-1,779	1,715,363	56.00
57.00	05700	CT SCAN	0	6,041,157	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-121,293	6,639,429	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,579,312	8,658,178	59.00
60.00	06000	LABORATORY	-1,763,159	58,465,603	60.00
60.01	06001	HLA LAB	579,615	5,063,916	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-674,212	36,082,476	63.00
65.00	06500	RESPIRATORY THERAPY	-7,839	15,893,902	65.00
66.00	06600	PHYSICAL THERAPY	-929	5,628,688	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,904,302	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,019,584	68.00
69.00	06900	ELECTROCARDIOLOGY	-21,352	4,474,895	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-99,553	1,815,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	73,449,304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	102,976,130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-10,656	4,369,394	74.00
76.00	03330	ENDOSCOPY	0	6,239,666	76.00
76.01	03950	OB/GYN IN VITRO	-6,147	2,790,853	76.01
76.02	03320	ELECTROSHOCK THERAPY	-1,253	501,230	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	363,750	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	274,306	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-88,200	6,395,857	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-851,194	18,521,936	90.00
90.01	04950	OUTPATIENT PSYCH	-342,371	351,145	90.01
91.00	09100	EMERGENCY	-8,570,991	25,462,103	91.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0032

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

Worksheet A

Date/Time Prepared:
8/18/2020 1:38 pm

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	13,553,692	105.00
106.00	10600	HEART ACQUISITION	0	3,785,809	106.00
107.00	10700	LIVER ACQUISITION	0	6,103,721	107.00
108.00	10800	LUNG ACQUISITION	0	8,490,430	108.00
109.00	10900	PANCREAS ACQUISITION	0	489,997	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	-113,546	16,232,317	112.00
113.00	11300	INTEREST EXPENSE	-32,043,181	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-79,263,352	1,989,737,829	118.00
		NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	0	267,670	191.00
191.01	19101	RESEARCH CTSA I/P	0	7,163	191.01
191.02	19102	RESEARCH CTSA O/P	0	38	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	23,028,596	194.00
194.01	07951	RETAIL PHARMACY	0	5,011,009	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,688,242	194.02
194.03	07953	GUEST MEALS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-79,263,352	2,023,740,547	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0032

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

Worksheet Non-CMS W

Date/Time Prepared:
8/18/2020 1:38 pm

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	HYPERBARIC OXYGEN THERAPY	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 01/01/2019
To 12/31/2019Worksheet Non-CMS W
Date/Time Prepared:
8/18/2020 1:38 pm

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 01/01/2019
To 12/31/2019Worksheet 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	17,410,804		1.00
2.00 CARDIAC CATHETERIZATION	59.00	0	2,633		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	17,413,437		
B - RECLASS COST OF MEDICAL SUPPLIES CHA					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	73,449,304		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
0		0	73,449,304		
C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00 IMPL. DEV. CHARGED TO PATIENT	72.00	0	102,976,130		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
0		0	102,976,130		

RECLASSIFICATIONS

Provider CCN: 26-0032

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

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Date/Time Prepared:
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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	56,932,903		1.00
2.00	DIETARY	10.00	0	825,387		2.00
3.00	CAFETERIA	11.00	0	16,024		3.00
4.00	PHARMACY	15.00	0	2,260,764		4.00
5.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	85,708		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
			0	60,120,786		
	E - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,800,416		1.00
			0	1,800,416		
	F - RECLASS WASH U AFFILIATION AGREEMENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	67,860,059		1.00
			0	67,860,059		
	G - RECLASS COST OF INTERPRETERS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	479,351	864,627		1.00
			479,351	864,627		

RECLASSIFICATIONS

Provider CCN: 26-0032

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

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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		0.00	0	0	1.00
			0	0	
	I - RECLASS PARAMEDICAL EDUCATION				
1.00	PARAMED ED PRGM-PHARMACY	23.01	213,387	61,121	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	13,898	0	2.00
			227,285	61,121	
	J - RECLASS FINANCE ACCRUALS				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	31,304	3,996,580	1.00
2.00	OPERATION OF PLANT	7.00	0	37,605	2.00
3.00	HOUSEKEEPING	9.00	0	40,996	3.00
			31,304	4,075,181	
	K - RECLASS NURSERY COSTS				
1.00	NURSERY	43.00	2,004,392	949,116	1.00
			2,004,392	949,116	
	L - RECLASS DIETARY COSTS TO CAFETERIA				
1.00	CAFETERIA	11.00	1,927,556	5,306,686	1.00
			1,927,556	5,306,686	
	M - RECLASS PRETRANSPLANT RELATED DIETIC				
1.00	KIDNEY ACQUISITION	105.00	1,488	350	1.00
2.00	HEART ACQUISITION	106.00	4,876	1,145	2.00
3.00	LIVER ACQUISITION	107.00	7,990	1,877	3.00
4.00	LUNG ACQUISITION	108.00	10,180	2,391	4.00
			24,534	5,763	
	N - RECLASS TRANSPLANT SALARIES AND BENE				
1.00	NURSING ADMINISTRATION	13.00	1,026,901	259,283	1.00
2.00	KIDNEY ACQUISITION	105.00	404,859	104,808	2.00
3.00	HEART ACQUISITION	106.00	93,830	36,760	3.00
4.00	LIVER ACQUISITION	107.00	172,360	45,580	4.00
5.00	LUNG ACQUISITION	108.00	156,428	40,686	5.00
6.00	PANCREAS ACQUISITION	109.00	19,001	4,919	6.00
			1,873,379	492,036	
	O - RECLASS PRETRANSPLANT RELATED SOCIAL				
1.00	KIDNEY ACQUISITION	105.00	65,136	17,541	1.00
2.00	HEART ACQUISITION	106.00	8,397	2,261	2.00
3.00	LIVER ACQUISITION	107.00	27,330	7,360	3.00
4.00	LUNG ACQUISITION	108.00	24,504	6,599	4.00
5.00	PANCREAS ACQUISITION	109.00	115	31	5.00
			125,482	33,792	
	P - RECLASS SALARIES PORTION OF RESEARCH				
1.00	RESEARCH ADMINISTRATION	18.02	98,547	0	1.00
			98,547	0	
	Q - RECLASS BARNARD BUILDING RENTAL				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,245	1.00
2.00	HOUSEKEEPING	9.00	0	2,475	2.00
3.00	LABORATORY	60.00	0	3,792	3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,748	4.00
			0	12,260	
	R - RECLASS NONREIMBURSABLE PARKING				
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	134,477	2,608,773	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	222,365	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
			134,477	2,831,138	
	S - RECLASS CORNEAL TISSUE ACQUISITION C				
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	363,750	1.00
			0	363,750	
	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	106,613	31,294	1.00
			106,613	31,294	
	V - RECLASS PROPERTY INSURANCE				
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,501,235	1.00
			0	1,501,235	

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
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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	1,000	0	1.00
2.00	ADMITTING	5.04	7,250	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,500	0	3.00
4.00	OPERATION OF PLANT	7.00	6,250	0	4.00
5.00	HOUSEKEEPING	9.00	10,000	0	5.00
6.00	DIETARY	10.00	1,000	0	6.00
7.00	CAFETERIA	11.00	1,500	0	7.00
8.00	NURSING ADMINISTRATION	13.00	14,000	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	500	0	9.00
10.00	PHARMACY	15.00	8,750	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	500	0	11.00
12.00	SOCIAL SERVICE	17.00	2,750	0	12.00
13.00	LAB ADMINISTRATION	18.01	2,500	0	13.00
14.00	NURSING SCHOOL	20.00	3,750	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	45,250	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	9,000	0	16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	8,000	0	17.00
18.00	NEURO ICU	35.01	2,500	0	18.00
19.00	CARDIO-THORACIC ICU	35.02	3,750	0	19.00
20.00	SUBPROVIDER - IPF	40.00	3,750	0	20.00
21.00	OPERATING ROOM	50.00	27,000	0	21.00
22.00	RECOVERY ROOM	51.00	12,500	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	2,500	0	23.00
24.00	ANESTHESIOLOGY	53.00	500	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	9,250	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	5,000	0	26.00
27.00	RADIOISOTOPE	56.00	1,000	0	27.00
28.00	CT SCAN	57.00	3,000	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	1,250	0	29.00
30.00	LABORATORY	60.00	3,625	0	30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	9,000	0	31.00
32.00	RESPIRATORY THERAPY	65.00	3,000	0	32.00
33.00	PHYSICAL THERAPY	66.00	14,250	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	8,750	0	34.00
35.00	SPEECH PATHOLOGY	68.00	2,500	0	35.00
36.00	ELECTROCARDIOLOGY	69.00	6,000	0	36.00
37.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	2,500	0	37.00
38.00	CLINIC	90.00	5,000	0	38.00
39.00	EMERGENCY	91.00	13,125	0	39.00
40.00	KIDNEY ACQUISITION	105.00	500	0	40.00
41.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	5,500	0	41.00
42.00	RETAIL PHARMACY	194.01	1,000	0	42.00
43.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,711	0	43.00
44.00	NURSING ADMINISTRATION	13.00	31,026	0	44.00
45.00	PHARMACY	15.00	4,000	0	45.00
46.00	SOCIAL SERVICE	17.00	6,000	0	46.00
47.00	LAB ADMINISTRATION	18.01	4,000	0	47.00
48.00	NURSING SCHOOL	20.00	10,000	0	48.00
49.00	PARAMED ED PRGM-PASTORAL ED	23.02	3,000	0	49.00
50.00	ADULTS & PEDIATRICS	30.00	23,000	0	50.00
51.00	INTENSIVE CARE UNIT	31.00	1,000	0	51.00
52.00	CORONARY CARE UNIT	32.00	3,000	0	52.00
53.00	SURGICAL INTENSIVE CARE UNIT	34.00	3,000	0	53.00
54.00	NEURO ICU	35.01	15,000	0	54.00
55.00	CARDIO-THORACIC ICU	35.02	6,000	0	55.00
56.00	SUBPROVIDER - IPF	40.00	3,000	0	56.00
57.00	OPERATING ROOM	50.00	41,500	0	57.00
58.00	RECOVERY ROOM	51.00	5,000	0	58.00
59.00	RADIOLOGY-DIAGNOSTIC	54.00	4,500	0	59.00
60.00	CARDIAC CATHETERIZATION	59.00	2,000	0	60.00
61.00	LABORATORY	60.00	2,000	0	61.00
62.00	RESPIRATORY THERAPY	65.00	2,000	0	62.00
63.00	CLINIC	90.00	3,000	0	63.00
64.00	EMERGENCY	91.00	29,000	0	64.00
0			570,987	0	

RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	X - RECLASS FEDERAL AND FOUNDATION RESEA				
1.00	RESEARCH	191.00	112,607	155,063	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		112,607	155,063	
	Y - RECLASS ASBESTOS ABATEMENT PAYMENTS				
1.00	OPERATION OF PLANT	7.00	0	655,040	1.00
2.00		0.00	0	0	2.00
	0		0	655,040	
	Z - RECLASS PRE-TRANSPLANT RELATED PHARM				
1.00	KIDNEY ACQUISITION	105.00	12,987	3,100	1.00
2.00	HEART ACQUISITION	106.00	6,167	1,472	2.00
3.00	LIVER ACQUISITION	107.00	4,381	1,046	3.00
4.00	LUNG ACQUISITION	108.00	29,974	7,155	4.00
	0		53,509	12,773	
	AA - RECLASS PRE-TRANSPLANT VAD CONTRACT				
1.00	HEART ACQUISITION	106.00	0	7,380	1.00
	0		0	7,380	
	AB - RECLASS PARKVIEW TOWER BLDG DEPR				
1.00		0.00	0	0	1.00
	0		0	0	
	AC - RECLASS PSYCH ADMIN COSTS				
1.00	ADULTS & PEDIATRICS	30.00	111,476	1,280,068	1.00
	TOTALS		111,476	1,280,068	
500.00	Grand Total: Increases		7,881,499	342,258,455	500.00

RECLASSIFICATIONS

Provider CCN: 26-0032

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

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		Decreases					8/18/2020 1:38 pm	
	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	142,305	0	1.00		
2.00	NURSING SCHOOL	20.00	0	30	0	2.00		
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	148	0	3.00		
4.00	ADULTS & PEDIATRICS	30.00	0	115,731	0	4.00		
5.00	INTENSIVE CARE UNIT	31.00	0	7,863	0	5.00		
6.00	CORONARY CARE UNIT	32.00	0	2,142	0	6.00		
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,181	0	7.00		
8.00	NEURO ICU	35.01	0	2,994	0	8.00		
9.00	CARDIO-THORACIC ICU	35.02	0	2,267	0	9.00		
10.00	SUBPROVIDER - IPF	40.00	0	686	0	10.00		
11.00	OPERATING ROOM	50.00	0	173,372	0	11.00		
12.00	RECOVERY ROOM	51.00	0	415	0	12.00		
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	825	0	13.00		
14.00	ANESTHESIOLOGY	53.00	0	675,175	0	14.00		
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,972,703	0	15.00		
16.00	ULTRASOUND	54.01	0	775	0	16.00		
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,778,641	0	17.00		
18.00	RADIOISOTOPE	56.00	0	1,166,304	0	18.00		
19.00	CT SCAN	57.00	0	2,425	0	19.00		
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,777	0	20.00		
21.00	LABORATORY	60.00	0	186	0	21.00		
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	19,675	0	22.00		
23.00	RESPIRATORY THERAPY	65.00	0	893	0	23.00		
24.00	ELECTROCARDIOLOGY	69.00	0	1,322,102	0	24.00		
25.00	RENAL DIALYSIS	74.00	0	34,837	0	25.00		
26.00	ENDOSCOPY	76.00	0	308	0	26.00		
27.00	OB/GYN IN VITRO	76.01	0	2,408	0	27.00		
28.00	ELECTROSHOCK THERAPY	76.02	0	197	0	28.00		
29.00	CLINIC	90.00	0	9,620	0	29.00		
30.00	EMERGENCY	91.00	0	8,724	0	30.00		
31.00	HEART ACQUISITION	106.00	0	6,200	0	31.00		
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	136,259	0	32.00		
33.00	RETAIL PHARMACY	194.01	0	6,822,269	0	33.00		
0			0	17,413,437				
B - RECLASS COST OF MEDICAL SUPPLIES CHA								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	210,082	0	1.00		
2.00	DIETARY	10.00	0	72,576	0	2.00		
3.00	OPERATING ROOM	50.00	0	48,610,578	0	3.00		
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	310,268	0	4.00		
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,200,123	0	5.00		
6.00	ULTRASOUND	54.01	0	112,994	0	6.00		
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	20,885	0	7.00		
8.00	CT SCAN	57.00	0	571,965	0	8.00		
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,393	0	9.00		
10.00	CARDIAC CATHETERIZATION	59.00	0	10,406,730	0	10.00		
11.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	35	0	11.00		
12.00	RESPIRATORY THERAPY	65.00	0	248,738	0	12.00		
13.00	PHYSICAL THERAPY	66.00	0	11,263	0	13.00		
14.00	OCCUPATIONAL THERAPY	67.00	0	17,058	0	14.00		
15.00	SPEECH PATHOLOGY	68.00	0	27,350	0	15.00		
16.00	RENAL DIALYSIS	74.00	0	352,453	0	16.00		
17.00	ENDOSCOPY	76.00	0	2,906,868	0	17.00		
18.00	CLINIC	90.00	0	348,034	0	18.00		
19.00	EMERGENCY	91.00	0	9,911	0	19.00		
0			0	73,449,304				
C - RECLASS COST OF IMPLANTABLE DEVICES								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	265,022	0	1.00		
2.00	OPERATING ROOM	50.00	0	76,428,664	0	2.00		
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	30,383	0	3.00		
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,666,275	0	4.00		
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,111,735	0	5.00		
6.00	CT SCAN	57.00	0	3,806	0	6.00		
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	880	0	7.00		
8.00	CARDIAC CATHETERIZATION	59.00	0	18,172,367	0	8.00		

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RECLASSIFICATIONS

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Period:
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	Decreases						8/18/2020 1:38 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	RENAL DIALYSIS	74.00	0	682	0		9.00
10.00	ENDOSCOPY	76.00	0	1,191,625	0		10.00
11.00	CLINIC	90.00	0	104,541	0		11.00
12.00	EMERGENCY	91.00	0	150	0		12.00
	0		0	102,976,130			
D - RECLASS EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,886	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,024	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	4,536	0		3.00
4.00	ADMITTING	5.04	0	28,893	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	28,406,364	0		5.00
6.00	OPERATION OF PLANT	7.00	0	636,307	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	245	0		7.00
8.00	HOUSEKEEPING	9.00	0	82,192	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,671,010	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	529,099	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,705	0		11.00
12.00	SOCIAL SERVICE	17.00	0	9,858	0		12.00
13.00	LAB ADMINISTRATION	18.01	0	12,680	0		13.00
14.00	NURSING SCHOOL	20.00	0	31,326	0		14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,785	0		15.00
16.00	PARAMED ED PRGM-PASTORAL ED	23.02	0	51	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	810,836	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	58,536	0		18.00
19.00	CORONARY CARE UNIT	32.00	0	2,230	0		19.00
20.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	51,082	0		20.00
21.00	NEURO ICU	35.01	0	117,512	0		21.00
22.00	CARDIO-THORACIC ICU	35.02	0	87,034	0		22.00
23.00	SUBPROVIDER - IPF	40.00	0	480,298	0		23.00
24.00	OPERATING ROOM	50.00	0	6,029,434	0		24.00
25.00	RECOVERY ROOM	51.00	0	417,386	0		25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	0	98,954	0		26.00
27.00	ANESTHESIOLOGY	53.00	0	721,201	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,105,401	0		28.00
29.00	ULTRASOUND	54.01	0	625,370	0		29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,610,070	0		30.00
31.00	RADIOISOTOPE	56.00	0	880,658	0		31.00
32.00	CT SCAN	57.00	0	1,239,102	0		32.00
33.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,028,973	0		33.00
34.00	CARDIAC CATHETERIZATION	59.00	0	1,347,171	0		34.00
35.00	LABORATORY	60.00	0	434,522	0		35.00
36.00	HLA LAB	60.01	0	94,897	0		36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	197,019	0		37.00
38.00	RESPIRATORY THERAPY	65.00	0	486,932	0		38.00
39.00	PHYSICAL THERAPY	66.00	0	6,299	0		39.00
40.00	OCCUPATIONAL THERAPY	67.00	0	2,343	0		40.00
41.00	SPEECH PATHOLOGY	68.00	0	42,757	0		41.00
42.00	ELECTROCARDIOLOGY	69.00	0	454,559	0		42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	0	237,322	0		43.00
44.00	RENAL DIALYSIS	74.00	0	76,473	0		44.00
45.00	ENDOSCOPY	76.00	0	1,805,018	0		45.00
46.00	OB/GYN IN VITRO	76.01	0	148,385	0		46.00
47.00	ELECTROSHOCK THERAPY	76.02	0	5,280	0		47.00
48.00	CLINIC	90.00	0	147,699	0		48.00
49.00	OUTPATIENT PSYCH	90.01	0	3,060	0		49.00
50.00	EMERGENCY	91.00	0	764,141	0		50.00
51.00	KIDNEY ACQUISITION	105.00	0	674	0		51.00
52.00	HEART ACQUISITION	106.00	0	135	0		52.00
53.00	LUNG ACQUISITION	108.00	0	135	0		53.00
54.00	RETAIL PHARMACY	194.01	0	55,103	0		54.00
55.00	MARKETING/COMMUNITY RELATIONS	194.02	0	824	0		55.00
	0		0	60,120,786			
E - RECLASS FINANCE ACCRUALS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,800,416	0		1.00
	0		0	1,800,416			

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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	67,860,059	0		1.00
	0		0	67,860,059			
	G - RECLASS COST OF INTERPRETERS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	479,351	864,627	0		1.00
	0		479,351	864,627			
	H - RECLASS GAMMA KNIFE COSTS						
1.00		0.00	0	0	0		1.00
	0		0	0			
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	213,387	61,121	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	13,898	0	0		2.00
	0		227,285	61,121			
	J - RECLASS FINANCE ACCRUALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	31,304	52,201	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	4,022,980	0		2.00
3.00		0.00	0	0	0		3.00
	0		31,304	4,075,181			
	K - RECLASS NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	2,004,392	949,116	0		1.00
	0		2,004,392	949,116			
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	DIETARY	10.00	1,927,556	5,306,686	0		1.00
	0		1,927,556	5,306,686			
	M - RECLASS PRETRANSPLANT RELATED DIETIC						
1.00	DIETARY	10.00	24,534	5,763	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		24,534	5,763			
	N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	OPERATING ROOM	50.00	1,873,379	492,036	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		1,873,379	492,036			
	O - RECLASS PRETRANSPLANT RELATED SOCIAL						
1.00	SOCIAL SERVICE	17.00	125,482	33,792	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		125,482	33,792			
	P - RECLASS SALARIES PORTION OF RESEARCH						
1.00	RESEARCH ADMINISTRATION	18.02	0	98,547	0		1.00
	0		0	98,547			
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,260	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	12,260			
	R - RECLASS NONREIMBURSABLE PARKING						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,221,943	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	387,131	9		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	134,477	125,437	9		3.00
4.00	OPERATION OF PLANT	7.00	0	96,627	0		4.00
	0		134,477	2,831,138			
	S - RECLASS CORNEAL TISSUE ACQUISITION C						
1.00	OPERATING ROOM	50.00	0	363,750	0		1.00
	0		0	363,750			
	T - RECLASS EXTENDED RECOVERY NURSING SE						
1.00		0.00	0	0	0		1.00
	0		0	0			

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		Decreases				Wkst. A-7 Ref.		
Cost Center		Line #	Salary	Other				
6.00		7.00	8.00	9.00	10.00			
	U - RECLASS PHYSICIAN SUITE CLEANING COS							
1.00	HOUSEKEEPING	9.00	106,613	31,294	0		1.00	
	0		106,613	31,294				
	V - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	1,501,235	0		1.00	
	0		0	1,501,235				
	W - RECLASS RECRUITING BONUSES AND RELOC							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	319,250	0		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	50,711	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	0	31,026	0		3.00	
4.00	PHARMACY	15.00	0	4,000	0		4.00	
5.00	SOCIAL SERVICE	17.00	0	6,000	0		5.00	
6.00	LAB ADMINISTRATION	18.01	0	4,000	0		6.00	
7.00	NURSING SCHOOL	20.00	0	10,000	0		7.00	
8.00	PARAMED ED PRGM-PASTORAL ED	23.02	0	3,000	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	23,000	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	1,000	0		10.00	
11.00	CORONARY CARE UNIT	32.00	0	3,000	0		11.00	
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,000	0		12.00	
13.00	NEURO ICU	35.01	0	15,000	0		13.00	
14.00	CARDIO-THORACIC ICU	35.02	0	6,000	0		14.00	
15.00	SUBPROVIDER - IPF	40.00	0	3,000	0		15.00	
16.00	OPERATING ROOM	50.00	0	41,500	0		16.00	
17.00	RECOVERY ROOM	51.00	0	5,000	0		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,500	0		18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	2,000	0		19.00	
20.00	LABORATORY	60.00	0	2,000	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	2,000	0		21.00	
22.00	CLINIC	90.00	0	3,000	0		22.00	
23.00	EMERGENCY	91.00	0	29,000	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	
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	
	0		0	570,987				

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RECLASSIFICATIONS

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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
	X - RECLASS FEDERAL AND FOUNDATION RESEA					
1.00	NURSING ADMINISTRATION	13.00	18,210	15,313	0	1.00
2.00	SOCIAL SERVICE	17.00	74,222	27,223	0	2.00
3.00	OTHER NONREIMBURSABLE COST	194.00	20,175	112,527	0	3.00
	CENTERS					
	0		112,607	155,063		
	Y - RECLASS ASBESTOS ABATEMENT PAYMENTS					
1.00	OTHER ADMINISTRATIVE AND	5.00	0	651,965	0	1.00
	GENERAL					
2.00	EMERGENCY	91.00	0	3,075	0	2.00
	0		0	655,040		
	Z - RECLASS PRE-TRANSPLANT RELATED PHARM					
1.00	PHARMACY	15.00	53,509	12,773	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		53,509	12,773		
	AA - RECLASS PRE-TRANSPLANT VAD CONTRACT					
1.00	OPERATING ROOM	50.00	0	7,380	0	1.00
	0		0	7,380		
	AB - RECLASS PARKVIEW TOWER BLDG DEPR					
1.00		0.00	0	0	0	1.00
	0		0	0		
	AC - RECLASS PSYCH ADMIN COSTS					
1.00	SUBPROVIDER - IPF	40.00	111,476	1,280,068	0	1.00
	TOTALS		111,476	1,280,068		
500.00	Grand Total: Decreases		7,211,965	342,927,989		500.00

RECLASSIFICATIONS

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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	17,410,804	SOCIAL SERVICE	17.00	0	142,305	1.00
2.00	CARDIAC	59.00	0	2,633	NURSING SCHOOL	20.00	0	30	2.00
3.00	CATHETERIZATION	0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	148	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	115,731	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	7,863	5.00
6.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	2,142	6.00
7.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,181	7.00
8.00		0.00	0	0	NEURO ICU	35.01	0	2,994	8.00
9.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	2,267	9.00
10.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	686	10.00
11.00		0.00	0	0	OPERATING ROOM	50.00	0	173,372	11.00
12.00		0.00	0	0	RECOVERY ROOM	51.00	0	415	12.00
13.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	825	13.00
14.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	675,175	14.00
15.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,972,703	15.00
16.00		0.00	0	0	ULTRASOUND	54.01	0	775	16.00
17.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	4,778,641	17.00
18.00		0.00	0	0	RADIOISOTOPE	56.00	0	1,166,304	18.00
19.00		0.00	0	0	CT SCAN	57.00	0	2,425	19.00
20.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,777	20.00
21.00		0.00	0	0	LABORATORY	60.00	0	186	21.00
22.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	19,675	22.00
23.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	893	23.00
24.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,322,102	24.00
25.00		0.00	0	0	RENAL DIALYSIS	74.00	0	34,837	25.00
26.00		0.00	0	0	ENDOSCOPY	76.00	0	308	26.00
27.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	2,408	27.00
28.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	197	28.00
29.00		0.00	0	0	CLINIC	90.00	0	9,620	29.00
30.00		0.00	0	0	EMERGENCY	91.00	0	8,724	30.00
31.00		0.00	0	0	HEART ACQUISITION	106.00	0	6,200	31.00
32.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	136,259	32.00
33.00		0.00	0	0	RETAIL PHARMACY	194.01	0	6,822,269	33.00
0			0	17,413,437	0		0	17,413,437	
B - RECLASS COST OF MEDICAL SUPPLIES CHA									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	73,449,304	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	210,082	1.00
2.00		0.00	0	0	DIETARY	10.00	0	72,576	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	48,610,578	3.00
4.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	310,268	4.00
5.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9,200,123	5.00
6.00		0.00	0	0	ULTRASOUND	54.01	0	112,994	6.00
7.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	20,885	7.00
8.00		0.00	0	0	CT SCAN	57.00	0	571,965	8.00
9.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,393	9.00
10.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	10,406,730	10.00
11.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	35	11.00
12.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	248,738	12.00
13.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	11,263	13.00
14.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	17,058	14.00
15.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	27,350	15.00
16.00		0.00	0	0	RENAL DIALYSIS	74.00	0	352,453	16.00
17.00		0.00	0	0	ENDOSCOPY	76.00	0	2,906,868	17.00
18.00		0.00	0	0	CLINIC	90.00	0	348,034	18.00
19.00		0.00	0	0	EMERGENCY	91.00	0	9,911	19.00
0			0	73,449,304	0		0	73,449,304	
C - RECLASS COST OF IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	102,976,130	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	265,022	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	76,428,664	2.00
3.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	30,383	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,666,275	4.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
8/18/2020 1:38 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
5.00	0.00	0	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	2,111,735	5.00
6.00	0.00	0	0	0	CT SCAN	57.00	0	3,806	6.00
7.00	0.00	0	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	880	7.00
8.00	0.00	0	0	0	CARDIAC CATHETERIZATION	59.00	0	18,172,367	8.00
9.00	0.00	0	0	0	RENAL DIALYSIS	74.00	0	682	9.00
10.00	0.00	0	0	0	ENDOSCOPY	76.00	0	1,191,625	10.00
11.00	0.00	0	0	0	CLINIC	90.00	0	104,541	11.00
12.00	0.00	0	0	0	EMERGENCY	91.00	0	150	12.00
0			0	102,976,130	0		0	102,976,130	
D - RECLASS EQUIPMENT DEPRECIATION									
1.00	NEW CAP REL	2.00	0	56,932,903	EMPLOYEE BENEFITS	4.00	0	25,886	1.00
2.00	COSTS-MVBLE EQUIP				DEPARTMENT				
3.00	DIETARY	10.00	0	825,387	NONPATIENT TELEPHONES	5.01	0	1,024	2.00
4.00	CAFETERIA	11.00	0	16,024	PURCHASING RECEIVING AND STORES	5.03	0	4,536	3.00
5.00	PHARMACY	15.00	0	2,260,764	ADMITTING	5.04	0	28,893	4.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	85,708	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	28,406,364	5.00
7.00		0.00	0	0	OPERATION OF PLANT	7.00	0	636,307	6.00
8.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	245	7.00
9.00		0.00	0	0	HOUSEKEEPING	9.00	0	82,192	8.00
10.00		0.00	0	0	NURSING	13.00	0	2,671,010	9.00
11.00		0.00	0	0	ADMINISTRATION				
12.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	529,099	10.00
13.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	2,705	11.00
14.00		0.00	0	0	SOCIAL SERVICE	17.00	0	9,858	12.00
15.00		0.00	0	0	LAB ADMINISTRATION	18.01	0	12,680	13.00
16.00		0.00	0	0	NURSING SCHOOL	20.00	0	31,326	14.00
17.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,785	15.00
18.00		0.00	0	0	PARAMED ED	23.02	0	51	16.00
19.00		0.00	0	0	PRGM-PASTORAL ED				
20.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	810,836	17.00
21.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	58,536	18.00
22.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	2,230	19.00
23.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	51,082	20.00
24.00		0.00	0	0	NEURO ICU	35.01	0	117,512	21.00
25.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	87,034	22.00
26.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	480,298	23.00
27.00		0.00	0	0	OPERATING ROOM	50.00	0	6,029,434	24.00
28.00		0.00	0	0	RECOVERY ROOM	51.00	0	417,386	25.00
29.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	98,954	26.00
30.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	721,201	27.00
31.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,105,401	28.00
32.00		0.00	0	0	ULTRASOUND	54.01	0	625,370	29.00
33.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	3,610,070	30.00
34.00		0.00	0	0	RADIOISOTOPE	56.00	0	880,658	31.00
35.00		0.00	0	0	CT SCAN	57.00	0	1,239,102	32.00
36.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,028,973	33.00
37.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,347,171	34.00
38.00		0.00	0	0	LABORATORY	60.00	0	434,522	35.00
39.00		0.00	0	0	HLA LAB	60.01	0	94,897	36.00
40.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	197,019	37.00
41.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	486,932	38.00
42.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	6,299	39.00
43.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	2,343	40.00
44.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	42,757	41.00
45.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	454,559	42.00
46.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	237,322	43.00
47.00		0.00	0	0	RENAL DIALYSIS	74.00	0	76,473	44.00
48.00		0.00	0	0	ENDOSCOPY	76.00	0	1,805,018	45.00
		0.00	0	0	OB/GYN IN VITRO	76.01	0	148,385	46.00
		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	5,280	47.00
		0.00	0	0	CLINIC	90.00	0	147,699	48.00

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RECLASSIFICATIONS

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Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
8/18/2020 1:38 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
49.00		0.00	0	0	0	90.01	0	3,060	49.00
50.00		0.00	0	0	0	91.00	0	764,141	50.00
51.00		0.00	0	0	0	105.00	0	674	51.00
52.00		0.00	0	0	0	106.00	0	135	52.00
53.00		0.00	0	0	0	108.00	0	135	53.00
54.00		0.00	0	0	0	194.01	0	55,103	54.00
55.00		0.00	0	0	0	194.02	0	824	55.00
				60,120,786				60,120,786	
E - RECLASS FINANCE ACCRUALS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,800,416	RADIOLOGY-THERAPEUTIC	55.00	0	1,800,416	1.00
			0	1,800,416			0	1,800,416	
F - RECLASS WASH U AFFILIATION AGREEMENT									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	67,860,059	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	67,860,059	1.00
			0	67,860,059			0	67,860,059	
G - RECLASS COST OF INTERPRETERS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	479,351	864,627	OTHER NONREIMBURSABLE COST CENTERS	194.00	479,351	864,627	1.00
			479,351	864,627			479,351	864,627	
H - RECLASS GAMMA KNIFE COSTS									
1.00		0.00	0	0		0.00	0	0	1.00
			0	0			0	0	
I - RECLASS PARAMEDICAL EDUCATION									
1.00	PARAMED ED PRGM-PHARMACY	23.01	213,387	61,121	PHARMACY	15.00	213,387	61,121	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	13,898	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	13,898	0	2.00
			227,285	61,121			227,285	61,121	
J - RECLASS FINANCE ACCRUALS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	31,304	3,996,580	EMPLOYEE BENEFITS DEPARTMENT PURCHASING RECEIVING AND STORES	4.00	31,304	52,201	1.00
2.00	OPERATION OF PLANT	7.00	0	37,605		5.03	0	4,022,980	2.00
3.00	HOUSEKEEPING	9.00	0	40,996		0.00	0	0	3.00
			31,304	4,075,181			31,304	4,075,181	
K - RECLASS NURSERY COSTS									
1.00	NURSERY	43.00	2,004,392	949,116	ADULTS & PEDIATRICS	30.00	2,004,392	949,116	1.00
			2,004,392	949,116			2,004,392	949,116	
L - RECLASS DIETARY COSTS TO CAFETERIA									
1.00	CAFETERIA	11.00	1,927,556	5,306,686	DIETARY	10.00	1,927,556	5,306,686	1.00
			1,927,556	5,306,686			1,927,556	5,306,686	
M - RECLASS PRETRANSPLANT RELATED DIETIC									
1.00	KIDNEY ACQUISITION	105.00	1,488	350	DIETARY	10.00	24,534	5,763	1.00
2.00	HEART ACQUISITION	106.00	4,876	1,145		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	7,990	1,877		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	10,180	2,391		0.00	0	0	4.00
			24,534	5,763			24,534	5,763	
N - RECLASS TRANSPLANT SALARIES AND BENE									
1.00	NURSING	13.00	1,026,901	259,283	OPERATING ROOM	50.00	1,873,379	492,036	1.00
	ADMINISTRATION								
2.00	KIDNEY ACQUISITION	105.00	404,859	104,808		0.00	0	0	2.00
3.00	HEART ACQUISITION	106.00	93,830	36,760		0.00	0	0	3.00
4.00	LIVER ACQUISITION	107.00	172,360	45,580		0.00	0	0	4.00
5.00	LUNG ACQUISITION	108.00	156,428	40,686		0.00	0	0	5.00
6.00	PANCREAS ACQUISITION	109.00	19,001	4,919		0.00	0	0	6.00
			1,873,379	492,036			1,873,379	492,036	
O - RECLASS PRETRANSPLANT RELATED SOCIAL									
1.00	KIDNEY ACQUISITION	105.00	65,136	17,541	SOCIAL SERVICE	17.00	125,482	33,792	1.00
2.00	HEART ACQUISITION	106.00	8,397	2,261		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	27,330	7,360		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	24,504	6,599		0.00	0	0	4.00
5.00	PANCREAS ACQUISITION	109.00	115	31		0.00	0	0	5.00
			125,482	33,792			125,482	33,792	
P - RECLASS SALARIES PORTION OF RESEARCH									
1.00	RESEARCH ADMINISTRATION	18.02	98,547	0	RESEARCH ADMINISTRATION	18.02	0	98,547	1.00
			98,547	0			0	98,547	
Q - RECLASS BARNARD BUILDING RENTAL									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,245	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,260	1.00
2.00	HOUSEKEEPING	9.00	0	2,475		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	3,792		0.00	0	0	3.00

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Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
8/18/2020 1:38 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,748		0.00	0	0	4.00
			0	12,260			0	12,260	
R - RECLASS NONREIMBURSABLE PARKING									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	134,477	2,608,773	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,221,943	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	222,365	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	387,131	2.00
3.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	134,477	125,437	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	96,627	4.00
			134,477	2,831,138			134,477	2,831,138	
S - RECLASS CORNEAL TISSUE ACQUISITION C									
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	363,750	OPERATING ROOM	50.00	0	363,750	1.00
			0	363,750			0	363,750	
T - RECLASS EXTENDED RECOVERY NURSING SE									
1.00		0.00	0	0		0.00	0	0	1.00
			0	0			0	0	
U - RECLASS PHYSICIAN SUITE CLEANING COS									
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	106,613	31,294	HOUSEKEEPING	9.00	106,613	31,294	1.00
			106,613	31,294			106,613	31,294	
V - RECLASS PROPERTY INSURANCE									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,501,235	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,501,235	1.00
			0	1,501,235			0	1,501,235	
W - RECLASS RECRUITING BONUSES AND RELOC									
1.00	NONPATIENT TELEPHONES	5.01	1,000	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	319,250	1.00
2.00	ADMITTING	5.04	7,250	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	50,711	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,500	0	NURSING ADMINISTRATION	13.00	0	31,026	3.00
4.00	OPERATION OF PLANT	7.00	6,250	0	PHARMACY	15.00	0	4,000	4.00
5.00	HOUSEKEEPING	9.00	10,000	0	SOCIAL SERVICE	17.00	0	6,000	5.00
6.00	DIETARY	10.00	1,000	0	LAB ADMINISTRATION	18.01	0	4,000	6.00
7.00	CAFETERIA	11.00	1,500	0	NURSING SCHOOL	20.00	0	10,000	7.00
8.00	NURSING ADMINISTRATION	13.00	14,000	0	PARAMED ED PRGM-PASTORAL ED	23.02	0	3,000	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	500	0	ADULTS & PEDIATRICS	30.00	0	23,000	9.00
10.00	PHARMACY	15.00	8,750	0	INTENSIVE CARE UNIT	31.00	0	1,000	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	500	0	CORONARY CARE UNIT	32.00	0	3,000	11.00
12.00	SOCIAL SERVICE	17.00	2,750	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,000	12.00
13.00	LAB ADMINISTRATION	18.01	2,500	0	NEURO ICU	35.01	0	15,000	13.00
14.00	NURSING SCHOOL	20.00	3,750	0	CARDIO-THORACIC ICU	35.02	0	6,000	14.00
15.00	ADULTS & PEDIATRICS	30.00	45,250	0	SUBPROVIDER - IPF	40.00	0	3,000	15.00
16.00	INTENSIVE CARE UNIT	31.00	9,000	0	OPERATING ROOM	50.00	0	41,500	16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	8,000	0	RECOVERY ROOM	51.00	0	5,000	17.00
18.00	NEURO ICU	35.01	2,500	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,500	18.00
19.00	CARDIO-THORACIC ICU	35.02	3,750	0	CARDIAC CATHETERIZATION	59.00	0	2,000	19.00
20.00	SUBPROVIDER - IPF	40.00	3,750	0	LABORATORY	60.00	0	2,000	20.00
21.00	OPERATING ROOM	50.00	27,000	0	RESPIRATORY THERAPY	65.00	0	2,000	21.00
22.00	RECOVERY ROOM	51.00	12,500	0	CLINIC	90.00	0	3,000	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	2,500	0	EMERGENCY	91.00	0	29,000	23.00
24.00	ANESTHESIOLOGY	53.00	500	0		0.00	0	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	9,250	0		0.00	0	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	5,000	0		0.00	0	0	26.00
27.00	RADIOISOTOPE	56.00	1,000	0		0.00	0	0	27.00
28.00	CT SCAN	57.00	3,000	0		0.00	0	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	1,250	0		0.00	0	0	29.00
30.00	LABORATORY	60.00	3,625	0		0.00	0	0	30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	9,000	0		0.00	0	0	31.00
32.00	RESPIRATORY THERAPY	65.00	3,000	0		0.00	0	0	32.00
33.00	PHYSICAL THERAPY	66.00	14,250	0		0.00	0	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	8,750	0		0.00	0	0	34.00
35.00	SPEECH PATHOLOGY	68.00	2,500	0		0.00	0	0	35.00

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RECLASSIFICATIONS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
8/18/2020 1:38 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
36.00	ELECTROCARDIOLOGY	69.00	6,000	0		0.00	0	0	36.00
37.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	2,500	0		0.00	0	0	37.00
38.00	CLINIC	90.00	5,000	0		0.00	0	0	38.00
39.00	EMERGENCY	91.00	13,125	0		0.00	0	0	39.00
40.00	KIDNEY ACQUISITION	105.00	500	0		0.00	0	0	40.00
41.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	5,500	0		0.00	0	0	41.00
42.00	RETAIL PHARMACY	194.01	1,000	0		0.00	0	0	42.00
43.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,711	0		0.00	0	0	43.00
44.00	NURSING ADMINISTRATION	13.00	31,026	0		0.00	0	0	44.00
45.00	PHARMACY	15.00	4,000	0		0.00	0	0	45.00
46.00	SOCIAL SERVICE	17.00	6,000	0		0.00	0	0	46.00
47.00	LAB ADMINISTRATION	18.01	4,000	0		0.00	0	0	47.00
48.00	NURSING SCHOOL	20.00	10,000	0		0.00	0	0	48.00
49.00	PARAMED ED	23.02	3,000	0		0.00	0	0	49.00
50.00	PRGM-PASTORAL ED								
50.00	ADULTS & PEDIATRICS	30.00	23,000	0		0.00	0	0	50.00
51.00	INTENSIVE CARE UNIT	31.00	1,000	0		0.00	0	0	51.00
52.00	CORONARY CARE UNIT	32.00	3,000	0		0.00	0	0	52.00
53.00	SURGICAL INTENSIVE CARE UNIT	34.00	3,000	0		0.00	0	0	53.00
54.00	NEURO ICU	35.01	15,000	0		0.00	0	0	54.00
55.00	CARDIO-THORACIC ICU	35.02	6,000	0		0.00	0	0	55.00
56.00	SUBPROVIDER - IPF	40.00	3,000	0		0.00	0	0	56.00
57.00	OPERATING ROOM	50.00	41,500	0		0.00	0	0	57.00
58.00	RECOVERY ROOM	51.00	5,000	0		0.00	0	0	58.00
59.00	RADIOLOGY-DIAGNOSTIC	54.00	4,500	0		0.00	0	0	59.00
60.00	CARDIAC CATHETERIZATION	59.00	2,000	0		0.00	0	0	60.00
61.00	LABORATORY	60.00	2,000	0		0.00	0	0	61.00
62.00	RESPIRATORY THERAPY	65.00	2,000	0		0.00	0	0	62.00
63.00	CLINIC	90.00	3,000	0		0.00	0	0	63.00
64.00	EMERGENCY	91.00	29,000	0		0.00	0	0	64.00
0			570,987	0			0	570,987	
X - RECLASS FEDERAL AND FOUNDATION RESEA									
1.00	RESEARCH	191.00	112,607	155,063	NURSING	13.00	18,210	15,313	1.00
2.00		0.00	0	0	ADMINISTRATION	17.00	74,222	27,223	2.00
3.00		0.00	0	0	SOCIAL SERVICE	174.00	20,175	112,527	3.00
0			112,607	155,063	OTHER NONREIMBURSABLE COST CENTERS				
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS									
1.00	OPERATION OF PLANT	7.00	0	655,040	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	651,965	1.00
2.00		0.00	0	0	EMERGENCY	91.00	0	3,075	2.00
0			0	655,040			0	655,040	
Z - RECLASS PRE-TRANSPLANT RELATED PHARM									
1.00	KIDNEY ACQUISITION	105.00	12,987	3,100	PHARMACY	15.00	53,509	12,773	1.00
2.00	HEART ACQUISITION	106.00	6,167	1,472		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	4,381	1,046		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	29,974	7,155		0.00	0	0	4.00
0			53,509	12,773			53,509	12,773	
AA - RECLASS PRE-TRANSPLANT VAD CONTRACT									
1.00	HEART ACQUISITION	106.00	0	7,380	OPERATING ROOM	50.00	0	7,380	1.00
0			0	7,380			0	7,380	
AB - RECLASS PARKVIEW TOWER BLDG DEPR									
1.00		0.00	0	0		0.00	0	0	1.00
0			0	0			0	0	
AC - RECLASS PSYCH ADMIN COSTS									
1.00	ADULTS & PEDIATRICS	30.00	111,476	1,280,068	SUBPROVIDER - IPF	40.00	111,476	1,280,068	1.00
	TOTALS		111,476	1,280,068	TOTALS		111,476	1,280,068	
500.00	Grand Total:		7,881,499	342,258,455	Grand Total:		7,211,965	342,927,989	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,045,795	0	0	0	0	1.00
2.00	Land Improvements	18,283,319	23,334,758	0	23,334,758	331,730	2.00
3.00	Buildings and Fixtures	672,992,686	581,274,686	0	581,274,686	12,767,672	3.00
4.00	Building Improvements	15,748,046	86,625	0	86,625	225,643	4.00
5.00	Fixed Equipment	488,088,615	3,668,746	0	3,668,746	22,776,729	5.00
6.00	Movable Equipment	669,378,355	85,612,656	0	85,612,656	54,623,985	6.00
7.00	HIT designated Assets	22,344,588	0	0	0	184,208	7.00
8.00	Subtotal (sum of lines 1-7)	1,908,881,404	693,977,471	0	693,977,471	90,909,967	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,908,881,404	693,977,471	0	693,977,471	90,909,967	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	41,286,347	4,658,692				2.00
3.00	Buildings and Fixtures	1,241,499,700	133,399,349				3.00
4.00	Building Improvements	15,609,028	7,746,199				4.00
5.00	Fixed Equipment	468,980,632	271,912,999				5.00
6.00	Movable Equipment	700,367,026	431,877,756				6.00
7.00	HIT designated Assets	22,160,380	1,579,915				7.00
8.00	Subtotal (sum of lines 1-7)	2,511,948,908	851,174,910				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	2,511,948,908	851,174,910				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	71,202,377	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	29,356,451	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,394,345	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,106,511	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-7,186,034	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	95,873,650	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	71,202,377				1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	29,356,451				1.03
1.04	NEW CRC-B&F(GSON)	0	1,394,345				1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,106,511				1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	-7,186,034				2.00
3.00	Total (sum of lines 1-2)	0	95,873,650				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,150,490,122	0	1,150,490,122	0.462062	693,664	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	586,550,106	0	586,550,106	0.235571	353,647	1.03
1.04	NEW CRC-B&F(GSON)	31,155,205	0	31,155,205	0.012513	18,785	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	721,707,680	0	721,707,680	0.289854	435,139	2.00
3.00	Total (sum of lines 1-2)	2,489,903,113	0	2,489,903,113	1.000000	1,501,235	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	693,664	65,695,543	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	353,647	27,881,293	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	18,785	1,394,345	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	981,003	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	435,139	49,971,960	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,501,235	145,924,144	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	693,664	0	0	66,389,207	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	353,647	0	0	28,234,940	1.03
1.04	NEW CRC-B&F(GSON)	0	18,785	0	0	1,413,130	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	981,003	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	435,139	0	0	50,407,099	2.00
3.00	Total (sum of lines 1-2)	0	1,501,235	0	0	147,425,379	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00			2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)			0 NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)			0 NEW CRC-B&F(GSON)	1.04	0	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)			0 NEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-32,043,181	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	-1,456,788	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-63,037,954			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	-23,170,239			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-10,690,596	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		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)			0 NEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)			0 NEW CRC-B&F(GSON)	1.04	0	26.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)			0 NEW CRC-B&F(THE HIGHLANDS)		1.05	0	26.05
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	OTHER REVENUE	B	-240,620	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01	OTHER REVENUE	B	-966,268	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.01
33.02	OTHER REVENUE	B	-845,442	CAFETERIA		11.00	0	33.02
33.03	OTHER REVENUE	B	-168,189	NURSING ADMINISTRATION		13.00	0	33.03
33.04	OTHER REVENUE	B	-3,618	CENTRAL SERVICES & SUPPLY		14.00	0	33.04
33.05	OTHER REVENUE	B	-473,082	PHARMACY		15.00	0	33.05
33.06	OTHER REVENUE	B	-9,112	MEDICAL RECORDS & LIBRARY		16.00	0	33.06
33.07	OTHER REVENUE	B	-586,063	SOCIAL SERVICE		17.00	0	33.07
33.08	OTHER REVENUE	B	-1,230	LAB ADMINISTRATION		18.01	0	33.08
33.09	OTHER REVENUE	B	-24,033,213	NURSING SCHOOL		20.00	0	33.09
33.10	OTHER REVENUE	B	-61,259	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0	33.10
33.11	OTHER REVENUE	B	-300	PARAMED ED PRGM-PASTORAL ED		23.02	0	33.11
33.12	OTHER REVENUE	B	-471,572	ADULTS & PEDIATRICS		30.00	0	33.12
33.13	OTHER REVENUE	B	-1,000	CORONARY CARE UNIT		32.00	0	33.13
33.14	OTHER REVENUE	B	-1,068	SURGICAL INTENSIVE CARE UNIT		34.00	0	33.14
33.15	OTHER REVENUE	B	-497	SUBPROVIDER - IPF		40.00	0	33.15
33.16	OTHER REVENUE	B	-73,532	OPERATING ROOM		50.00	0	33.16
33.17	OTHER REVENUE	B	-48,982	DELIVERY ROOM & LABOR ROOM		52.00	0	33.17
33.18	OTHER REVENUE	B	-85,880	RADIOLOGY-DIAGNOSTIC		54.00	0	33.18
33.19	OTHER REVENUE	B	-28,495	RADIOLOGY-THERAPEUTIC		55.00	0	33.19
33.20	OTHER REVENUE	B	-1,779	RADIOISOTOPE		56.00	0	33.20
33.21	OTHER REVENUE	B	-24,000	CARDIAC CATHETERIZATION		59.00	0	33.21
33.22	OTHER REVENUE	B	-7,600	BLOOD STORING, PROCESSING & TRANS.		63.00	0	33.22
33.23	OTHER REVENUE	B	-1,500	RESPIRATORY THERAPY		65.00	0	33.23
33.24	OTHER REVENUE	B	-590	PHYSICAL THERAPY		66.00	0	33.24
33.25	OTHER REVENUE	B	-5,973	ELECTROCARDIOLOGY		69.00	0	33.25
33.26	OTHER REVENUE	B	-893	ELECTROENCEPHALOGRAPHY		70.00	0	33.26
33.27	OTHER REVENUE	B	-1,253	ELECTROSHOCK THERAPY		76.02	0	33.27
33.28	OTHER REVENUE	B	-88,200	ALLOGENEIC STEM CELL ACQUISITION		77.00	0	33.28
33.29	OTHER REVENUE	B	-240,742	CLINIC		90.00	0	33.29
33.30	OTHER REVENUE	B	-232,685	EMERGENCY		91.00	0	33.30
35.00	RESEARCH ADMINISTRATIVE COST	A	128,722	RESEARCH ADMINISTRATION		18.02	0	35.00
36.00	ALLOWABLE FRA COSTS	A	104,871,360	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	36.00
37.00	ASBESTOS ABATEMENT - ACTUAL PAYMENT	A		0 OPERATION OF PLANT		7.00	0	37.00
38.00	CONTRIBUTIONS	A	-6,949,583	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	38.00
38.01	CONTRIBUTIONS	A	-1,500	NURSING ADMINISTRATION		13.00	0	38.01
38.02	CONTRIBUTIONS	A	-741	PHARMACY		15.00	0	38.02
38.03	CONTRIBUTIONS	A	-7,750	ADULTS & PEDIATRICS		30.00	0	38.03
38.04	CONTRIBUTIONS	A	-1,175	CARDIO-THORACIC ICU		35.02	0	38.04
38.05	CONTRIBUTIONS	A	-1,275	OPERATING ROOM		50.00	0	38.05
38.06	CONTRIBUTIONS	A	-1,275	EMERGENCY		91.00	0	38.06
38.07	REMOVE ASBESTOS ACCRUAL	A	-819,737	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	38.07
38.08	REMOVE ASBESTOS ACCRUAL	A	-18,505	EMERGENCY		91.00	0	38.08
39.00	BAD DEBTS	A	-276	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.00
39.01	BAD DEBTS	A	13,441	LABORATORY		60.00	0	39.01
41.00	PATIENT PHONES	A	-237,863	ADULTS & PEDIATRICS		30.00	0	41.00

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ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
41.01	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-29,716	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.01
41.02	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-68,777	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.02
41.03	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-144,586	OPERATION OF PLANT	7.00	0	41.03
41.04	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-447	HOUSEKEEPING	9.00	0	41.04
41.05	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13,086	DIETARY	10.00	0	41.05
41.06	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-13,661	CAFETERIA	11.00	0	41.06
41.07	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-1,828	NURSING ADMINISTRATION	13.00	0	41.07
41.08	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-18,526	PHARMACY	15.00	0	41.08
41.09	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-83,114	ADULTS & PEDIATRICS	30.00	0	41.09
41.10	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-978	INTENSIVE CARE UNIT	31.00	0	41.10
41.11	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-1,893	SUBPROVIDER - IPF	40.00	0	41.11
41.12	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-878	OPERATING ROOM	50.00	0	41.12
41.13	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-61,030	DELIVERY ROOM & LABOR ROOM	52.00	0	41.13
41.14	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-4,842	ULTRASOUND	54.01	0	41.14
41.15	GAIN/LOSS ON DISPOSAL OF ASSETS	A	11,780	RADIOLOGY-THERAPEUTIC	55.00	0	41.15
41.16	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-24,636	CARDIAC CATHETERIZATION	59.00	0	41.16
41.17	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-6,300	RESPIRATORY THERAPY	65.00	0	41.17
41.18	GAIN/LOSS ON DISPOSAL OF ASSETS	A	-15,331	ELECTROCARDIOLOGY	69.00	0	41.18
43.00	MALPRACTICE EXP	A	-9,363,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	WASH UNIV ASSESSMENTS	A	-421,334	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
44.01	LOBBYING PORTION OF DUES	A	-101,968	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.01
44.02	LOBBYING PORTION OF DUES	A	-10,000	NURSING ADMINISTRATION	13.00	0	44.02
44.03	LOBBYING PORTION OF DUES	A	-950	EMERGENCY	91.00	0	44.03
44.04	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-8	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.04
44.05	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-182,122	NURSING ADMINISTRATION	13.00	0	44.05
44.06	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-2,203,992	ADULTS & PEDIATRICS	30.00	0	44.06
44.07	NON ALLOWABLE INTERN/RESIDENT COSTS	A	20	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	44.07
44.08	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-11,543	CARDIAC CATHETERIZATION	59.00	0	44.08
44.09	NON ALLOWABLE INTERN/RESIDENT COSTS	A	1	ELECTROENCEPHALOGRAPHY	70.00	0	44.09
44.10	NON ALLOWABLE INTERN/RESIDENT COSTS	A	-2,075	EMERGENCY	91.00	0	44.10
44.11	ENTERTAINMENT/PROMOTION EXPENSE	A	-14,705	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.11
44.12	ENTERTAINMENT/PROMOTION EXPENSE	A	-82	NONPATIENT TELEPHONES	5.01	0	44.12
44.13	ENTERTAINMENT/PROMOTION EXPENSE	A	-157	ADMITTING	5.04	0	44.13
44.14	ENTERTAINMENT/PROMOTION EXPENSE	A	-25,383	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.14
44.15	ENTERTAINMENT/PROMOTION EXPENSE	A	-432	OPERATION OF PLANT	7.00	0	44.15
44.16	ENTERTAINMENT/PROMOTION EXPENSE	A	-22	HOUSEKEEPING	9.00	0	44.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
44.17	ENTERTAINMENT/PROMOTION EXPENSE	A	-83	DIETARY		10.00	0	44.17
44.18	ENTERTAINMENT/PROMOTION EXPENSE	A	-8,499	NURSING ADMINISTRATION		13.00	0	44.18
44.19	ENTERTAINMENT/PROMOTION EXPENSE	A	-2,863	SOCIAL SERVICE		17.00	0	44.19
44.20	ENTERTAINMENT/PROMOTION EXPENSE	A	-7,028	NURSING SCHOOL		20.00	0	44.20
44.21	ENTERTAINMENT/PROMOTION EXPENSE	A	-1,256	ADULTS & PEDIATRICS		30.00	0	44.21
44.22	ENTERTAINMENT/PROMOTION EXPENSE	A	-101	INTENSIVE CARE UNIT		31.00	0	44.22
44.23	ENTERTAINMENT/PROMOTION EXPENSE	A	-142	CARDIO-THORACIC ICU		35.02	0	44.23
44.24	ENTERTAINMENT/PROMOTION EXPENSE	A	-387	SUBPROVIDER - IPF		40.00	0	44.24
44.25	ENTERTAINMENT/PROMOTION EXPENSE	A	-2,542	OPERATING ROOM		50.00	0	44.25
44.26	ENTERTAINMENT/PROMOTION EXPENSE	A	-4,001	DELIVERY ROOM & LABOR ROOM		52.00	0	44.26
44.27	ENTERTAINMENT/PROMOTION EXPENSE	A	-16	RADIOLOGY-THERAPEUTIC		55.00	0	44.27
44.28	ENTERTAINMENT/PROMOTION EXPENSE	A	-48	ELECTROCARDIOLOGY		69.00	0	44.28
44.29	ENTERTAINMENT/PROMOTION EXPENSE	A	-10,534	RENAL DIALYSIS		74.00	0	44.29
44.30	ENTERTAINMENT/PROMOTION EXPENSE	A	-6,147	OB/GYN IN VITRO		76.01	0	44.30
44.31	ENTERTAINMENT/PROMOTION EXPENSE	A	-14,681	EMERGENCY		91.00	0	44.31
44.32	ALCOHOLIC BEVERAGES EXPENSE	A	-591	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	44.32
44.33	ALCOHOLIC BEVERAGES EXPENSE	A	-69	NONPATIENT TELEPHONES		5.01	0	44.33
44.34	ALCOHOLIC BEVERAGES EXPENSE	A	-11,248	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.34
44.35	ALCOHOLIC BEVERAGES EXPENSE	A	-177	OPERATION OF PLANT		7.00	0	44.35
44.36	ALCOHOLIC BEVERAGES EXPENSE	A	-13	DIETARY		10.00	0	44.36
44.37	ALCOHOLIC BEVERAGES EXPENSE	A	-3,008	NURSING ADMINISTRATION		13.00	0	44.37
44.38	ALCOHOLIC BEVERAGES EXPENSE	A	-4	SOCIAL SERVICE		17.00	0	44.38
44.39	ALCOHOLIC BEVERAGES EXPENSE	A	-27	LAB ADMINISTRATION		18.01	0	44.39
44.40	ALCOHOLIC BEVERAGES EXPENSE	A	-8,324	NURSING SCHOOL		20.00	0	44.40
44.41	ALCOHOLIC BEVERAGES EXPENSE	A	-11	INTENSIVE CARE UNIT		31.00	0	44.41
44.42	ALCOHOLIC BEVERAGES EXPENSE	A	-18	SURGICAL INTENSIVE CARE UNIT		34.00	0	44.42
44.43	ALCOHOLIC BEVERAGES EXPENSE	A	-227	CARDIO-THORACIC ICU		35.02	0	44.43
44.44	ALCOHOLIC BEVERAGES EXPENSE	A	-2,278	OPERATING ROOM		50.00	0	44.44
44.45	ALCOHOLIC BEVERAGES EXPENSE	A	-34	DELIVERY ROOM & LABOR ROOM		52.00	0	44.45
44.46	ALCOHOLIC BEVERAGES EXPENSE	A	-114	RADIOLOGY-THERAPEUTIC		55.00	0	44.46
44.47	ALCOHOLIC BEVERAGES EXPENSE	A	-39	RESPIRATORY THERAPY		65.00	0	44.47
44.48	ALCOHOLIC BEVERAGES EXPENSE	A	-183	CLINIC		90.00	0	44.48
44.49	ALCOHOLIC BEVERAGES EXPENSE	A	-1,100	EMERGENCY		91.00	0	44.49
44.50	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-2,521,048	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	44.50
44.51	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,088,027	NEW CRC-B&F(BJH CAMP EXP)		1.03	9	44.51
44.52	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-125,508	NEW CRC-B&F(THE HIGHLANDS)		1.05	9	44.52
44.53	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-2,758,650	OPERATION OF PLANT		7.00	0	44.53
44.54	SQ FTG CARVE-OUT COSTS TO BJC HO, BJ	A	-1,598,719	HOUSEKEEPING		9.00	0	44.54
44.55	ADVERTISING EXPENSE	A	-500	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	44.55
44.56	ADVERTISING EXPENSE	A	-37,913	NONPATIENT TELEPHONES		5.01	0	44.56
44.57	ADVERTISING EXPENSE	A	-34,436	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.57
44.58	ADVERTISING EXPENSE	A	-2,560	DIETARY		10.00	0	44.58
44.59	ADVERTISING EXPENSE	A	-304	CAFETERIA		11.00	0	44.59
44.60	ADVERTISING EXPENSE	A	-91,054	NURSING ADMINISTRATION		13.00	0	44.60
44.61	ADVERTISING EXPENSE	A	-342,237	NURSING SCHOOL		20.00	0	44.61
44.62	ADVERTISING EXPENSE	A	-1,097	ADULTS & PEDIATRICS		30.00	0	44.62
44.63	ADVERTISING EXPENSE	A	-122	SURGICAL INTENSIVE CARE UNIT		34.00	0	44.63
44.64	ADVERTISING EXPENSE	A	-690	OPERATING ROOM		50.00	0	44.64

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0032

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

Worksheet A-8

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
44.65	ADVERTISING EXPENSE	A	-210,783	RADIOLOGY-DIAGNOSTIC	54.00	0	44.65
44.66	ADVERTISING EXPENSE	A	-239,066	RADIOLOGY-THERAPEUTIC	55.00	0	44.66
44.67	ADVERTISING EXPENSE	A	-339	PHYSICAL THERAPY	66.00	0	44.67
44.68	ADVERTISING EXPENSE	A	-122	RENAL DIALYSIS	74.00	0	44.68
44.69	ADVERTISING EXPENSE	A	-102,044	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	0	44.69
44.70	PHYSICIAN RECRUITMENT	A	152,418	NURSING ADMINISTRATION	13.00	0	44.70
44.71	SPECIAL EVENTS-NONALLOWABLE	A	-51,683	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.71
44.72	SPECIAL EVENTS-NONALLOWABLE	A	-28,986	NURSING ADMINISTRATION	13.00	0	44.72
44.73	SPECIAL EVENTS-NONALLOWABLE	A	-27,116	PHARMACY	15.00	0	44.73
44.74	SPECIAL EVENTS-NONALLOWABLE	A	-102,302	NURSING SCHOOL	20.00	0	44.74
44.75	SPECIAL EVENTS-NONALLOWABLE	A	-600	INTENSIVE CARE UNIT	31.00	0	44.75
44.76	SPECIAL EVENTS-NONALLOWABLE	A	-2,390	RADIOLOGY-DIAGNOSTIC	54.00	0	44.76
44.77	SPECIAL EVENTS-NONALLOWABLE	A	-4,403	RADIOLOGY-THERAPEUTIC	55.00	0	44.77
44.78	SPECIAL EVENTS-NONALLOWABLE	A	-2,800	EMERGENCY	91.00	0	44.78
44.79	SPECIAL EVENTS-NONALLOWABLE	A	-11,502	OTHER ORGAN ACQUISITION-BONE MARROW	112.00	0	44.79
44.80	STL CARDS	A	-1,206	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.80
44.81	STL CARDS	A	-3,319	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.81
44.82	STL CARDS	A	-15	NURSING ADMINISTRATION	13.00	0	44.82
44.83	STL CARDS	A	-1,960	PHARMACY	15.00	0	44.83
44.84	STL CARDS	A	-20	RADIOLOGY-DIAGNOSTIC	54.00	0	44.84
44.85	STL CARDS	A	-166	RADIOLOGY-THERAPEUTIC	55.00	0	44.85
44.86	STL CARDS	A	-48,166	EMERGENCY	91.00	0	44.86
44.87	ALLOWABLE PENSION EXP/FUNDING	A	7,572,583	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.87
44.88	BARNARD RENTAL EXPENSE	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.88
44.89	REMOVE ACCELERATED DEPRECIATION	A	-875,929	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.89
44.90	REMOVE ACCELERATED DEPRECIATION	A	-308,930	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.90
44.91	REMOVE ACCELERATED DEPRECIATION	A	-611,594	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.91
44.92	REMOVE ACCELERATED DEPRECIATION	A	-77,037	PHARMACY	15.00	0	44.92
44.93	REMOVE ACCELERATED DEPRECIATION	A	-60,298	ADULTS & PEDIATRICS	30.00	0	44.93
44.94	REMOVE ACCELERATED DEPRECIATION	A	-152,416	SUBPROVIDER - IPF	40.00	0	44.94
44.95	REMOVE ACCELERATED DEPRECIATION	A	-275,287	DELIVERY ROOM & LABOR ROOM	52.00	0	44.95
44.96	FRADULENT CHARGES EXPENSE	A	-878	NURSING ADMINISTRATION	13.00	0	44.96
44.97	FRADULENT CHARGES EXPENSE	A	-525	NURSING SCHOOL	20.00	0	44.97
44.98	RESEARCH IN WU CONTRACT MATRIX	A	-31,347	RADIOLOGY-DIAGNOSTIC	54.00	0	44.98
44.99	RESEARCH IN WU CONTRACT MATRIX	A	-121,313	MAGNETIC RESONANCE IMAGING (MRI)	58.00	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.)		-79,263,352				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 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
8/18/2020 1:38 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	60.00	LABORATORY	AFFILIATE BILLING TO BJC FAC	-10,127,142	-8,803,452	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-603,063	-1,182,678	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-611,078	-430,148	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-518,695	-249,165	4.00
4.01	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO REHAB I	-32,828	-28,193	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	450,649	466,066	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	5,492,639	5,789,648	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	112,086	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	311,656	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	2,189,241	8,664,112	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	21,020,243	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	BJC PURCHASING	10,340,281	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	167,149,934	239,918,126	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	25,267,906	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	360,589	543,374	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	502,048	1,365,763	4.12
4.13	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,418,076	839,328	4.13
5.00	0		0	223,722,542	246,892,781	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 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
8/18/2020 1:38 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,323,690	0		1.00
2.00	579,615	0		2.00
3.00	-180,930	0		3.00
4.00	-269,530	0		4.00
4.01	-4,635	0		4.01
4.02	-15,417	0		4.02
4.03	-297,009	0		4.03
4.04	112,086	9		4.04
4.05	311,656	9		4.05
4.06	-6,474,871	0		4.06
4.07	21,020,243	0		4.07
4.08	10,340,281	0		4.08
4.09	-72,768,192	0		4.09
4.10	25,267,906	0		4.10
4.11	-182,785	0		4.11
4.12	-863,715	0		4.12
4.13	1,578,748	0		4.13
5.00	-23,170,239	0		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 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
8/18/2020 1:38 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	2,512,990	2,512,990	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	8,486,763	8,469,893	16,870	237,100	138	2.00
3.00	18.01	LAB ADMINISTRATION	26,250	26,250	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	22,943,544	22,943,544	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	235	235	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	1,150,598	1,150,598	0	0	0	6.00
7.00	50.00	OPERATING ROOM	392,558	392,558	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	17,029,991	16,365,090	664,901	239,400	1,040	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	193,341	193,341	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	655,418	655,418	0	0	0	11.00
12.00	60.00	LABORATORY	595	595	0	0	0	12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	481,047	481,047	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	98,661	98,661	0	0	0	14.00
15.00	90.00	CLINIC	610,269	610,269	0	0	0	15.00
16.00	90.01	OUTPATIENT PSYCH	342,371	342,371	0	0	0	16.00
17.00	91.00	EMERGENCY	8,248,754	8,248,754	0	0	0	17.00
200.00			63,173,385	62,491,614	681,771		1,178	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	15,731	787	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	119,700	5,985	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
16.00	90.01	OUTPATIENT PSYCH	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
200.00			135,431	6,772	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	2,512,990		1.00
2.00	13.00	NURSING ADMINISTRATION	0	15,731	1,139	8,471,032		2.00
3.00	18.01	LAB ADMINISTRATION	0	0	0	26,250		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	22,943,544		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	235		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	1,150,598		6.00
7.00	50.00	OPERATING ROOM	0	0	0	392,558		7.00
8.00	53.00	ANESTHESIOLOGY	0	119,700	545,201	16,910,291		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	193,341		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	655,418		11.00
12.00	60.00	LABORATORY	0	0	0	595		12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	481,047		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	98,661		14.00
15.00	90.00	CLINIC	0	0	0	610,269		15.00
16.00	90.01	OUTPATIENT PSYCH	0	0	0	342,371		16.00
17.00	91.00	EMERGENCY	0	0	0	8,248,754		17.00
200.00			0	135,431	546,340	63,037,954		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	66,389,207	66,389,207			1.00
1.03	00103	NEW CRC-B&F (BJH CAMP EXP)	28,234,940	0	28,234,940		1.03
1.04	00104	NEW CRC-B&F (GSON)	1,413,130	0	0	1,413,130	1.04
1.05	00105	NEW CRC-B&F (THE HIGHLANDS)	981,003	0	0	0	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	50,407,099			981,003	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	39,139,734	822,475	238,901	0	4.00
5.01	00540	NONPATIENT TELEPHONES	1,237,257	302,891	60,902	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	14,001,607	405,992	285,529	0	5.03
5.04	00570	ADMITTING	22,192,319	593,753	113,181	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	344,980,592	13,021,544	6,661,569	33,170	5.06
7.00	00700	OPERATION OF PLANT	67,399,011	8,412,449	3,422,166	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,438,331	18,842	10,279	0	8.00
9.00	00900	HOUSEKEEPING	23,638,722	683,372	63,332	0	9.00
10.00	01000	DIETARY	14,351,881	702,498	747,230	0	10.00
11.00	01100	CAFETERIA	4,882,002	1,395,447	47,000	0	11.00
13.00	01300	NURSING ADMINISTRATION	60,990,615	444,189	73,983	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,097,051	1,736,193	63,023	0	14.00
15.00	01500	PHARMACY	187,703,237	108,004	571,569	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	681,026	46,577	162,688	0	16.00
17.00	01700	SOCIAL SERVICE	13,793,977	35,716	107,313	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	12,652,658	0	537,727	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	128,722	0	0	0	18.02
20.00	02000	NURSING SCHOOL	-5,838,282	0	0	1,379,960	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	137,374,217	388,918	70,949	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	274,508	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	171,815	0	3,948	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	167,264,631	17,055,127	336,383	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,319,823	1,643,039	3,359	0	31.00
32.00	03200	CORONARY CARE UNIT	5,139,686	283,622	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,171,979	987,973	0	0	34.00
35.01	02400	NEURO ICU	10,941,964	938,090	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	13,079,288	150,476	296,737	0	35.02
40.00	04000	SUBPROVIDER - IPF	6,493,052	424,292	317,760	0	40.00
43.00	04300	NURSERY	2,964,136	182,858	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	83,011,658	2,762,561	1,607,903	0	50.00
51.00	05100	RECOVERY ROOM	21,144,372	973,236	274,878	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,650,452	644,007	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,967,705	9,948	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,303,627	704,950	654,577	0	54.00
54.01	03630	ULTRASOUND	4,871,311	274,158	85,841	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	29,943,590	116,926	1,028,145	0	55.00
56.00	05600	RADIOISOTOPE	1,715,363	282,453	0	0	56.00
57.00	05700	CT SCAN	6,041,157	0	45,421	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,639,429	369,905	124,528	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,658,178	0	395,520	0	59.00
60.00	06000	LABORATORY	58,465,603	97,686	1,027,991	0	60.00
60.01	06001	HLA LAB	5,063,916	0	41,907	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,082,476	10,005	270,961	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,893,902	228,266	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,628,688	88,564	207,707	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,904,302	24,828	4,257	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,019,584	12,428	2,136	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,474,895	177,613	42,448	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,815,043	77,419	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,449,304	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	102,976,130	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,369,394	314,179	0	0	74.00
76.00	03330	ENDOSCOPY	6,239,666	147,854	246,254	0	76.00
76.01	03950	OB/GYN IN VITRO	2,790,853	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	501,230	65,789	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	363,750	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	274,306	0	12,539	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,395,857	0	16,007	0	77.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	18,521,936	0	1,008,376	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	351,145	0	84,138	0	0	90.01
91.00	09100	EMERGENCY	25,462,103	88,536	704,580	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	13,553,692	0	35,761	0	0	105.00
106.00	10600	HEART ACQUISITION	3,785,809	0	23,066	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,103,721	0	19,568	0	0	107.00
108.00	10800	LUNG ACQUISITION	8,490,430	0	16,147	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	489,997	0	341	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	16,232,317	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,989,737,829	58,255,648	22,176,525	1,413,130	260,951	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	267,670	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	7,163	0	913	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	38	0	913	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	23,028,596	8,133,559	5,859,549	0	720,052	194.00
194.01	07951	RETAIL PHARMACY	5,011,009	0	63,533	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,688,242	0	133,507	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)	2,023,740,547	66,389,207	28,234,940	1,413,130	981,003	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	50,407,099					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	40,201,110				4.00
5.01	00540	NONPATIENT TELEPHONES	857	110,112	1,712,019			5.01
5.03	00560	PURCHASING RECEIVING AND STORES	3,798	98,996	1,913	14,797,835		5.03
5.04	00570	ADMITTING	24,193	1,082,783	74,322	12,395	24,102,898	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	23,529,216	2,099,909	146,508	24,223	0	5.06
7.00	00700	OPERATION OF PLANT	532,784	745,059	58,250	75,478	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	205	0	0	73,648	0	8.00
9.00	00900	HOUSEKEEPING	68,820	952,686	17,481	60,704	0	9.00
10.00	01000	DIETARY	0	501,419	14,002	94,602	0	10.00
11.00	01100	CAFETERIA	8,685	329,328	11,256	228,730	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,236,455	2,160,024	56,951	11,010	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	443,018	361,561	9,268	196,751	0	14.00
15.00	01500	PHARMACY	0	1,618,966	36,678	4,271,626	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,266	30,473	1,238	113	0	16.00
17.00	01700	SOCIAL SERVICE	8,254	636,795	22,902	5,415	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	10,617	356,315	8,537	3,450	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	6,584	0	0	0	18.02
20.00	02000	NURSING SCHOOL	101,468	639,253	21,331	9,060	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,171	3,361,304	11,800	4,852	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	14,256	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	43	8,592	565	12	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	866,010	7,637,406	477,029	301,935	2,494,365	30.00
31.00	03100	INTENSIVE CARE UNIT	49,013	968,624	33,612	71,689	317,925	31.00
32.00	03200	CORONARY CARE UNIT	1,867	251,924	6,393	11,217	86,259	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,771	649,942	18,308	54,971	203,106	34.00
35.01	02400	NEURO ICU	98,394	496,577	15,996	33,072	143,852	35.01
35.02	02401	CARDIO-THORACIC ICU	72,874	612,957	17,444	44,549	162,587	35.02
40.00	04000	SUBPROVIDER - IPF	215,064	282,262	12,176	6,196	92,168	40.00
43.00	04300	NURSERY	0	133,909	3,540	42	37,086	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,048,481	2,949,562	116,884	553,144	2,535,431	50.00
51.00	05100	RECOVERY ROOM	349,478	949,043	30,187	70,226	373,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	82,855	546,193	22,669	33,142	56,731	52.00
53.00	05300	ANESTHESIOLOGY	603,866	177,414	30,323	195,136	717,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,437,478	1,029,081	47,649	206,225	1,431,002	54.00
54.01	03630	ULTRASOUND	523,626	103,773	3,380	6,194	181,525	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,283,686	662,862	39,368	254,270	1,550,551	55.00
56.00	05600	RADIOISOTOPE	737,380	66,147	7,386	38,355	51,296	56.00
57.00	05700	CT SCAN	1,037,508	269,748	10,426	18,984	1,180,897	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,698,871	270,665	8,991	43,356	639,519	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,127,994	291,994	17,844	54,693	546,869	59.00
60.00	06000	LABORATORY	363,829	1,307,362	44,532	633,951	2,616,932	60.00
60.01	06001	HLA LAB	79,458	79,555	2,900	90,992	147,169	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	164,965	332,676	11,285	906,405	908,427	63.00
65.00	06500	RESPIRATORY THERAPY	407,711	618,176	13,966	79,207	339,066	65.00
66.00	06600	PHYSICAL THERAPY	5,274	277,311	3,131	1,248	60,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,962	149,391	0	534	37,366	67.00
68.00	06800	SPEECH PATHOLOGY	35,801	50,538	0	129	17,058	68.00
69.00	06900	ELECTROCARDIOLOGY	380,606	192,037	7,335	45,392	600,930	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,711	78,944	2,289	2,327	60,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,275,900	874,127	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,190,818	1,304,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,068,247	73.00
74.00	07400	RENAL DIALYSIS	64,031	161,958	5,532	38,681	90,714	74.00
76.00	03330	ENDOSCOPY	1,511,353	213,605	14,196	46,864	195,584	76.00
76.01	03950	OB/GYN IN VITRO	124,244	61,048	1,956	14,499	32,810	76.01
76.02	03320	ELECTROSHOCK THERAPY	4,421	22,341	1,384	1,939	13,187	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	11,271	6,984	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	770	146	11,726	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	70,903	1,780	984	19,283	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	123,668	771,210	73,642	34,382	283,836	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	2,562	9,139	4,792	148	2,324	90.01
91.00	09100	EMERGENCY	639,819	1,077,810	47,378	104,124	1,286,647	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	564	88,682	2,571	481	76,562	105.00
106.00	10600	HEART ACQUISITION	113	58,167	1,864	320	11,450	106.00
107.00	10700	LIVER ACQUISITION	0	53,876	2,273	97	30,280	107.00
108.00	10800	LUNG ACQUISITION	113	47,078	1,659	224	36,522	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,277	0	1	2,588	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	201,530	8,397	767	165,338	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,360,271	39,389,112	1,666,239	14,551,296	24,102,897	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	7,523	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	3	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	521,798	25,883	22,773	0	194.00
194.01	07951	RETAIL PHARMACY	46,138	211,624	15,041	223,265	1	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	690	71,053	4,856	498	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)	50,407,099	40,201,110	1,712,019	14,797,835	24,102,898	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	390,710,963	390,710,963			5.06
7.00	00700	OPERATION OF PLANT	0	80,645,995	19,251,489	99,897,484		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,541,305	606,650	231,674	3,379,629	8.00
9.00	00900	HOUSEKEEPING	0	25,485,287	6,083,746	992,904	64	9.00
10.00	01000	DIETARY	0	16,411,632	3,917,719	2,832,346	0	10.00
11.00	01100	CAFETERIA	0	6,902,448	1,647,725	1,822,234	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	65,973,227	15,748,865	713,668	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,906,865	6,423,099	2,277,485	23,840	14.00
15.00	01500	PHARMACY	0	194,310,080	46,384,925	1,455,936	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	924,381	220,665	425,600	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,610,372	3,487,730	286,876	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	13,569,304	3,239,210	1,217,428	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	135,306	32,300	0	0	18.02
20.00	02000	NURSING SCHOOL	0	-3,687,210	0	3,190,407	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	141,215,211	33,710,330	688,398	13,036	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	288,764	68,933	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	184,975	44,156	8,937	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	196,432,886	46,892,149	21,717,424	1,939,542	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,407,084	5,826,361	2,027,866	214,927	31.00
32.00	03200	CORONARY CARE UNIT	0	5,780,968	1,380,010	348,738	25,864	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	16,129,050	3,850,262	1,214,799	0	34.00
35.01	02400	NEURO ICU	0	12,667,945	3,024,041	1,153,463	65,929	35.01
35.02	02401	CARDIO-THORACIC ICU	0	14,436,912	3,446,322	856,843	73,220	35.02
40.00	04000	SUBPROVIDER - IPF	0	7,842,970	1,872,242	1,241,121	24,049	40.00
43.00	04300	NURSERY	0	3,321,571	792,912	239,770	205	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	98,585,624	23,533,966	7,037,142	350,842	50.00
51.00	05100	RECOVERY ROOM	0	24,165,121	5,768,601	1,819,009	181,911	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,036,049	3,111,913	791,862	79,921	52.00
53.00	05300	ANESTHESIOLOGY	0	11,701,394	2,793,310	12,232	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,840,436	8,794,402	3,407,606	76,164	54.00
54.01	03630	ULTRASOUND	0	6,049,808	1,444,186	635,053	10,424	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	36,879,398	8,803,702	2,471,517	55,819	55.00
56.00	05600	RADIOISOTOPE	0	2,898,380	691,890	347,301	15,497	56.00
57.00	05700	CT SCAN	0	8,604,141	2,053,946	236,581	6,406	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,795,264	2,338,286	1,027,217	3,220	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,093,092	2,648,099	895,467	48,728	59.00
60.00	06000	LABORATORY	0	64,567,838	15,413,376	2,481,646	5,253	60.00
60.01	06001	HLA LAB	0	5,505,897	1,314,346	94,878	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	38,687,200	9,235,254	625,765	5,420	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,580,294	4,196,697	280,673	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,272,877	1,497,436	579,185	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,122,640	745,424	40,166	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,137,674	271,581	20,083	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,921,256	1,413,499	314,495	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,235,401	533,626	95,193	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	76,599,331	18,285,486	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	107,471,194	25,655,094	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,068,247	493,724	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,044,489	1,204,200	386,310	0	74.00
76.00	03330	ENDOSCOPY	0	8,615,376	2,056,628	739,324	70,889	76.00
76.01	03950	OB/GYN IN VITRO	0	3,025,410	722,214	197,326	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	610,291	145,686	80,893	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	382,005	91,191	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	299,487	71,492	28,390	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	6,504,814	1,552,803	36,241	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	20,817,050	4,969,363	2,472,253	84,675	90.00
90.01	04950	OUTPATIENT PSYCH	0	454,248	108,436	190,491	0	90.01
91.00	09100	EMERGENCY	0	29,410,997	7,020,876	1,790,935	1,816	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	13,758,313	3,284,329	80,963	0	105.00
106.00	10600	HEART ACQUISITION	0	3,880,789	926,406	52,223	0	106.00
107.00	10700	LIVER ACQUISITION	0	6,209,815	1,482,382	44,302	0	107.00
108.00	10800	LUNG ACQUISITION	0	8,592,173	2,051,089	36,556	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	494,204	117,974	771	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	16,608,349	3,964,679	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,973,674,657	378,759,433	74,293,966	3,377,661	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	275,193	65,693	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	8,079	1,929	2,068	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	951	227	2,068	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	38,312,210	9,145,738	25,153,278	1,968	194.00
194.01	07951	RETAIL PHARMACY	0	5,570,611	1,329,794	143,841	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,898,846	1,408,149	302,263	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	2,023,740,547	390,710,963	99,897,484	3,379,629	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	32,562,001					9.00
10.00	01000	DIETARY	939,140	24,100,837				10.00
11.00	01100	CAFETERIA	604,210	0	10,976,617			11.00
13.00	01300	NURSING ADMINISTRATION	236,636	0	529,387	83,201,783		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	755,161	0	180,064	0	36,566,514	14.00
15.00	01500	PHARMACY	482,754	0	445,146	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	141,119	0	14,666	0	0	16.00
17.00	01700	SOCIAL SERVICE	93,622	0	198,528	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	403,671	0	94,267	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	738	0	0	18.02
20.00	02000	NURSING SCHOOL	1,057,865	0	148,011	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	228,257	0	1,161,954	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	5,366	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	2,963	0	3,878	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,200,991	21,207,150	2,611,862	38,029,141	0	30.00
31.00	03100	INTENSIVE CARE UNIT	672,393	275,258	293,889	4,368,800	0	31.00
32.00	03200	CORONARY CARE UNIT	115,633	227,608	76,913	1,143,342	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	402,799	582,632	188,046	2,795,391	0	34.00
35.01	02400	NEURO ICU	382,461	174,653	144,572	2,149,129	0	35.01
35.02	02401	CARDIO-THORACIC ICU	284,109	269,762	166,165	2,470,126	0	35.02
40.00	04000	SUBPROVIDER - IPF	411,527	439,174	100,054	737,227	0	40.00
43.00	04300	NURSERY	79,502	0	44,351	659,294	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,333,352	0	777,092	11,272,369	0	50.00
51.00	05100	RECOVERY ROOM	603,141	127	285,449	4,074,842	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	262,563	0	181,511	2,698,239	0	52.00
53.00	05300	ANESTHESIOLOGY	4,056	0	99,343	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,129,883	0	343,882	0	0	54.00
54.01	03630	ULTRASOUND	210,569	0	29,315	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	683,759	0	203,696	0	0	55.00
56.00	05600	RADIOISOTOPE	115,157	0	17,179	0	0	56.00
57.00	05700	CT SCAN	78,445	0	74,061	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	340,601	0	83,842	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	296,916	0	86,917	1,292,064	0	59.00
60.00	06000	LABORATORY	804,773	0	532,925	0	0	60.00
60.01	06001	HLA LAB	31,459	0	27,044	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	207,489	0	118,150	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	93,064	0	196,443	0	0	65.00
66.00	06600	PHYSICAL THERAPY	192,044	0	88,305	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,318	0	46,442	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,659	0	15,103	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	104,279	0	62,235	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,564	0	32,402	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,223,323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	21,343,191	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	128,091	0	44,325	0	0	74.00
76.00	03330	ENDOSCOPY	245,143	0	69,912	1,018,335	0	76.00
76.01	03950	OB/GYN IN VITRO	65,429	0	16,945	251,902	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	26,822	0	7,444	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,413	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	12,017	0	17,917	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	819,741	0	245,650	3,594,441	0	90.00
90.01	04950	OUTPATIENT PSYCH	63,163	0	3,253	0	0	90.01
91.00	09100	EMERGENCY	593,832	0	368,955	5,484,685	0	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
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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	26,846	0	29,031	431,557	0	105.00
106.00	10600	HEART ACQUISITION	17,316	0	17,352	257,952	0	106.00
107.00	10700	LIVER ACQUISITION	14,689	0	18,268	271,562	0	107.00
108.00	10800	LUNG ACQUISITION	12,121	0	13,249	196,955	0	108.00
109.00	10900	PANCREAS ACQUISITION	256	0	298	4,430	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	58,922	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,072,783	23,176,364	10,620,714	83,201,783	36,566,514	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	2,586	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	686	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	686	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	8,339,929	16,328	265,771	0	0	194.00
194.01	07951	RETAIL PHARMACY	47,694	0	64,145	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	100,223	0	23,401	0	0	194.02
194.03	07953	GUEST MEALS	0	908,145	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)	32,562,001	24,100,837	10,976,617	83,201,783	36,566,514	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	243,078,841				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,726,431			16.00
17.00	01700	SOCIAL SERVICE	224,860	0	18,901,988		17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	18,523,880	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	47	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	234	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	182,868	178,415	15,809,657	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,425	22,740	975,040	0	31.00
32.00	03200	CORONARY CARE UNIT	3,385	6,170	255,957	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,026	14,528	616,924	0	34.00
35.01	02400	NEURO ICU	4,731	10,289	428,924	0	35.01
35.02	02401	CARDIO-THORACIC ICU	3,582	11,629	496,769	0	35.02
40.00	04000	SUBPROVIDER - IPF	1,084	6,593	0	0	40.00
43.00	04300	NURSERY	0	2,653	318,717	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	273,949	181,352	0	0	50.00
51.00	05100	RECOVERY ROOM	656	26,730	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,304	4,058	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,066,860	51,285	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,117,115	102,356	0	0	54.00
54.01	03630	ULTRASOUND	1,225	12,984	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,550,847	110,907	0	0	55.00
56.00	05600	RADIOISOTOPE	1,842,905	3,669	0	0	56.00
57.00	05700	CT SCAN	3,832	84,466	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,808	45,743	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,116	0	0	59.00
60.00	06000	LABORATORY	294	189,599	0	14,085,416	60.00
60.01	06001	HLA LAB	0	10,527	0	826,708	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	31,089	64,977	0	3,611,756	63.00
65.00	06500	RESPIRATORY THERAPY	1,411	24,252	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,360	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,673	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,220	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,089,085	42,983	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,339	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	62,524	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	93,289	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	215,541,620	147,936	0	0	73.00
74.00	07400	RENAL DIALYSIS	55,047	6,489	0	0	74.00
76.00	03330	ENDOSCOPY	487	13,990	0	0	76.00
76.01	03950	OB/GYN IN VITRO	3,805	2,347	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	311	943	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	500	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	839	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,379	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,201	20,302	0	0	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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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	166	0	0	0	90.01
91.00	09100	EMERGENCY	13,785	92,030	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	5,476	0	0	0	105.00
106.00	10600	HEART ACQUISITION	9,797	819	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,166	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	2,612	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	185	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	11,826	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,061,675	1,726,431	18,901,988	0	18,523,880	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	215,306	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	10,801,860	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	243,078,841	1,726,431	18,901,988	0	18,523,880	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		23.01	
GENERAL SERVICE COST CENTERS			20.00			23A.01	
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	168,344					18.02
20.00	02000 NURSING SCHOOL	0	709,120				20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		177,017,420			21.00
23.01	02301 PARAMED ED PRGM-PHARMACY	0			363,063		23.01
23.02	02302 PARAMED ED PRGM-PASTORAL ED	0				244,909	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	590,328	36,961,239	0	389,753,652	30.00
31.00	03100 INTENSIVE CARE UNIT	0	11,919	5,328,224	0	44,436,926	31.00
32.00	03200 CORONARY CARE UNIT	0	4,768	2,495,946	0	11,865,302	32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	4,159,909	0	29,959,366	34.00
35.01	02400 NEURO ICU	0	0	1,062,105	0	21,268,242	35.01
35.02	02401 CARDIO-THORACIC ICU	0	52,443	2,849,980	0	25,417,862	35.02
40.00	04000 SUBPROVIDER - IPF	0	32,777	1,380,736	0	14,089,554	40.00
43.00	04300 NURSERY	0	0	0	0	5,458,975	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	7,151	30,376,189	0	174,729,028	50.00
51.00	05100 RECOVERY ROOM	0	0	389,438	0	37,315,025	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,734	2,602,156	0	22,779,310	52.00
53.00	05300 ANESTHESIOLOGY	0	0	8,443,731	0	24,172,211	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	12,869,166	0	66,681,010	54.00
54.01	03630 ULTRASOUND	0	0	2,301,226	0	10,694,790	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	2,584,454	0	59,344,099	55.00
56.00	05600 RADIOISOTOPE	0	0	3,204,015	0	9,135,993	56.00
57.00	05700 CT SCAN	0	0	1,008,999	0	12,150,877	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	424,842	0	14,061,823	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	2,513,647	0	18,914,046	59.00
60.00	06000 LABORATORY	0	0	10,408,624	0	108,489,744	60.00
60.01	06001 HLA LAB	0	0	0	0	7,810,859	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1,628,560	0	54,215,660	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	1,876,385	0	24,249,219	65.00
66.00	06600 PHYSICAL THERAPY	0	0	1,982,595	0	10,616,802	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	3,970,663	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	1,452,320	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	1,628,560	0	11,576,392	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	4,885,681	0	7,818,206	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	110,170,664	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	154,562,768	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	363,063	218,614,590	73.00
74.00	07400 RENAL DIALYSIS	0	0	831,982	0	7,700,933	74.00
76.00	03330 ENDOSCOPY	0	0	2,637,560	0	15,467,644	76.00
76.01	03950 OB/GYN IN VITRO	0	0	194,719	0	4,480,097	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	230,123	0	1,102,513	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	473,696	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	409,621	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	8,125,171	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	15,400,516	0	48,439,192	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	2,832,279	0	3,652,036	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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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	10,868,870	0	55,646,781	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	17,616,515	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	5,162,654	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	8,043,184	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	10,904,755	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	618,118	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	20,643,776	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	709,120	176,362,456	363,063	1,914,507,573	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	168,344	0	0	0	511,816	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	265,526	0	278,288	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	389,438	0	393,370	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	81,450,528	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	17,957,945	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	7,732,882	194.02
194.03	07953	GUEST MEALS	0	0	0	0	908,145	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	168,344	709,120	177,017,420	363,063	2,023,740,547	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	244,909				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,225	389,800,877	-36,961,239	352,839,638	30.00
31.00	03100	INTENSIVE CARE UNIT	5,377	44,442,303	-5,328,224	39,114,079	31.00
32.00	03200	CORONARY CARE UNIT	1,436	11,866,738	-2,495,946	9,370,792	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,625	29,962,991	-4,159,909	25,803,082	34.00
35.01	02400	NEURO ICU	2,573	21,270,815	-1,062,105	20,208,710	35.01
35.02	02401	CARDIO-THORACIC ICU	3,076	25,420,938	-2,849,980	22,570,958	35.02
40.00	04000	SUBPROVIDER - IPF	1,705	14,091,259	-1,380,736	12,710,523	40.00
43.00	04300	NURSERY	661	5,459,636	0	5,459,636	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,142	174,750,170	-30,376,189	144,373,981	50.00
51.00	05100	RECOVERY ROOM	4,515	37,319,540	-389,438	36,930,102	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,756	22,782,066	-2,602,156	20,179,910	52.00
53.00	05300	ANESTHESIOLOGY	2,925	24,175,136	-8,443,731	15,731,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,068	66,689,078	-12,869,166	53,819,912	54.00
54.01	03630	ULTRASOUND	1,294	10,696,084	-2,301,226	8,394,858	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,181	59,351,280	-2,584,454	56,766,826	55.00
56.00	05600	RADIOISOTOPE	1,105	9,137,098	-3,204,015	5,933,083	56.00
57.00	05700	CT SCAN	1,470	12,152,347	-1,008,999	11,143,348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,701	14,063,524	-424,842	13,638,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,289	18,916,335	-2,513,647	16,402,688	59.00
60.00	06000	LABORATORY	13,127	108,502,871	-10,408,624	98,094,247	60.00
60.01	06001	HLA LAB	945	7,811,804	0	7,811,804	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,560	54,222,220	-1,628,560	52,593,660	63.00
65.00	06500	RESPIRATORY THERAPY	2,934	24,252,153	-1,876,385	22,375,768	65.00
66.00	06600	PHYSICAL THERAPY	1,285	10,618,087	-1,982,595	8,635,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	480	3,971,143	0	3,971,143	67.00
68.00	06800	SPEECH PATHOLOGY	176	1,452,496	0	1,452,496	68.00
69.00	06900	ELECTROCARDIOLOGY	1,401	11,577,793	-1,628,560	9,949,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	946	7,819,152	-4,885,681	2,933,471	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,331	110,183,995	0	110,183,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,702	154,581,470	0	154,581,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,452	218,641,042	0	218,641,042	73.00
74.00	07400	RENAL DIALYSIS	932	7,701,865	-831,982	6,869,883	74.00
76.00	03330	ENDOSCOPY	1,872	15,469,516	-2,637,560	12,831,956	76.00
76.01	03950	OB/GYN IN VITRO	542	4,480,639	-194,719	4,285,920	76.01
76.02	03320	ELECTROSHOCK THERAPY	133	1,102,646	-230,123	872,523	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	57	473,753	0	473,753	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	50	409,671	0	409,671	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	983	8,126,154	0	8,126,154	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,861	48,445,053	-15,400,516	33,044,537	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	442	3,652,478	-2,832,279	820,199	90.01
91.00	09100	EMERGENCY	6,733	55,653,514	-10,868,870	44,784,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,132	17,618,647	0	17,618,647	105.00
106.00	10600	HEART ACQUISITION	625	5,163,279	0	5,163,279	106.00
107.00	10700	LIVER ACQUISITION	973	8,044,157	0	8,044,157	107.00
108.00	10800	LUNG ACQUISITION	1,319	10,906,074	0	10,906,074	108.00
109.00	10900	PANCREAS ACQUISITION	75	618,193	0	618,193	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	2,498	20,646,274	0	20,646,274	112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	231,690	1,914,494,354	-176,362,456	1,738,131,898	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	62	511,878	0	511,878	191.00
191.01	19101	RESEARCH CTSA I/P	34	278,322	-265,526	12,796	191.01
191.02	19102	RESEARCH CTSA O/P	48	393,418	-389,438	3,980	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	9,856	81,460,384	0	81,460,384	194.00
194.01	07951	RETAIL PHARMACY	2,173	17,960,118	0	17,960,118	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	936	7,733,818	0	7,733,818	194.02
194.03	07953	GUEST MEALS	110	908,255	0	908,255	194.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	244,909	2,023,740,547	-177,017,420	1,846,723,127	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0032

Period:

From 01/01/2019
To 12/31/2019

Worksheet Non-CMS W

Date/Time Prepared:
8/18/2020 1:38 pm

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 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			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	27,428	822,475	238,901	0	4.00
5.01	00540	NONPATIENT TELEPHONES	14,135	302,891	60,902	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	2,596	405,992	285,529	0	5.03
5.04	00570	ADMITTING	136,858	593,753	113,181	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	9,952	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,724,146	13,021,544	6,661,569	33,170	5.06
7.00	00700	OPERATION OF PLANT	163,674	8,412,449	3,422,166	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,333	18,842	10,279	0	8.00
9.00	00900	HOUSEKEEPING	27,754	683,372	63,332	0	9.00
10.00	01000	DIETARY	19,647	702,498	747,230	0	10.00
11.00	01100	CAFETERIA	17,149	1,395,447	47,000	0	11.00
13.00	01300	NURSING ADMINISTRATION	79,278	444,189	73,983	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,120,550	1,736,193	63,023	0	14.00
15.00	01500	PHARMACY	2,488,180	108,004	571,569	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,507	46,577	162,688	0	16.00
17.00	01700	SOCIAL SERVICE	32,424	35,716	107,313	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	10,615	0	537,727	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	899,767	0	0	1,379,960	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	41,231	388,918	70,949	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	739	0	3,948	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	678,769	17,055,127	336,383	0	30.00
31.00	03100	INTENSIVE CARE UNIT	45,006	1,643,039	3,359	0	31.00
32.00	03200	CORONARY CARE UNIT	5,425	283,622	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,801	987,973	0	0	34.00
35.01	02400	NEURO ICU	16,909	938,090	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	23,480	150,476	296,737	0	35.02
40.00	04000	SUBPROVIDER - IPF	14,157	424,292	317,760	0	40.00
43.00	04300	NURSERY	2,570	182,858	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	949,485	2,762,561	1,607,903	0	50.00
51.00	05100	RECOVERY ROOM	40,340	973,236	274,878	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,252	644,007	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,019	9,948	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,217,849	704,950	654,577	0	54.00
54.01	03630	ULTRASOUND	6,183	274,158	85,841	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,216	116,926	1,028,145	0	55.00
56.00	05600	RADIOISOTOPE	291,098	282,453	0	0	56.00
57.00	05700	CT SCAN	18,132	0	45,421	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,121	369,905	124,528	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,389	0	395,520	0	59.00
60.00	06000	LABORATORY	127,500	97,686	1,027,991	0	60.00
60.01	06001	HLA LAB	10,613	0	41,907	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,842	10,005	270,961	0	63.00
65.00	06500	RESPIRATORY THERAPY	445,537	228,266	0	0	65.00
66.00	06600	PHYSICAL THERAPY	17,789	88,564	207,707	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,828	4,257	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,428	2,136	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,257	177,613	42,448	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,661	77,419	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,016	314,179	0	0	74.00
76.00	03330	ENDOSCOPY	64,745	147,854	246,254	0	76.00
76.01	03950	OB/GYN IN VITRO	8,788	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,005	65,789	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	559	0	12,539	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,292	0	16,007	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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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	84,652	0	1,008,376	0	0	90.00	
90.01	04950	OUTPATIENT PSYCH	3,479	0	84,138	0	0	90.01	
91.00	09100	EMERGENCY	57,693	88,536	704,580	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,110	0	35,761	0	0	105.00	
106.00	10600	HEART ACQUISITION	16,888	0	23,066	0	0	106.00	
107.00	10700	LIVER ACQUISITION	4,519	0	19,568	0	0	107.00	
108.00	10800	LUNG ACQUISITION	6,530	0	16,147	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	50	0	341	0	0	109.00	
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	6,095	0	0	0	0	112.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,143,832	58,255,648	22,176,525	1,413,130	260,951	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	913	0	0	191.01	
191.02	19102	RESEARCH CTSA O/P	0	0	913	0	0	191.02	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	773,557	8,133,559	5,859,549	0	720,052	194.00	
194.01	07951	RETAIL PHARMACY	22,036	0	63,533	0	0	194.01	
194.02	07952	MARKETING/COMMUNITY RELATIONS	3,525	0	133,507	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)	28,942,950	66,389,207	28,234,940	1,413,130	981,003	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description			CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			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	0	1,088,804	1,088,804			4.00
5.01	00540	NONPATIENT TELEPHONES	857	378,785		381,767		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	3,798	697,915	2,681	427	701,023	5.03
5.04	00570	ADMITTING	24,193	877,937	29,319	16,573	587	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	23,529,216	55,183,877	56,860	32,670	1,148	5.06
7.00	00700	OPERATION OF PLANT	532,784	12,531,871	20,174	12,989	3,576	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	205	32,659	0	0	3,489	8.00
9.00	00900	HOUSEKEEPING	68,820	843,448	25,796	3,898	2,876	9.00
10.00	01000	DIETARY	0	1,469,375	13,577	3,122	4,482	10.00
11.00	01100	CAFETERIA	8,685	1,468,281	8,917	2,510	10,836	11.00
13.00	01300	NURSING ADMINISTRATION	2,236,455	2,833,905	58,488	12,700	522	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	443,018	10,362,784	9,790	2,067	9,321	14.00
15.00	01500	PHARMACY	0	3,167,753	43,838	8,179	202,330	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,266	213,038	825	276	5	16.00
17.00	01700	SOCIAL SERVICE	8,254	183,707	17,243	5,107	257	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	10,617	558,959	9,648	1,904	163	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	178	0	0	18.02
20.00	02000	NURSING SCHOOL	101,468	2,381,195	17,309	4,757	429	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,171	504,269	91,016	2,631	230	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	386	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	43	4,730	233	126	1	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	866,010	18,936,289	207,059	106,370	14,305	30.00
31.00	03100	INTENSIVE CARE UNIT	49,013	1,740,417	26,228	7,495	3,396	31.00
32.00	03200	CORONARY CARE UNIT	1,867	290,914	6,821	1,426	531	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,771	1,048,545	17,599	4,083	2,604	34.00
35.01	02400	NEURO ICU	98,394	1,053,393	13,446	3,567	1,567	35.01
35.02	02401	CARDIO-THORACIC ICU	72,874	543,567	16,597	3,890	2,111	35.02
40.00	04000	SUBPROVIDER - IPF	215,064	971,273	7,643	2,715	294	40.00
43.00	04300	NURSERY	0	185,428	3,626	789	2	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,048,481	10,368,430	79,867	26,064	26,206	50.00
51.00	05100	RECOVERY ROOM	349,478	1,637,932	25,698	6,732	3,327	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	82,855	762,114	14,790	5,055	1,570	52.00
53.00	05300	ANESTHESIOLOGY	603,866	640,833	4,804	6,762	9,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,437,478	6,040,701	27,865	10,625	9,770	54.00
54.01	03630	ULTRASOUND	523,626	889,808	2,810	754	293	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,283,686	4,431,973	17,949	8,779	12,046	55.00
56.00	05600	RADIOISOTOPE	737,380	1,310,931	1,791	1,647	1,817	56.00
57.00	05700	CT SCAN	1,037,508	1,101,061	7,304	2,325	899	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,698,871	2,203,425	7,329	2,005	2,054	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,127,994	1,537,903	7,906	3,979	2,591	59.00
60.00	06000	LABORATORY	363,829	1,626,958	35,400	9,930	30,034	60.00
60.01	06001	HLA LAB	79,458	131,978	2,154	647	4,311	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	164,965	470,773	9,008	2,517	42,942	63.00
65.00	06500	RESPIRATORY THERAPY	407,711	1,081,514	16,739	3,114	3,753	65.00
66.00	06600	PHYSICAL THERAPY	5,274	319,334	7,509	698	59	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,962	31,047	4,045	0	25	67.00
68.00	06800	SPEECH PATHOLOGY	35,801	50,365	1,368	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	380,606	620,924	5,200	1,636	2,151	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,711	277,791	2,138	510	110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	107,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	151,169	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	64,031	382,226	4,385	1,234	1,833	74.00
76.00	03330	ENDOSCOPY	1,511,353	1,970,206	5,784	3,166	2,220	76.00
76.01	03950	OB/GYN IN VITRO	124,244	133,032	1,653	436	687	76.01
76.02	03320	ELECTROSHOCK THERAPY	4,421	71,215	605	309	92	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	534	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	13,098	0	172	7	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	17,299	1,920	397	47	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	123,668	1,216,696	20,883	16,422	1,629	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

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	2,562	90,179	247	1,069	7	90.01
91.00	09100	EMERGENCY	639,819	1,490,628	29,185	10,565	4,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	564	43,435	2,401	573	23	105.00
106.00	10600	HEART ACQUISITION	113	40,067	1,575	416	15	106.00
107.00	10700	LIVER ACQUISITION	0	24,087	1,459	507	5	107.00
108.00	10800	LUNG ACQUISITION	113	22,790	1,275	370	11	108.00
109.00	10900	PANCREAS ACQUISITION	0	391	35	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	6,095	5,457	1,872	36	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,360,271	160,610,357	1,066,817	371,558	689,343	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	204	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	913	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	913	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	15,486,717	14,129	5,772	1,079	194.00
194.01	07951	RETAIL PHARMACY	46,138	131,707	5,730	3,354	10,577	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	690	137,722	1,924	1,083	24	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)	50,407,099	176,368,329	1,088,804	381,767	701,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

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	924,416					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	55,274,555			5.06
7.00	00700	OPERATION OF PLANT	0	0	2,723,577	15,292,187		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	85,825	35,464	157,437	8.00
9.00	00900	HOUSEKEEPING	0	0	860,689	151,993	3	9.00
10.00	01000	DIETARY	0	0	554,254	433,572	0	10.00
11.00	01100	CAFETERIA	0	0	233,109	278,945	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,228,048	109,247	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	908,699	348,635	1,111	14.00
15.00	01500	PHARMACY	0	0	6,562,240	222,873	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	31,218	65,150	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	493,421	43,915	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	458,263	186,362	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	4,570	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	488,384	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,769,120	105,379	607	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	9,752	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	6,247	1,368	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,752	0	6,633,286	3,324,477	90,351	30.00
31.00	03100	INTENSIVE CARE UNIT	12,204	0	824,276	310,423	10,012	31.00
32.00	03200	CORONARY CARE UNIT	3,311	0	195,235	53,384	1,205	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,797	0	544,710	185,960	0	34.00
35.01	02400	NEURO ICU	5,522	0	427,822	176,571	3,071	35.01
35.02	02401	CARDIO-THORACIC ICU	6,241	0	487,563	131,165	3,411	35.02
40.00	04000	SUBPROVIDER - IPF	3,538	0	264,873	189,989	1,120	40.00
43.00	04300	NURSERY	1,424	0	112,176	36,704	10	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	97,328	0	3,329,434	1,077,237	16,344	50.00
51.00	05100	RECOVERY ROOM	14,345	0	816,104	278,452	8,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,178	0	440,253	121,217	3,723	52.00
53.00	05300	ANESTHESIOLOGY	27,524	0	395,179	1,872	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,932	0	1,244,175	521,632	3,548	54.00
54.01	03630	ULTRASOUND	6,968	0	204,314	97,213	486	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	59,521	0	1,245,491	378,337	2,600	55.00
56.00	05600	RADIOISOTOPE	1,969	0	97,884	53,164	722	56.00
57.00	05700	CT SCAN	45,331	0	290,579	36,216	298	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,549	0	330,806	157,245	150	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,993	0	374,636	137,077	2,270	59.00
60.00	06000	LABORATORY	99,633	0	2,180,585	379,887	245	60.00
60.01	06001	HLA LAB	5,649	0	185,945	14,524	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,872	0	1,306,544	95,791	252	63.00
65.00	06500	RESPIRATORY THERAPY	13,016	0	593,722	42,965	0	65.00
66.00	06600	PHYSICAL THERAPY	2,340	0	211,848	88,661	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,434	0	105,458	6,149	0	67.00
68.00	06800	SPEECH PATHOLOGY	655	0	38,422	3,074	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,068	0	199,973	48,142	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,329	0	75,494	14,572	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,555	0	2,586,913	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,066	0	3,629,517	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,394	0	69,849	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,482	0	170,362	59,136	0	74.00
76.00	03330	ENDOSCOPY	7,508	0	290,958	113,175	3,302	76.00
76.01	03950	OB/GYN IN VITRO	1,259	0	102,174	30,206	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	506	0	20,611	12,383	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	268	0	12,901	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	450	0	10,114	4,346	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	740	0	219,681	5,548	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,896	0	703,033	378,449	3,945	90.00
90.01	04950	OUTPATIENT PSYCH	89	0	15,341	29,160	0	90.01
91.00	09100	EMERGENCY	49,391	0	993,268	274,154	85	91.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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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	2,939	0	464,646	12,394	0	105.00
106.00	10600	HEART ACQUISITION	440	0	131,062	7,994	0	106.00
107.00	10700	LIVER ACQUISITION	1,162	0	209,718	6,782	0	107.00
108.00	10800	LUNG ACQUISITION	1,402	0	290,175	5,596	0	108.00
109.00	10900	PANCREAS ACQUISITION	99	0	16,690	118	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	6,347	0	560,897	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	924,416	0	53,583,729	11,372,828	157,345	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	9,294	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	273	317	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	32	317	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	1,293,880	3,850,436	92	194.00
194.01	07951	RETAIL PHARMACY	0	0	188,131	22,019	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	199,216	46,270	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)	924,416	0	55,274,555	15,292,187	157,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

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	1,888,703					9.00
10.00	01000	DIETARY	54,473	2,532,855				10.00
11.00	01100	CAFETERIA	35,046	0	2,037,644			11.00
13.00	01300	NURSING ADMINISTRATION	13,726	0	98,273	5,354,909		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,802	0	33,426	0	11,719,635	14.00
15.00	01500	PHARMACY	28,001	0	82,635	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,185	0	2,723	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,430	0	36,854	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	23,414	0	17,499	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	137	0	0	18.02
20.00	02000	NURSING SCHOOL	61,360	0	27,476	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,240	0	215,699	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	996	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	172	0	720	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	417,681	2,228,746	484,855	2,447,573	0	30.00
31.00	03100	INTENSIVE CARE UNIT	39,001	28,928	54,556	281,178	0	31.00
32.00	03200	CORONARY CARE UNIT	6,707	23,920	14,278	73,586	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,364	61,231	34,908	179,913	0	34.00
35.01	02400	NEURO ICU	22,184	18,355	26,838	138,319	0	35.01
35.02	02401	CARDIO-THORACIC ICU	16,479	28,350	30,846	158,979	0	35.02
40.00	04000	SUBPROVIDER - IPF	23,870	46,155	18,573	47,448	0	40.00
43.00	04300	NURSERY	4,611	0	8,233	42,433	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	135,342	0	144,255	725,496	0	50.00
51.00	05100	RECOVERY ROOM	34,984	13	52,989	262,259	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,230	0	33,695	173,660	0	52.00
53.00	05300	ANESTHESIOLOGY	235	0	18,442	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,537	0	63,836	0	0	54.00
54.01	03630	ULTRASOUND	12,214	0	5,442	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	39,660	0	37,813	0	0	55.00
56.00	05600	RADIOISOTOPE	6,679	0	3,189	0	0	56.00
57.00	05700	CT SCAN	4,550	0	13,748	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,756	0	15,564	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,222	0	16,135	83,158	0	59.00
60.00	06000	LABORATORY	46,680	0	98,929	0	0	60.00
60.01	06001	HLA LAB	1,825	0	5,020	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,035	0	21,933	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,398	0	36,467	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,139	0	16,392	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	772	0	8,621	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	386	0	2,804	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,049	0	11,553	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,831	0	6,015	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,879,090	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,840,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,430	0	8,228	0	0	74.00
76.00	03330	ENDOSCOPY	14,219	0	12,978	65,541	0	76.00
76.01	03950	OB/GYN IN VITRO	3,795	0	3,146	16,213	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,556	0	1,382	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	546	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	697	0	3,326	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	47,548	0	45,601	231,340	0	90.00
90.01	04950	OUTPATIENT PSYCH	3,664	0	604	0	0	90.01
91.00	09100	EMERGENCY	34,444	0	68,491	352,997	0	91.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
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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	1,557	0	5,389	27,775	0	105.00
106.00	10600	HEART ACQUISITION	1,004	0	3,221	16,602	0	106.00
107.00	10700	LIVER ACQUISITION	852	0	3,391	17,478	0	107.00
108.00	10800	LUNG ACQUISITION	703	0	2,460	12,676	0	108.00
109.00	10900	PANCREAS ACQUISITION	15	0	55	285	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	0	10,938	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,396,300	2,435,698	1,971,577	5,354,909	11,719,635	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	480	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	40	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	40	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	483,744	1,716	49,336	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,766	0	11,907	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,813	0	4,344	0	0	194.02
194.03	07953	GUEST MEALS	0	95,441	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)	1,888,703	2,532,855	2,037,644	5,354,909	11,719,635	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	10,317,849				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	321,420			16.00
17.00	01700	SOCIAL SERVICE	9,545	0	795,479		17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	1,256,212	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	2	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	10	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,762	33,065	665,340	0	30.00
31.00	03100	INTENSIVE CARE UNIT	527	4,214	41,034	0	31.00
32.00	03200	CORONARY CARE UNIT	144	1,143	10,772	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	213	2,692	25,963	0	34.00
35.01	02400	NEURO ICU	201	1,907	18,051	0	35.01
35.02	02401	CARDIO-THORACIC ICU	152	2,155	20,906	0	35.02
40.00	04000	SUBPROVIDER - IPF	46	1,222	0	0	40.00
43.00	04300	NURSERY	0	492	13,413	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,628	33,610	0	0	50.00
51.00	05100	RECOVERY ROOM	28	4,954	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55	752	0	0	52.00
53.00	05300	ANESTHESIOLOGY	45,285	9,505	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132,311	18,969	0	0	54.00
54.01	03630	ULTRASOUND	52	2,406	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	320,508	20,554	0	0	55.00
56.00	05600	RADIOISOTOPE	78,225	680	0	0	56.00
57.00	05700	CT SCAN	163	15,654	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119	8,477	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,249	0	0	59.00
60.00	06000	LABORATORY	12	36,602	0	955,214	60.00
60.01	06001	HLA LAB	0	1,951	0	56,064	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,320	12,042	0	244,934	63.00
65.00	06500	RESPIRATORY THERAPY	60	4,495	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	808	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	495	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	226	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	88,675	7,966	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	804	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,587	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,289	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,148,985	27,417	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,337	1,203	0	0	74.00
76.00	03330	ENDOSCOPY	21	2,593	0	0	76.00
76.01	03950	OB/GYN IN VITRO	162	435	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	13	175	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	93	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	155	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	256	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	645	3,763	0	0	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

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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	31	0	0	0	90.01
91.00	09100	EMERGENCY	585	17,056	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	1,015	0	0	0	105.00
106.00	10600	HEART ACQUISITION	416	152	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	401	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	484	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	34	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	2,192	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,850,207	321,420	795,479	0	1,256,212	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	9,139	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	458,503	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,317,849	321,420	795,479	0	1,256,212	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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		20.00		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	4,885					18.02
20.00	02000	NURSING SCHOOL	0	322,850				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		5,702,201			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			11,134		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				13,597	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

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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	4,885					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		322,850	5,702,201	11,134	13,597	200.00
201.00		Negative Cost Centers	0	2,658,062	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,885	2,980,912	5,702,201	11,134	13,597	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	35,692,911	0	35,692,911	30.00
31.00	03100	INTENSIVE CARE UNIT	3,383,889	0	3,383,889	31.00
32.00	03200	CORONARY CARE UNIT	683,377	0	683,377	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,139,582	0	2,139,582	34.00
35.01	02400	NEURO ICU	1,910,814	0	1,910,814	35.01
35.02	02401	CARDIO-THORACIC ICU	1,452,412	0	1,452,412	35.02
40.00	04000	SUBPROVIDER - IPF	1,578,759	0	1,578,759	40.00
43.00	04300	NURSERY	409,341	0	409,341	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,071,241	0	16,071,241	50.00
51.00	05100	RECOVERY ROOM	3,146,291	0	3,146,291	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,574,292	0	1,574,292	52.00
53.00	05300	ANESTHESIOLOGY	1,159,686	0	1,159,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,193,901	0	8,193,901	54.00
54.01	03630	ULTRASOUND	1,222,760	0	1,222,760	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,575,231	0	6,575,231	55.00
56.00	05600	RADIOISOTOPE	1,558,698	0	1,558,698	56.00
57.00	05700	CT SCAN	1,518,128	0	1,518,128	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,771,479	0	2,771,479	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,211,119	0	2,211,119	59.00
60.00	06000	LABORATORY	5,500,109	0	5,500,109	60.00
60.01	06001	HLA LAB	410,068	0	410,068	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,254,963	0	2,254,963	63.00
65.00	06500	RESPIRATORY THERAPY	1,801,243	0	1,801,243	65.00
66.00	06600	PHYSICAL THERAPY	658,788	0	658,788	66.00
67.00	06700	OCCUPATIONAL THERAPY	158,046	0	158,046	67.00
68.00	06800	SPEECH PATHOLOGY	97,306	0	97,306	68.00
69.00	06900	ELECTROCARDIOLOGY	1,015,337	0	1,015,337	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	381,594	0	381,594	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,618,969	0	7,618,969	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,688,586	0	10,688,586	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,325,645	0	9,325,645	73.00
74.00	07400	RENAL DIALYSIS	641,856	0	641,856	74.00
76.00	03330	ENDOSCOPY	2,491,671	0	2,491,671	76.00
76.01	03950	OB/GYN IN VITRO	293,198	0	293,198	76.01
76.02	03320	ELECTROSHOCK THERAPY	108,847	0	108,847	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	13,796	0	13,796	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	28,888	0	28,888	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	249,911	0	249,911	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,680,850	0	2,680,850	90.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.01	04950	OUTPATIENT PSYCH	140,391	0	140,391	90.01
91.00	09100	EMERGENCY	3,325,782	0	3,325,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	562,147	0	562,147	105.00
106.00	10600	HEART ACQUISITION	202,964	0	202,964	106.00
107.00	10700	LIVER ACQUISITION	265,842	0	265,842	107.00
108.00	10800	LUNG ACQUISITION	337,942	0	337,942	108.00
109.00	10900	PANCREAS ACQUISITION	17,722	0	17,722	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	593,834	0	593,834	112.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145,120,206	0	145,120,206	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	14,863	0	14,863	191.00
191.01	19101	RESEARCH CTSA I/P	1,543	0	1,543	191.01
191.02	19102	RESEARCH CTSA O/P	1,302	0	1,302	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	21,196,040	0	21,196,040	194.00
194.01	07951	RETAIL PHARMACY	834,694	0	834,694	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	396,396	0	396,396	194.02
194.03	07953	GUEST MEALS	95,441	0	95,441	194.03
200.00		Cross Foot Adjustments	6,049,782	0	6,049,782	200.00
201.00		Negative Cost Centers	2,658,062	0	2,658,062	201.00
202.00		TOTAL (sum lines 118 through 201)	176,368,329	0	176,368,329	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	2,329,062					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	1,823,862				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	57,766		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					60,201,558	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,854	15,432	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	10,626	3,934	0	0	1,024	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	14,243	18,444	0	0	4,536	5.03
5.04	00570	ADMITTING	20,830	7,311	0	586	28,894	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	456,821	430,310	2,188	12,615	28,101,128	5.06
7.00	00700	OPERATION OF PLANT	295,125	221,058	0	47	636,307	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	661	664	0	0	245	8.00
9.00	00900	HOUSEKEEPING	23,974	4,091	0	10	82,192	9.00
10.00	01000	DIETARY	24,645	48,268	0	0	0	10.00
11.00	01100	CAFETERIA	48,955	3,036	0	0	10,373	11.00
13.00	01300	NURSING ADMINISTRATION	15,583	4,779	0	0	2,671,013	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,909	4,071	0	0	529,099	14.00
15.00	01500	PHARMACY	3,789	36,921	0	3	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,634	10,509	0	0	2,706	16.00
17.00	01700	SOCIAL SERVICE	1,253	6,932	0	0	9,858	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	34,735	0	0	12,680	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	91,027	0	121,184	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,644	4,583	0	0	3,787	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	51	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	598,327	21,729	0	0	1,034,281	30.00
31.00	03100	INTENSIVE CARE UNIT	57,641	217	0	0	58,536	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	2,230	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,660	0	0	0	51,082	34.00
35.01	02400	NEURO ICU	32,910	0	0	0	117,512	35.01
35.02	02401	CARDIO-THORACIC ICU	5,279	19,168	0	0	87,034	35.02
40.00	04000	SUBPROVIDER - IPF	14,885	20,526	0	0	256,852	40.00
43.00	04300	NURSERY	6,415	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,916	103,864	0	0	6,029,434	50.00
51.00	05100	RECOVERY ROOM	34,143	17,756	0	0	417,384	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,593	0	0	0	98,954	52.00
53.00	05300	ANESTHESIOLOGY	349	0	0	0	721,201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,731	42,283	0	1,522	4,105,402	54.00
54.01	03630	ULTRASOUND	9,618	5,545	0	0	625,370	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,102	66,414	0	0	3,921,727	55.00
56.00	05600	RADIOISOTOPE	9,909	0	0	0	880,658	56.00
57.00	05700	CT SCAN	0	2,934	0	0	1,239,102	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,977	8,044	0	0	2,028,973	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,549	0	0	1,347,171	59.00
60.00	06000	LABORATORY	3,427	66,404	0	586	434,523	60.00
60.01	06001	HLA LAB	0	2,707	0	0	94,897	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	351	17,503	0	0	197,019	63.00
65.00	06500	RESPIRATORY THERAPY	8,008	0	0	0	486,932	65.00
66.00	06600	PHYSICAL THERAPY	3,107	13,417	0	0	6,299	66.00
67.00	06700	OCCUPATIONAL THERAPY	871	275	0	0	2,343	67.00
68.00	06800	SPEECH PATHOLOGY	436	138	0	0	42,757	68.00
69.00	06900	ELECTROCARDIOLOGY	6,231	2,742	0	0	454,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,716	0	0	0	237,322	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	76,473	74.00
76.00	03330	ENDOSCOPY	5,187	15,907	0	0	1,805,019	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	148,385	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	5,280	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	65,137	0	0	147,698	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	3,060	90.01
91.00	09100	EMERGENCY	3,106	45,513	0	0	764,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	2,310	0	0	674	105.00
106.00	10600	HEART ACQUISITION	0	1,490	0	0	135	106.00
107.00	10700	LIVER ACQUISITION	0	1,264	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	1,043	0	0	135	108.00
109.00	10900	PANCREAS ACQUISITION	0	22	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)	2,043,721	1,432,513	93,215	15,366	60,145,631	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	59	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	59	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	285,341	378,503	0	42,400	0	194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	55,103	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	8,624	0	0	824	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)	66,389,207	28,234,940	1,413,130	981,003	50,407,099	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.504697	15.480853	15.159899	16.982360	0.837306	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	601,738,764					4.00
5.01	00540	NONPATIENT TELEPHONES	1,648,190	4,452,579				5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,481,794	4,975	477,567,653			5.03
5.04	00570	ADMITTING	16,207,383	193,294	400,025	6,656,316,769		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	31,431,998	381,034	781,748	0	0	5.06
7.00	00700	OPERATION OF PLANT	11,152,244	151,494	2,435,864	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,376,814	0	0	8.00
9.00	00900	HOUSEKEEPING	14,260,061	45,463	1,959,079	0	0	9.00
10.00	01000	DIETARY	7,505,380	36,416	3,053,062	0	0	10.00
11.00	01100	CAFETERIA	4,929,463	29,274	7,381,733	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	32,331,817	148,116	355,307	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,411,947	24,105	6,349,689	0	0	14.00
15.00	01500	PHARMACY	24,233,121	95,391	137,859,011	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	456,126	3,219	3,659	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,531,712	59,564	174,765	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,333,420	22,204	111,328	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	98,547	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	9,568,509	55,478	292,401	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	50,312,896	30,690	156,574	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	213,387	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	128,608	1,470	402	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	114,316,530	1,240,649	9,744,227	688,860,909	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,498,624	87,417	2,313,583	87,800,464	0	31.00
32.00	03200	CORONARY CARE UNIT	3,770,866	16,626	362,018	23,821,802	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,728,503	47,615	1,774,071	56,091,149	0	34.00
35.01	02400	NEURO ICU	7,432,904	41,602	1,067,318	39,727,036	0	35.01
35.02	02401	CARDIO-THORACIC ICU	9,174,901	45,367	1,437,726	44,901,092	0	35.02
40.00	04000	SUBPROVIDER - IPF	4,224,972	31,668	199,971	25,453,797	0	40.00
43.00	04300	NURSERY	2,004,392	9,207	1,371	10,241,796	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,149,826	303,988	17,851,413	700,201,951	0	50.00
51.00	05100	RECOVERY ROOM	14,205,535	78,510	2,266,381	103,203,723	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,175,563	58,958	1,069,590	15,667,190	0	52.00
53.00	05300	ANESTHESIOLOGY	2,655,581	78,862	6,297,555	198,012,155	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,403,557	123,924	6,655,434	395,195,298	0	54.00
54.01	03630	ULTRASOUND	1,553,299	8,790	199,896	50,131,210	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,921,895	102,387	8,205,954	428,210,820	0	55.00
56.00	05600	RADIOISOTOPE	990,113	19,210	1,237,808	14,166,359	0	56.00
57.00	05700	CT SCAN	4,037,662	27,115	612,655	326,124,611	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,051,386	23,384	1,399,205	176,613,979	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,370,644	46,409	1,765,100	151,026,989	0	59.00
60.00	06000	LABORATORY	19,568,943	115,817	20,459,274	722,605,685	0	60.00
60.01	06001	HLA LAB	1,190,800	7,542	2,936,547	40,643,180	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,979,583	29,351	29,252,081	250,877,444	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,253,021	36,322	2,556,235	93,638,756	0	65.00
66.00	06600	PHYSICAL THERAPY	4,150,870	8,143	40,268	16,833,599	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,236,129	0	17,242	10,319,164	0	67.00
68.00	06800	SPEECH PATHOLOGY	756,463	0	4,154	4,710,981	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,874,463	19,076	1,464,932	165,956,943	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,181,657	5,952	75,111	16,754,528	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	73,449,304	241,404,849	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	102,976,130	360,189,324	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	571,181,216	0	73.00
74.00	07400	RENAL DIALYSIS	2,424,225	14,388	1,248,354	25,052,282	0	74.00
76.00	03330	ENDOSCOPY	3,197,296	36,920	1,512,415	54,013,937	0	76.00
76.01	03950	OB/GYN IN VITRO	913,789	5,088	467,930	9,061,084	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	334,399	3,599	62,574	3,641,836	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	363,750	1,928,677	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,003	4,702	3,238,223	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,061,289	4,630	31,755	5,325,356	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,543,684	191,527	1,109,593	78,386,137	0	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	136,795	12,463	4,764	641,726	0	90.01
91.00	09100	EMERGENCY	16,132,952	123,219	3,360,348	355,329,222	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,327,421	6,686	15,535	21,143,903	0	105.00
106.00	10600	HEART ACQUISITION	870,658	4,848	10,312	3,162,017	0	106.00
107.00	10700	LIVER ACQUISITION	806,434	5,912	3,138	8,362,427	0	107.00
108.00	10800	LUNG ACQUISITION	704,674	4,315	7,225	10,086,050	0	108.00
109.00	10900	PANCREAS ACQUISITION	19,116	0	31	714,757	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	3,016,553	21,839	24,767	45,660,977	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	589,584,570	4,333,515	469,611,208	6,656,316,610	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	112,607	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	94	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	7,810,405	67,317	734,946	0	0	194.00
194.01	07951	RETAIL PHARMACY	3,167,639	39,117	7,205,336	159	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,063,543	12,630	16,069	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)	40,201,110	1,712,019	14,797,835	24,102,898	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.066808	0.384501	0.030986	0.003621	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,088,804	381,767	701,023	924,416	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001809	0.085741	0.001468	0.000139	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	-390,710,963	1,636,716,794			5.06
7.00	00700	OPERATION OF PLANT	0	80,645,995	2,850,222		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,541,305	6,610	7,237,274	8.00
9.00	00900	HOUSEKEEPING	0	25,485,287	28,329	136	9.00
10.00	01000	DIETARY	0	16,411,632	80,811	0	10.00
11.00	01100	CAFETERIA	0	6,902,448	51,991	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	65,973,227	20,362	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,906,865	64,980	51,052	14.00
15.00	01500	PHARMACY	0	194,310,080	41,540	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	924,381	12,143	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,610,372	8,185	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	13,569,304	34,735	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	135,306	0	0	18.02
20.00	02000	NURSING SCHOOL	3,687,210	0	91,027	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	141,215,211	19,641	27,916	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	288,764	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	184,975	255	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	196,432,886	619,630	4,153,413	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,407,084	57,858	460,254	31.00
32.00	03200	CORONARY CARE UNIT	0	5,780,968	9,950	55,386	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	16,129,050	34,660	0	34.00
35.01	02400	NEURO ICU	0	12,667,945	32,910	141,184	35.01
35.02	02401	CARDIO-THORACIC ICU	0	14,436,912	24,447	156,796	35.02
40.00	04000	SUBPROVIDER - IPF	0	7,842,970	35,411	51,499	40.00
43.00	04300	NURSERY	0	3,321,571	6,841	439	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	98,585,624	200,780	751,307	50.00
51.00	05100	RECOVERY ROOM	0	24,165,121	51,899	389,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,036,049	22,593	171,146	52.00
53.00	05300	ANESTHESIOLOGY	0	11,701,394	349	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,840,436	97,224	163,100	54.00
54.01	03630	ULTRASOUND	0	6,049,808	18,119	22,322	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	36,879,398	70,516	119,534	55.00
56.00	05600	RADIOISOTOPE	0	2,898,380	9,909	33,186	56.00
57.00	05700	CT SCAN	0	8,604,141	6,750	13,719	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,795,264	29,308	6,896	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,093,092	25,549	104,348	59.00
60.00	06000	LABORATORY	0	64,567,838	70,805	11,250	60.00
60.01	06001	HLA LAB	0	5,505,897	2,707	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	38,687,200	17,854	11,607	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,580,294	8,008	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,272,877	16,525	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,122,640	1,146	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,137,674	573	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,921,256	8,973	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,235,401	2,716	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	76,599,331	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	107,471,194	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,068,247	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,044,489	11,022	0	74.00
76.00	03330	ENDOSCOPY	0	8,615,376	21,094	151,804	76.00
76.01	03950	OB/GYN IN VITRO	0	3,025,410	5,630	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	610,291	2,308	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	382,005	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	299,487	810	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	6,504,814	1,034	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	20,817,050	70,537	181,326	90.00
90.01	04950	OUTPATIENT PSYCH	0	454,248	5,435	0	90.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	29,410,997	51,098	3,888	51,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	13,758,313	2,310	0	2,310	105.00
106.00	10600	HEART ACQUISITION	0	3,880,789	1,490	0	1,490	106.00
107.00	10700	LIVER ACQUISITION	0	6,209,815	1,264	0	1,264	107.00
108.00	10800	LUNG ACQUISITION	0	8,592,173	1,043	0	1,043	108.00
109.00	10900	PANCREAS ACQUISITION	0	494,204	22	0	22	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	16,608,349	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-387,023,753	1,586,650,904	2,119,716	7,233,060	2,071,412	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	275,193	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	8,079	59	0	59	191.01
191.02	19102	RESEARCH CTSA O/P	0	951	59	0	59	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	38,312,210	717,660	4,214	717,633	194.00
194.01	07951	RETAIL PHARMACY	0	5,570,611	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,898,846	8,624	0	8,624	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)		390,710,963	99,897,484	3,379,629	32,562,001	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.238716	35.049019	0.466975	11.621437	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		55,274,555	15,292,187	157,437	1,888,703	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.033772	5.365262	0.021754	0.674082	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	758,684					10.00
11.00	01100	CAFETERIA	0	15,213,303				11.00
13.00	01300	NURSING ADMINISTRATION	0	733,717	7,757,279			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	249,564	0	176,425,434		14.00
15.00	01500	PHARMACY	0	616,961	0	0	153,835,275	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,327	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	275,155	0	0	142,305	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	130,651	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	1,023	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	205,139	0	0	30	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,610,439	0	0	148	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	7,437	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	5,375	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	667,592	3,619,966	3,545,629	0	115,730	30.00
31.00	03100	INTENSIVE CARE UNIT	8,665	407,323	407,323	0	7,863	31.00
32.00	03200	CORONARY CARE UNIT	7,165	106,599	106,599	0	2,142	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,341	260,627	260,627	0	3,181	34.00
35.01	02400	NEURO ICU	5,498	200,373	200,373	0	2,994	35.01
35.02	02401	CARDIO-THORACIC ICU	8,492	230,301	230,301	0	2,267	35.02
40.00	04000	SUBPROVIDER - IPF	13,825	138,672	68,735	0	686	40.00
43.00	04300	NURSERY	0	61,469	61,469	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,077,029	1,050,974	0	173,372	50.00
51.00	05100	RECOVERY ROOM	4	395,625	379,916	0	415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	251,569	251,569	0	825	52.00
53.00	05300	ANESTHESIOLOGY	0	137,687	0	0	675,175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	476,612	0	0	1,972,703	54.00
54.01	03630	ULTRASOUND	0	40,630	0	0	775	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	282,318	0	0	4,778,642	55.00
56.00	05600	RADIOISOTOPE	0	23,809	0	0	1,166,304	56.00
57.00	05700	CT SCAN	0	102,646	0	0	2,425	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	116,203	0	0	1,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	120,465	120,465	0	0	59.00
60.00	06000	LABORATORY	0	738,621	0	0	186	60.00
60.01	06001	HLA LAB	0	37,482	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	163,753	0	0	19,675	63.00
65.00	06500	RESPIRATORY THERAPY	0	272,265	0	0	893	65.00
66.00	06600	PHYSICAL THERAPY	0	122,388	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	64,367	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	20,932	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	86,256	0	0	1,322,102	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	44,908	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	73,449,304	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	102,976,130	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	136,408,023	73.00
74.00	07400	RENAL DIALYSIS	0	61,434	0	0	34,837	74.00
76.00	03330	ENDOSCOPY	0	96,896	94,944	0	308	76.00
76.01	03950	OB/GYN IN VITRO	0	23,486	23,486	0	2,408	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	10,317	0	0	197	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	24,833	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	340,465	335,126	0	9,620	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	4,509	0	0	0	90.01
91.00	09100	EMERGENCY	0	511,362	511,362	0	8,724	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	40,236	40,236	0	0	105.00
106.00	10600	HEART ACQUISITION	0	24,050	24,050	0	6,200	106.00
107.00	10700	LIVER ACQUISITION	0	25,319	25,319	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	18,363	18,363	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	413	413	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	0	81,665	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	729,582	14,720,031	7,757,279	176,425,434	146,862,932	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	3,584	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	514	368,352	0	0	136,259	194.00
194.01	07951	RETAIL PHARMACY	0	88,903	0	0	6,836,084	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	32,433	0	0	0	194.02
194.03	07953	GUEST MEALS	28,588	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)	24,100,837	10,976,617	83,201,783	36,566,514	243,078,841	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.766634	0.721514	10.725640	0.207263	1.580124	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,532,855	2,037,644	5,354,909	11,719,635	10,317,849	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.338485	0.133938	0.690308	0.066428	0.067071	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/18/2020 1:38 pm

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	6,656,316,769					16.00
17.00	01700	SOCIAL SERVICE	0	338,225				17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0			18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	839,852		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	688,860,909	282,892	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	87,800,464	17,447	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	23,821,802	4,580	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	56,091,149	11,039	0	0	0	34.00
35.01	02400	NEURO ICU	39,727,036	7,675	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	44,901,092	8,889	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	25,453,797	0	0	0	0	40.00
43.00	04300	NURSERY	10,241,796	5,703	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	700,201,951	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	103,203,723	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,667,190	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	198,012,155	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	395,195,298	0	0	0	0	54.00
54.01	03630	ULTRASOUND	50,131,210	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	428,210,820	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	14,166,359	0	0	0	0	56.00
57.00	05700	CT SCAN	326,124,611	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	176,613,979	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	151,026,989	0	0	0	0	59.00
60.00	06000	LABORATORY	722,605,685	0	0	638,617	0	60.00
60.01	06001	HLA LAB	40,643,180	0	0	37,482	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	250,877,444	0	0	163,753	0	63.00
65.00	06500	RESPIRATORY THERAPY	93,638,756	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,833,599	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,319,164	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,710,981	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	165,956,943	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,754,528	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	241,404,849	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	360,189,324	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	571,181,216	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	25,052,282	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	54,013,937	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	9,061,084	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	3,641,836	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	1,928,677	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,238,223	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	5,325,356	0	0	0	0	77.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
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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	78,386,137	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	641,726	0	0	0	0	90.01
91.00	09100	EMERGENCY	355,329,222	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	21,143,903	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	3,162,017	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	8,362,427	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	10,086,050	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	714,757	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	45,660,977	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,656,316,610	338,225	0	839,852	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	159	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)	1,726,431	18,901,988	0	18,523,880	168,344	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000259	55.885839	0.000000	22.056124	1,683.440000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	321,420	795,479	0	1,256,212	4,885	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000048	2.351923	0.000000	1.495754	48.850000	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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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	28,558				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				-244,909	2,023,495,638
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,774	2,088	0	0	389,753,652
31.00	03100	INTENSIVE CARE UNIT	480	301	0	0	44,436,926
32.00	03200	CORONARY CARE UNIT	192	141	0	0	11,865,302
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	235	0	0	29,959,366
35.01	02400	NEURO ICU	0	60	0	0	21,268,242
35.02	02401	CARDIO-THORACIC ICU	2,112	161	0	0	25,417,862
40.00	04000	SUBPROVIDER - IPF	1,320	78	0	0	14,089,554
43.00	04300	NURSERY	0	0	0	0	5,458,975
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	288	1,716	0	0	174,729,028
51.00	05100	RECOVERY ROOM	0	22	0	0	37,315,025
52.00	05200	DELIVERY ROOM & LABOR ROOM	392	147	0	0	22,779,310
53.00	05300	ANESTHESIOLOGY	0	477	0	0	24,172,211
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	727	0	0	66,681,010
54.01	03630	ULTRASOUND	0	130	0	0	10,694,790
55.00	05500	RADIOLOGY-THERAPEUTIC	0	146	0	0	59,344,099
56.00	05600	RADIOISOTOPE	0	181	0	0	9,135,993
57.00	05700	CT SCAN	0	57	0	0	12,150,877
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24	0	0	14,061,823
59.00	05900	CARDIAC CATHETERIZATION	0	142	0	0	18,914,046
60.00	06000	LABORATORY	0	588	0	0	108,489,744
60.01	06001	HLA LAB	0	0	0	0	7,810,859
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	92	0	0	54,215,660
65.00	06500	RESPIRATORY THERAPY	0	106	0	0	24,249,219
66.00	06600	PHYSICAL THERAPY	0	112	0	0	10,616,802
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,970,663
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,452,320
69.00	06900	ELECTROCARDIOLOGY	0	92	0	0	11,576,392
70.00	07000	ELECTROENCEPHALOGRAPHY	0	276	0	0	7,818,206
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	110,170,664
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	154,562,768
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	218,614,590
74.00	07400	RENAL DIALYSIS	0	47	0	0	7,700,933
76.00	03330	ENDOSCOPY	0	149	0	0	15,467,644
76.01	03950	OB/GYN IN VITRO	0	11	0	0	4,480,097
76.02	03320	ELECTROSHOCK THERAPY	0	13	0	0	1,102,513
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	473,696
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	409,621
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	8,125,171

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0032

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

Worksheet B-1

Date/Time Prepared:
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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	870	0	0	48,439,192	90.00
90.01	04950 OUTPATIENT PSYCH	0	160	0	0	3,652,036	90.01
91.00	09100 EMERGENCY	0	614	0	0	55,646,781	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	17,616,515	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	5,162,654	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	8,043,184	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	10,904,755	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	618,118	109.00
112.00	08600 OTHER ORGAN ACQUISITION-BONE MARROW	0	0	0	0	20,643,776	112.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	28,558	9,963	100	-244,909	1,914,262,664	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	511,816	191.00
191.01	19101 RESEARCH CTSA I/P	0	15	0	0	278,288	191.01
191.02	19102 RESEARCH CTSA O/P	0	22	0	0	393,370	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	81,450,528	194.00
194.01	07951 RETAIL PHARMACY	0	0	0	0	17,957,945	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	7,732,882	194.02
194.03	07953 GUEST MEALS	0	0	0	0	908,145	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)	709,120	177,017,420	363,063		244,909	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.830871	17,701.742000	3,630.630000		0.000121	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,980,912	5,702,201	11,134		13,597	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.305063	570.220100	111.340000		0.000007	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 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/18/2020 1:38 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	352,839,638		352,839,638	0	352,839,638	30.00
31.00	03100	INTENSIVE CARE UNIT	39,114,079		39,114,079	0	39,114,079	31.00
32.00	03200	CORONARY CARE UNIT	9,370,792		9,370,792	0	9,370,792	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,803,082		25,803,082	0	25,803,082	34.00
35.01	02400	NEURO ICU	20,208,710		20,208,710	0	20,208,710	35.01
35.02	02401	CARDIO-THORACIC ICU	22,570,958		22,570,958	0	22,570,958	35.02
40.00	04000	SUBPROVIDER - IPF	12,710,523		12,710,523	0	12,710,523	40.00
43.00	04300	NURSERY	5,459,636		5,459,636	0	5,459,636	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	144,373,981		144,373,981	0	144,373,981	50.00
51.00	05100	RECOVERY ROOM	36,930,102		36,930,102	0	36,930,102	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,179,910		20,179,910	0	20,179,910	52.00
53.00	05300	ANESTHESIOLOGY	15,731,405		15,731,405	545,201	16,276,606	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,819,912		53,819,912	0	53,819,912	54.00
54.01	03630	ULTRASOUND	8,394,858		8,394,858	0	8,394,858	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	56,766,826		56,766,826	0	56,766,826	55.00
56.00	05600	RADIOISOTOPE	5,933,083		5,933,083	0	5,933,083	56.00
57.00	05700	CT SCAN	11,143,348		11,143,348	0	11,143,348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,638,682		13,638,682	0	13,638,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,402,688		16,402,688	0	16,402,688	59.00
60.00	06000	LABORATORY	98,094,247		98,094,247	0	98,094,247	60.00
60.01	06001	HLA LAB	7,811,804		7,811,804	0	7,811,804	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,593,660		52,593,660	0	52,593,660	63.00
65.00	06500	RESPIRATORY THERAPY	22,375,768	0	22,375,768	0	22,375,768	65.00
66.00	06600	PHYSICAL THERAPY	8,635,492	0	8,635,492	0	8,635,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,971,143	0	3,971,143	0	3,971,143	67.00
68.00	06800	SPEECH PATHOLOGY	1,452,496	0	1,452,496	0	1,452,496	68.00
69.00	06900	ELECTROCARDIOLOGY	9,949,233		9,949,233	0	9,949,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,933,471		2,933,471	0	2,933,471	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	110,183,995		110,183,995	0	110,183,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	154,581,470		154,581,470	0	154,581,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,641,042		218,641,042	0	218,641,042	73.00
74.00	07400	RENAL DIALYSIS	6,869,883		6,869,883	0	6,869,883	74.00
76.00	03330	ENDOSCOPY	12,831,956		12,831,956	0	12,831,956	76.00
76.01	03950	OB/GYN IN VITRO	4,285,920		4,285,920	0	4,285,920	76.01
76.02	03320	ELECTROSHOCK THERAPY	872,523		872,523	0	872,523	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	473,753		473,753	0	473,753	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	409,671		409,671	0	409,671	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,126,154		8,126,154	0	8,126,154	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,044,537		33,044,537	0	33,044,537	90.00
90.01	04950	OUTPATIENT PSYCH	820,199		820,199	0	820,199	90.01
91.00	09100	EMERGENCY	44,784,644		44,784,644	0	44,784,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,291,703		6,291,703	0	6,291,703	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	17,618,647		17,618,647		17,618,647	105.00
106.00	10600	HEART ACQUISITION	5,163,279		5,163,279		5,163,279	106.00
107.00	10700	LIVER ACQUISITION	8,044,157		8,044,157		8,044,157	107.00
108.00	10800	LUNG ACQUISITION	10,906,074		10,906,074		10,906,074	108.00
109.00	10900	PANCREAS ACQUISITION	618,193		618,193		618,193	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	20,646,274		20,646,274		20,646,274	112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,744,423,601	0	1,744,423,601	545,201	1,744,968,802	200.00
201.00		Less Observation Beds	6,291,703		6,291,703		6,291,703	201.00
202.00		Total (see instructions)	1,738,131,898	0	1,738,131,898	545,201	1,738,677,099	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	680,172,321		680,172,321		30.00
31.00	03100	INTENSIVE CARE UNIT	87,788,763		87,788,763		31.00
32.00	03200	CORONARY CARE UNIT	23,816,563		23,816,563		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	56,085,082		56,085,082		34.00
35.01	02400	NEURO ICU	39,721,796		39,721,796		35.01
35.02	02401	CARDIO-THORACIC ICU	44,901,092		44,901,092		35.02
40.00	04000	SUBPROVIDER - IPF	25,442,426		25,442,426		40.00
43.00	04300	NURSERY	10,241,796		10,241,796		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	448,348,539	251,853,412	700,201,951	0.206189	0.000000
51.00	05100	RECOVERY ROOM	36,819,712	66,384,011	103,203,723	0.357837	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,025,524	4,640,285	15,665,809	1.288150	0.000000
53.00	05300	ANESTHESIOLOGY	107,952,691	90,059,464	198,012,155	0.079447	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,164,665	253,030,633	395,195,298	0.136186	0.000000
54.01	03630	ULTRASOUND	13,810,937	36,320,273	50,131,210	0.167458	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	15,797,436	412,413,384	428,210,820	0.132567	0.000000
56.00	05600	RADIOISOTOPE	2,737,516	11,428,843	14,166,359	0.418815	0.000000
57.00	05700	CT SCAN	121,364,522	204,760,089	326,124,611	0.034169	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,694,335	138,919,644	176,613,979	0.077223	0.000000
59.00	05900	CARDIAC CATHETERIZATION	66,140,222	84,886,767	151,026,989	0.108608	0.000000
60.00	06000	LABORATORY	360,609,273	361,996,412	722,605,685	0.135751	0.000000
60.01	06001	HLA LAB	7,527,778	33,115,402	40,643,180	0.192205	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	171,649,155	79,228,289	250,877,444	0.209639	0.000000
65.00	06500	RESPIRATORY THERAPY	85,242,602	8,396,154	93,638,756	0.238958	0.000000
66.00	06600	PHYSICAL THERAPY	16,247,837	585,762	16,833,599	0.512991	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,913,099	406,065	10,319,164	0.384832	0.000000
68.00	06800	SPEECH PATHOLOGY	4,477,484	233,497	4,710,981	0.308321	0.000000
69.00	06900	ELECTROCARDIOLOGY	90,764,906	75,192,037	165,956,943	0.059951	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	14,521,269	2,233,259	16,754,528	0.175085	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	154,603,519	86,801,330	241,404,849	0.456428	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	253,141,370	107,047,954	360,189,324	0.429167	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	303,457,756	267,723,460	571,181,216	0.382788	0.000000
74.00	07400	RENAL DIALYSIS	24,248,199	804,083	25,052,282	0.274222	0.000000
76.00	03330	ENDOSCOPY	14,559,575	39,454,362	54,013,937	0.237568	0.000000
76.01	03950	OB/GYN IN VITRO	15,852	9,045,232	9,061,084	0.473003	0.000000
76.02	03320	ELECTROSHOCK THERAPY	981,692	2,660,144	3,641,836	0.239583	0.000000
76.03	03951	CORNEAL TISSUE ACQUISITION	0	1,928,677	1,928,677	0.245636	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,006	3,222,217	3,238,223	0.126511	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,010,656	1,314,700	5,325,356	1.525936	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,813,613	76,572,524	78,386,137	0.421561	0.000000
90.01	04950	OUTPATIENT PSYCH	308	641,418	641,726	1.278114	0.000000
91.00	09100	EMERGENCY	131,168,639	224,160,583	355,329,222	0.126037	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	874,226	6,270,734	7,144,960	0.880579	0.000000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	21,143,903	0	21,143,903		105.00
106.00	10600	HEART ACQUISITION	3,162,017	0	3,162,017		106.00
107.00	10700	LIVER ACQUISITION	8,362,427	0	8,362,427		107.00
108.00	10800	LUNG ACQUISITION	10,086,050	0	10,086,050		108.00
109.00	10900	PANCREAS ACQUISITION	714,757	0	714,757		109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	45,660,977	0	45,660,977		112.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	3,711,000,883	2,943,731,100	6,654,731,983		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	3,711,000,883	2,943,731,100	6,654,731,983		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

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	0.206189			50.00
51.00	05100	RECOVERY ROOM	0.357837			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.288150			52.00
53.00	05300	ANESTHESIOLOGY	0.082200			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136186			54.00
54.01	03630	ULTRASOUND	0.167458			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132567			55.00
56.00	05600	RADIOISOTOPE	0.418815			56.00
57.00	05700	CT SCAN	0.034169			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077223			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108608			59.00
60.00	06000	LABORATORY	0.135751			60.00
60.01	06001	HLA LAB	0.192205			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209639			63.00
65.00	06500	RESPIRATORY THERAPY	0.238958			65.00
66.00	06600	PHYSICAL THERAPY	0.512991			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.384832			67.00
68.00	06800	SPEECH PATHOLOGY	0.308321			68.00
69.00	06900	ELECTROCARDIOLOGY	0.059951			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175085			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456428			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.429167			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.382788			73.00
74.00	07400	RENAL DIALYSIS	0.274222			74.00
76.00	03330	ENDOSCOPY	0.237568			76.00
76.01	03950	OB/GYN IN VITRO	0.473003			76.01
76.02	03320	ELECTROSHOCK THERAPY	0.239583			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.245636			76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.126511			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.525936			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.421561			90.00
90.01	04950	OUTPATIENT PSYCH	1.278114			90.01
91.00	09100	EMERGENCY	0.126037			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.880579			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 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	352,839,638		352,839,638		0	352,839,638	30.00
31.00	03100	INTENSIVE CARE UNIT	39,114,079		39,114,079		0	39,114,079	31.00
32.00	03200	CORONARY CARE UNIT	9,370,792		9,370,792		0	9,370,792	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,803,082		25,803,082		0	25,803,082	34.00
35.01	02400	NEURO ICU	20,208,710		20,208,710		0	20,208,710	35.01
35.02	02401	CARDIO-THORACIC ICU	22,570,958		22,570,958		0	22,570,958	35.02
40.00	04000	SUBPROVIDER - IPF	12,710,523		12,710,523		0	12,710,523	40.00
43.00	04300	NURSERY	5,459,636		5,459,636		0	5,459,636	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	144,373,981		144,373,981		0	144,373,981	50.00
51.00	05100	RECOVERY ROOM	36,930,102		36,930,102		0	36,930,102	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,179,910		20,179,910		0	20,179,910	52.00
53.00	05300	ANESTHESIOLOGY	15,731,405		15,731,405		545,201	16,276,606	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,819,912		53,819,912		0	53,819,912	54.00
54.01	03630	ULTRASOUND	8,394,858		8,394,858		0	8,394,858	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	56,766,826		56,766,826		0	56,766,826	55.00
56.00	05600	RADIOISOTOPE	5,933,083		5,933,083		0	5,933,083	56.00
57.00	05700	CT SCAN	11,143,348		11,143,348		0	11,143,348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,638,682		13,638,682		0	13,638,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,402,688		16,402,688		0	16,402,688	59.00
60.00	06000	LABORATORY	98,094,247		98,094,247		0	98,094,247	60.00
60.01	06001	HLA LAB	7,811,804		7,811,804		0	7,811,804	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,593,660		52,593,660		0	52,593,660	63.00
65.00	06500	RESPIRATORY THERAPY	22,375,768	0	22,375,768		0	22,375,768	65.00
66.00	06600	PHYSICAL THERAPY	8,635,492	0	8,635,492		0	8,635,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,971,143	0	3,971,143		0	3,971,143	67.00
68.00	06800	SPEECH PATHOLOGY	1,452,496	0	1,452,496		0	1,452,496	68.00
69.00	06900	ELECTROCARDIOLOGY	9,949,233		9,949,233		0	9,949,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,933,471		2,933,471		0	2,933,471	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	110,183,995		110,183,995		0	110,183,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	154,581,470		154,581,470		0	154,581,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,641,042		218,641,042		0	218,641,042	73.00
74.00	07400	RENAL DIALYSIS	6,869,883		6,869,883		0	6,869,883	74.00
76.00	03330	ENDOSCOPY	12,831,956		12,831,956		0	12,831,956	76.00
76.01	03950	OB/GYN IN VITRO	4,285,920		4,285,920		0	4,285,920	76.01
76.02	03320	ELECTROSHOCK THERAPY	872,523		872,523		0	872,523	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	473,753		473,753		0	473,753	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	409,671		409,671		0	409,671	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,126,154		8,126,154		0	8,126,154	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	33,044,537		33,044,537		0	33,044,537	90.00
90.01	04950	OUTPATIENT PSYCH	820,199		820,199		0	820,199	90.01
91.00	09100	EMERGENCY	44,784,644		44,784,644		0	44,784,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,291,703		6,291,703		0	6,291,703	92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	17,618,647		17,618,647			17,618,647	105.00
106.00	10600	HEART ACQUISITION	5,163,279		5,163,279			5,163,279	106.00
107.00	10700	LIVER ACQUISITION	8,044,157		8,044,157			8,044,157	107.00
108.00	10800	LUNG ACQUISITION	10,906,074		10,906,074			10,906,074	108.00
109.00	10900	PANCREAS ACQUISITION	618,193		618,193			618,193	109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	20,646,274		20,646,274			20,646,274	112.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	1,744,423,601	0	1,744,423,601		545,201	1,744,968,802	200.00
201.00		Less Observation Beds	6,291,703		6,291,703			6,291,703	201.00
202.00		Total (see instructions)	1,738,131,898	0	1,738,131,898		545,201	1,738,677,099	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	680,172,321		680,172,321			30.00
31.00	03100	INTENSIVE CARE UNIT	87,788,763		87,788,763			31.00
32.00	03200	CORONARY CARE UNIT	23,816,563		23,816,563			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	56,085,082		56,085,082			34.00
35.01	02400	NEURO ICU	39,721,796		39,721,796			35.01
35.02	02401	CARDIO-THORACIC ICU	44,901,092		44,901,092			35.02
40.00	04000	SUBPROVIDER - IPF	25,442,426		25,442,426			40.00
43.00	04300	NURSERY	10,241,796		10,241,796			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	448,348,539	251,853,412	700,201,951	0.206189	0.000000	50.00
51.00	05100	RECOVERY ROOM	36,819,712	66,384,011	103,203,723	0.357837	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,025,524	4,640,285	15,665,809	1.288150	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	107,952,691	90,059,464	198,012,155	0.079447	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,164,665	253,030,633	395,195,298	0.136186	0.000000	54.00
54.01	03630	ULTRASOUND	13,810,937	36,320,273	50,131,210	0.167458	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	15,797,436	412,413,384	428,210,820	0.132567	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,737,516	11,428,843	14,166,359	0.418815	0.000000	56.00
57.00	05700	CT SCAN	121,364,522	204,760,089	326,124,611	0.034169	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,694,335	138,919,644	176,613,979	0.077223	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,140,222	84,886,767	151,026,989	0.108608	0.000000	59.00
60.00	06000	LABORATORY	360,609,273	361,996,412	722,605,685	0.135751	0.000000	60.00
60.01	06001	HLA LAB	7,527,778	33,115,402	40,643,180	0.192205	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	171,649,155	79,228,289	250,877,444	0.209639	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	85,242,602	8,396,154	93,638,756	0.238958	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,247,837	585,762	16,833,599	0.512991	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,913,099	406,065	10,319,164	0.384832	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,477,484	233,497	4,710,981	0.308321	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	90,764,906	75,192,037	165,956,943	0.059951	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,521,269	2,233,259	16,754,528	0.175085	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	154,603,519	86,801,330	241,404,849	0.456428	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	253,141,370	107,047,954	360,189,324	0.429167	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	303,457,756	267,723,460	571,181,216	0.382788	0.000000	73.00
74.00	07400	RENAL DIALYSIS	24,248,199	804,083	25,052,282	0.274222	0.000000	74.00
76.00	03330	ENDOSCOPY	14,559,575	39,454,362	54,013,937	0.237568	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	15,852	9,045,232	9,061,084	0.473003	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	981,692	2,660,144	3,641,836	0.239583	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	1,928,677	1,928,677	0.245636	0.000000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,006	3,222,217	3,238,223	0.126511	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,010,656	1,314,700	5,325,356	1.525936	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,813,613	76,572,524	78,386,137	0.421561	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	308	641,418	641,726	1.278114	0.000000	90.01
91.00	09100	EMERGENCY	131,168,639	224,160,583	355,329,222	0.126037	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	874,226	6,270,734	7,144,960	0.880579	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	21,143,903	0	21,143,903			105.00
106.00	10600	HEART ACQUISITION	3,162,017	0	3,162,017			106.00
107.00	10700	LIVER ACQUISITION	8,362,427	0	8,362,427			107.00
108.00	10800	LUNG ACQUISITION	10,086,050	0	10,086,050			108.00
109.00	10900	PANCREAS ACQUISITION	714,757	0	714,757			109.00
112.00	08600	OTHER ORGAN ACQUISITION-BONE MARROW	45,660,977	0	45,660,977			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	3,711,000,883	2,943,731,100	6,654,731,983			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,711,000,883	2,943,731,100	6,654,731,983			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
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 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

			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	35,692,911	0	35,692,911	288,028	123.92	30.00
31.00	INTENSIVE CARE UNIT	3,383,889		3,383,889	17,447	193.95	31.00
32.00	CORONARY CARE UNIT	683,377		683,377	4,580	149.21	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,139,582		2,139,582	11,039	193.82	34.00
35.01	NEURO ICU	1,910,814		1,910,814	7,675	248.97	35.01
35.02	CARDIO-THORACIC ICU	1,452,412		1,452,412	8,889	163.39	35.02
40.00	SUBPROVIDER - IPF	1,578,759	0	1,578,759	11,191	141.07	40.00
43.00	NURSERY	409,341		409,341	5,703	71.78	43.00
200.00	Total (lines 30 through 199)	47,251,085		47,251,085	354,552		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	92,390	11,448,969				
31.00	INTENSIVE CARE UNIT	5,853	1,135,189				
32.00	CORONARY CARE UNIT	1,497	223,367				
34.00	SURGICAL INTENSIVE CARE UNIT	3,514	681,083				
35.01	NEURO ICU	2,398	597,030				
35.02	CARDIO-THORACIC ICU	2,887	471,707				
40.00	SUBPROVIDER - IPF	2,592	365,653				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	111,131	14,922,998				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/18/2020 1:38 pm		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	16,071,241	700,201,951	0.022952	142,556,903	3,271,966	50.00
51.00	05100	RECOVERY ROOM	3,146,291	103,203,723	0.030486	12,103,113	368,976	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,574,292	15,665,809	0.100492	138,398	13,908	52.00
53.00	05300	ANESTHESIOLOGY	1,159,686	198,012,155	0.005857	34,259,265	200,657	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,193,901	395,195,298	0.020734	46,996,330	974,422	54.00
54.01	03630	ULTRASOUND	1,222,760	50,131,210	0.024391	4,381,407	106,867	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,575,231	428,210,820	0.015355	4,927,855	75,667	55.00
56.00	05600	RADIOISOTOPE	1,558,698	14,166,359	0.110028	1,087,539	119,660	56.00
57.00	05700	CT SCAN	1,518,128	326,124,611	0.004655	40,393,414	188,031	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,771,479	176,613,979	0.015692	11,571,844	181,585	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,211,119	151,026,989	0.014641	25,804,498	377,804	59.00
60.00	06000	LABORATORY	5,500,109	722,605,685	0.007611	114,821,086	873,903	60.00
60.01	06001	HLA LAB	410,068	40,643,180	0.010089	3,736,741	37,700	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,254,963	250,877,444	0.008988	49,787,501	447,490	63.00
65.00	06500	RESPIRATORY THERAPY	1,801,243	93,638,756	0.019236	30,045,721	577,959	65.00
66.00	06600	PHYSICAL THERAPY	658,788	16,833,599	0.039135	5,810,923	227,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	158,046	10,319,164	0.015316	3,611,737	55,317	67.00
68.00	06800	SPEECH PATHOLOGY	97,306	4,710,981	0.020655	1,681,310	34,727	68.00
69.00	06900	ELECTROCARDIOLOGY	1,015,337	165,956,943	0.006118	34,253,015	209,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	381,594	16,754,528	0.022776	4,583,200	104,387	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,618,969	241,404,849	0.031561	52,071,512	1,643,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,688,586	360,189,324	0.029675	103,124,237	3,060,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,325,645	571,181,216	0.016327	98,271,385	1,604,477	73.00
74.00	07400	RENAL DIALYSIS	641,856	25,052,282	0.025621	11,294,155	289,368	74.00
76.00	03330	ENDOSCOPY	2,491,671	54,013,937	0.046130	5,297,512	244,374	76.00
76.01	03950	OB/GYN IN VITRO	293,198	9,061,084	0.032358	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	108,847	3,641,836	0.029888	138,398	4,136	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	13,796	1,928,677	0.007153	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	28,888	3,238,223	0.008921	9,822	88	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	249,911	5,325,356	0.046929	985,750	46,260	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,680,850	78,386,137	0.034201	784,850	26,843	90.00
90.01	04950	OUTPATIENT PSYCH	140,391	641,726	0.218771	0	0	90.01
91.00	09100	EMERGENCY	3,325,782	355,329,222	0.009360	48,359,772	452,647	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	636,462	7,144,960	0.089078	491,050	43,742	92.00
200.00		Total (lines 50 through 199)	96,525,132	5,597,432,013		893,380,243	15,863,572	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0032		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/18/2020 1:38 pm	
					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	590,328	0	47,225	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	11,919	0	5,377	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	4,768	0	1,436	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	3,625	0	34.00		
35.01	02400	NEURO ICU	0	0	0	2,573	0	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	52,443	0	3,076	0	35.02		
40.00	04000	SUBPROVIDER - IPF	0	32,777	0	1,705	0	40.00		
43.00	04300	NURSERY	0	0	0	661	0	43.00		
200.00		Total (lines 30 through 199)	0	692,235	0	65,678	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	637,553	288,028	2.21	92,390	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	17,296	17,447	0.99	5,853	31.00		
32.00	03200	CORONARY CARE UNIT	0	6,204	4,580	1.35	1,497	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3,625	11,039	0.33	3,514	34.00		
35.01	02400	NEURO ICU	0	2,573	7,675	0.34	2,398	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	55,519	8,889	6.25	2,887	35.02		
40.00	04000	SUBPROVIDER - IPF	0	34,482	11,191	3.08	2,592	40.00		
43.00	04300	NURSERY	0	661	5,703	0.12	0	43.00		
200.00		Total (lines 30 through 199)	0	757,913	354,552		111,131	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	204,182	0	30.00					
31.00	03100	INTENSIVE CARE UNIT	5,794	0	31.00					
32.00	03200	CORONARY CARE UNIT	2,021	0	32.00					
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,160	0	34.00					
35.01	02400	NEURO ICU	815	0	35.01					
35.02	02401	CARDIO-THORACIC ICU	18,044	0	35.02					
40.00	04000	SUBPROVIDER - IPF	7,983	0	40.00					
43.00	04300	NURSERY	0	0	43.00					
200.00		Total (lines 30 through 199)	239,999	0	200.00					

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

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

Worksheet D
Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	7,151	0	21,142 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,515 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,734	0	2,756 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,925 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8,068 54.00
54.01	03630	ULTRASOUND	0	0	0	0	1,294 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,181 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,105 56.00
57.00	05700	CT SCAN	0	0	0	0	1,470 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,701 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	2,289 59.00
60.00	06000	LABORATORY	0	0	0	0	13,127 60.00
60.01	06001	HLA LAB	0	0	0	0	945 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	6,560 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,934 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,285 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	480 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	176 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,401 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	946 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,331 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	18,702 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	389,515 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	932 74.00
76.00	03330	ENDOSCOPY	0	0	0	0	1,872 76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	542 76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	133 76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	57 76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	50 76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	983 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	5,861 90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	442 90.01
91.00	09100	EMERGENCY	0	0	0	0	6,733 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	10,526	0	843 92.00
200.00		Total (lines 50 through 199)	0	0	27,411	0	522,296 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

				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) (see instructions)	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	28,293	28,293	700,201,951	0.000040	50.00	
51.00	05100	RECOVERY ROOM	0	4,515	4,515	103,203,723	0.000044	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,490	12,490	15,665,809	0.000797	52.00	
53.00	05300	ANESTHESIOLOGY	0	2,925	2,925	198,012,155	0.000015	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,068	8,068	395,195,298	0.000020	54.00	
54.01	03630	ULTRASOUND	0	1,294	1,294	50,131,210	0.000026	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,181	7,181	428,210,820	0.000017	55.00	
56.00	05600	RADIOISOTOPE	0	1,105	1,105	14,166,359	0.000078	56.00	
57.00	05700	CT SCAN	0	1,470	1,470	326,124,611	0.000005	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,701	1,701	176,613,979	0.000010	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	2,289	2,289	151,026,989	0.000015	59.00	
60.00	06000	LABORATORY	0	13,127	13,127	722,605,685	0.000018	60.00	
60.01	06001	HLA LAB	0	945	945	40,643,180	0.000023	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,560	6,560	250,877,444	0.000026	63.00	
65.00	06500	RESPIRATORY THERAPY	0	2,934	2,934	93,638,756	0.000031	65.00	
66.00	06600	PHYSICAL THERAPY	0	1,285	1,285	16,833,599	0.000076	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	480	480	10,319,164	0.000047	67.00	
68.00	06800	SPEECH PATHOLOGY	0	176	176	4,710,981	0.000037	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	1,401	1,401	165,956,943	0.000008	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	946	946	16,754,528	0.000056	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,331	13,331	241,404,849	0.000055	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,702	18,702	360,189,324	0.000052	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	389,515	389,515	571,181,216	0.000682	73.00	
74.00	07400	RENAL DIALYSIS	0	932	932	25,052,282	0.000037	74.00	
76.00	03330	ENDOSCOPY	0	1,872	1,872	54,013,937	0.000035	76.00	
76.01	03950	OB/GYN IN VITRO	0	542	542	9,061,084	0.000060	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0	133	133	3,641,836	0.000037	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0	57	57	1,928,677	0.000030	76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	50	50	3,238,223	0.000015	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	983	983	5,325,356	0.000185	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	5,861	5,861	78,386,137	0.000075	90.00	
90.01	04950	OUTPATIENT PSYCH	0	442	442	641,726	0.000689	90.01	
91.00	09100	EMERGENCY	0	6,733	6,733	355,329,222	0.000019	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,369	11,369	7,144,960	0.001591	92.00	
200.00		Total (lines 50 through 199)	0	549,707	549,707	5,597,432,013		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

				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	0.000040	142,556,903	5,702	52,463,246	2,099	50.00	
51.00	05100	RECOVERY ROOM	0.000044	12,103,113	533	15,049,915	662	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000797	138,398	110	56,435	45	52.00	
53.00	05300	ANESTHESIOLOGY	0.000015	34,259,265	514	19,585,582	294	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000020	46,996,330	940	62,920,362	1,258	54.00	
54.01	03630	ULTRASOUND	0.000026	4,381,407	114	5,141,816	134	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000017	4,927,855	84	128,353,807	2,182	55.00	
56.00	05600	RADIOISOTOPE	0.000078	1,087,539	85	3,207,713	250	56.00	
57.00	05700	CT SCAN	0.000005	40,393,414	202	55,209,728	276	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000010	11,571,844	116	29,989,050	300	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000015	25,804,498	387	30,416,142	456	59.00	
60.00	06000	LABORATORY	0.000018	114,821,086	2,067	38,061,284	685	60.00	
60.01	06001	HLA LAB	0.000023	3,736,741	86	5,307,636	122	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000026	49,787,501	1,294	22,465,835	584	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000031	30,045,721	931	2,814,064	87	65.00	
66.00	06600	PHYSICAL THERAPY	0.000076	5,810,923	442	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000047	3,611,737	170	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000037	1,681,310	62	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000008	34,253,015	274	22,252,638	178	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000056	4,583,200	257	482,829	27	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000055	52,071,512	2,864	23,594,526	1,298	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000052	103,124,237	5,362	31,813,768	1,654	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000682	98,271,385	67,021	85,992,346	58,647	73.00	
74.00	07400	RENAL DIALYSIS	0.000037	11,294,155	418	487,009	18	74.00	
76.00	03330	ENDOSCOPY	0.000035	5,297,512	185	9,957,566	349	76.00	
76.01	03950	OB/GYN IN VITRO	0.000060	0	0	0	0	76.01	
76.02	03320	ELECTROSHOCK THERAPY	0.000037	138,398	5	643,075	24	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000030	0	0	0	0	76.03	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000015	9,822	0	755,248	11	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000185	985,750	182	316,312	59	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000075	784,850	59	22,389,195	1,679	90.00	
90.01	04950	OUTPATIENT PSYCH	0.000689	0	0	164,427	113	90.01	
91.00	09100	EMERGENCY	0.000019	48,359,772	919	26,072,073	495	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001591	491,050	781	759,428	1,208	92.00	
200.00		Total (lines 50 through 199)		893,380,243	92,166	696,723,055	75,194	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

				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 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/18/2020 1:38 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.206189	52,463,246	23,100	0	10,817,344	50.00
51.00	05100	RECOVERY ROOM	0.357837	15,049,915	2,460	0	5,385,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.288150	56,435	0	0	72,697	52.00
53.00	05300	ANESTHESIOLOGY	0.079447	19,585,582	5,951	0	1,556,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136186	62,920,362	0	0	8,568,872	54.00
54.01	03630	ULTRASOUND	0.167458	5,141,816	0	0	861,038	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132567	128,353,807	0	0	17,015,479	55.00
56.00	05600	RADIOISOTOPE	0.418815	3,207,713	0	0	1,343,438	56.00
57.00	05700	CT SCAN	0.034169	55,209,728	0	0	1,886,461	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077223	29,989,050	0	0	2,315,844	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108608	30,416,142	0	0	3,303,436	59.00
60.00	06000	LABORATORY	0.135751	38,061,284	42,149	0	5,166,857	60.00
60.01	06001	HLA LAB	0.192205	5,307,636	0	0	1,020,154	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209639	22,465,835	0	0	4,709,715	63.00
65.00	06500	RESPIRATORY THERAPY	0.238958	2,814,064	276	0	672,443	65.00
66.00	06600	PHYSICAL THERAPY	0.512991	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.384832	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.308321	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059951	22,252,638	0	0	1,334,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175085	482,829	0	0	84,536	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456428	23,594,526	4,073	0	10,769,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.429167	31,813,768	0	0	13,653,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.382788	85,992,346	4,920	299,311	32,916,838	73.00
74.00	07400	RENAL DIALYSIS	0.274222	487,009	0	0	133,549	74.00
76.00	03330	ENDOSCOPY	0.237568	9,957,566	0	0	2,365,599	76.00
76.01	03950	OB/GYN IN VITRO	0.473003	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.239583	643,075	0	0	154,070	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.245636	0	783,827	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.126511	755,248	0	0	95,547	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.525936	316,312	0	0	482,672	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.421561	22,389,195	0	2,714	9,438,411	90.00
90.01	04950	OUTPATIENT PSYCH	1.278114	164,427	0	0	210,156	90.01
91.00	09100	EMERGENCY	0.126037	26,072,073	0	0	3,286,046	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.880579	759,428	0	0	668,736	92.00
200.00		Subtotal (see instructions)		696,723,055	866,756	302,025	140,288,059	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		696,723,055	866,756	302,025	140,288,059	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0032		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/18/2020 1:38 pm	
				Title XVIII		Hospital		PPS	
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	4,763	0				50.00	
51.00	05100	RECOVERY ROOM	880	0				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00	
53.00	05300	ANESTHESIOLOGY	473	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	5,722	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	66	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	1,859	0				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,883	114,573				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	192,536	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	1,144				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)	208,182	115,717				200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00	
202.00		Net Charges (line 200 - line 201)	208,182	115,717				202.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/18/2020 1:38 pm	
					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	16,071,241	700,201,951	0.022952	5,489	126	50.00
51.00	05100	RECOVERY ROOM	3,146,291	103,203,723	0.030486	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,574,292	15,665,809	0.100492	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,159,686	198,012,155	0.005857	88,264	517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,193,901	395,195,298	0.020734	39,082	810	54.00
54.01	03630	ULTRASOUND	1,222,760	50,131,210	0.024391	1,098	27	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,575,231	428,210,820	0.015355	0	0	55.00
56.00	05600	RADIOISOTOPE	1,558,698	14,166,359	0.110028	0	0	56.00
57.00	05700	CT SCAN	1,518,128	326,124,611	0.004655	86,288	402	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,771,479	176,613,979	0.015692	35,569	558	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,211,119	151,026,989	0.014641	0	0	59.00
60.00	06000	LABORATORY	5,500,109	722,605,685	0.007611	391,042	2,976	60.00
60.01	06001	HLA LAB	410,068	40,643,180	0.010089	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,254,963	250,877,444	0.008988	9,441	85	63.00
65.00	06500	RESPIRATORY THERAPY	1,801,243	93,638,756	0.019236	29,421	566	65.00
66.00	06600	PHYSICAL THERAPY	658,788	16,833,599	0.039135	12,076	473	66.00
67.00	06700	OCCUPATIONAL THERAPY	158,046	10,319,164	0.015316	8,783	135	67.00
68.00	06800	SPEECH PATHOLOGY	97,306	4,710,981	0.020655	2,854	59	68.00
69.00	06900	ELECTROCARDIOLOGY	1,015,337	165,956,943	0.006118	32,934	201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	381,594	16,754,528	0.022776	11,637	265	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,618,969	241,404,849	0.031561	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,688,586	360,189,324	0.029675	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,325,645	571,181,216	0.016327	520,365	8,496	73.00
74.00	07400	RENAL DIALYSIS	641,856	25,052,282	0.025621	83,214	2,132	74.00
76.00	03330	ENDOSCOPY	2,491,671	54,013,937	0.046130	3,293	152	76.00
76.01	03950	OB/GYN IN VITRO	293,198	9,061,084	0.032358	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	108,847	3,641,836	0.029888	132,836	3,970	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	13,796	1,928,677	0.007153	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	28,888	3,238,223	0.008921	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	249,911	5,325,356	0.046929	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,680,850	78,386,137	0.034201	3,513	120	90.00
90.01	04950	OUTPATIENT PSYCH	140,391	641,726	0.218771	220	48	90.01
91.00	09100	EMERGENCY	3,325,782	355,329,222	0.009360	698,210	6,535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,144,960	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	95,888,670	5,597,432,013		2,195,629	28,653	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2019
To 12/31/2019Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

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	7,151	0	21,142	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,515	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,734	0	2,756	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,925	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8,068	54.00
54.01	03630	ULTRASOUND	0	0	0	0	1,294	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,181	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,105	56.00
57.00	05700	CT SCAN	0	0	0	0	1,470	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,701	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	2,289	59.00
60.00	06000	LABORATORY	0	0	0	0	13,127	60.00
60.01	06001	HLA LAB	0	0	0	0	945	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	6,560	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,934	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	480	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	176	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,331	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	18,702	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	389,515	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	932	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	1,872	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	542	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	133	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	57	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	50	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	983	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	5,861	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	442	90.01
91.00	09100	EMERGENCY	0	0	0	0	6,733	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	16,885	0	521,453	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/18/2020 1:38 pm	
				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) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		28,293	28,293	700,201,951	0.000040	50.00
51.00	05100	RECOVERY ROOM	0		4,515	4,515	103,203,723	0.000044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		12,490	12,490	15,665,809	0.000797	52.00
53.00	05300	ANESTHESIOLOGY	0		2,925	2,925	198,012,155	0.000015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		8,068	8,068	395,195,298	0.000020	54.00
54.01	03630	ULTRASOUND	0		1,294	1,294	50,131,210	0.000026	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		7,181	7,181	428,210,820	0.000017	55.00
56.00	05600	RADIOISOTOPE	0		1,105	1,105	14,166,359	0.000078	56.00
57.00	05700	CT SCAN	0		1,470	1,470	326,124,611	0.000005	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		1,701	1,701	176,613,979	0.000010	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		2,289	2,289	151,026,989	0.000015	59.00
60.00	06000	LABORATORY	0		13,127	13,127	722,605,685	0.000018	60.00
60.01	06001	HLA LAB	0		945	945	40,643,180	0.000023	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		6,560	6,560	250,877,444	0.000026	63.00
65.00	06500	RESPIRATORY THERAPY	0		2,934	2,934	93,638,756	0.000031	65.00
66.00	06600	PHYSICAL THERAPY	0		1,285	1,285	16,833,599	0.000076	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		480	480	10,319,164	0.000047	67.00
68.00	06800	SPEECH PATHOLOGY	0		176	176	4,710,981	0.000037	68.00
69.00	06900	ELECTROCARDIOLOGY	0		1,401	1,401	165,956,943	0.000008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		946	946	16,754,528	0.000056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		13,331	13,331	241,404,849	0.000055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		18,702	18,702	360,189,324	0.000052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		389,515	389,515	571,181,216	0.000682	73.00
74.00	07400	RENAL DIALYSIS	0		932	932	25,052,282	0.000037	74.00
76.00	03330	ENDOSCOPY	0		1,872	1,872	54,013,937	0.000035	76.00
76.01	03950	OB/GYN IN VITRO	0		542	542	9,061,084	0.000060	76.01
76.02	03320	ELECTROSHOCK THERAPY	0		133	133	3,641,836	0.000037	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0		57	57	1,928,677	0.000030	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		50	50	3,238,223	0.000015	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		983	983	5,325,356	0.000185	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		5,861	5,861	78,386,137	0.000075	90.00
90.01	04950	OUTPATIENT PSYCH	0		442	442	641,726	0.000689	90.01
91.00	09100	EMERGENCY	0		6,733	6,733	355,329,222	0.000019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	7,144,960	0.000000	92.00
200.00		Total (lines 50 through 199)	0		538,338	538,338	5,597,432,013		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/18/2020 1:38 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000040	5,489	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000044	0	0	820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000797	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000015	88,264	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000020	39,082	1	4,273	54.00
54.01	03630	ULTRASOUND	0.000026	1,098	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000017	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000078	0	0	0	56.00
57.00	05700	CT SCAN	0.000005	86,288	0	8,756	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000010	35,569	0	7,345	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000015	0	0	0	59.00
60.00	06000	LABORATORY	0.000018	391,042	7	2,357	60.00
60.01	06001	HLA LAB	0.000023	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000026	9,441	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000031	29,421	1	1,532	65.00
66.00	06600	PHYSICAL THERAPY	0.000076	12,076	1	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000047	8,783	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000037	2,854	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000008	32,934	0	1,359	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000056	11,637	1	1,837	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000055	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000052	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000682	520,365	355	1,846	73.00
74.00	07400	RENAL DIALYSIS	0.000037	83,214	3	0	74.00
76.00	03330	ENDOSCOPY	0.000035	3,293	0	4,074	76.00
76.01	03950	OB/GYN IN VITRO	0.000060	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000037	132,836	5	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000030	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000015	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000185	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000075	3,513	0	826	90.00
90.01	04950	OUTPATIENT PSYCH	0.000689	220	0	0	90.01
91.00	09100	EMERGENCY	0.000019	698,210	13	3,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		2,195,629	388	38,051	1200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/18/2020 1:38 pm
	Component CCN: 26-S032	Title XVIII	Subprovider - IPF

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 Component CCN: 26-S032	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/18/2020 1:38 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.206189	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.357837	820	0	0	293 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.288150	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.079447	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.136186	4,273	0	0	582 54.00
54.01 03630 ULTRASOUND	0.167458	0	0	0	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.132567	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.418815	0	0	0	0 56.00
57.00 05700 CT SCAN	0.034169	8,756	0	0	299 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077223	7,345	0	0	567 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.108608	0	0	0	0 59.00
60.00 06000 LABORATORY	0.135751	2,357	0	0	320 60.00
60.01 06001 HLA LAB	0.192205	0	0	0	0 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.209639	0	0	0	0 63.00
65.00 06500 RESPIRATORY THERAPY	0.238958	1,532	0	0	366 65.00
66.00 06600 PHYSICAL THERAPY	0.512991	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.384832	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.308321	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.059951	1,359	0	0	81 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.175085	1,837	0	0	322 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456428	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.429167	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.382788	1,846	0	0	707 73.00
74.00 07400 RENAL DIALYSIS	0.274222	0	0	0	0 74.00
76.00 03330 ENDOSCOPY	0.237568	4,074	0	0	968 76.00
76.01 03950 OB/GYN IN VITRO	0.473003	0	0	0	0 76.01
76.02 03320 ELECTROSHOCK THERAPY	0.239583	0	0	0	0 76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0.245636	0	0	0	0 76.03
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.126511	0	0	0	0 76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	1.525936	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.421561	826	0	0	348 90.00
90.01 04950 OUTPATIENT PSYCH	1.278114	0	0	0	0 90.01
91.00 09100 EMERGENCY	0.126037	3,026	0	0	381 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.880579	0	0	0	0 92.00
200.00 Subtotal (see instructions)		38,051	0	0	5,234 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 - line 201)		38,051	0	0	5,234 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
8/18/2020 1:38 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
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 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/18/2020 1:38 pm	
					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	590,328	0	47,225	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	11,919	0	5,377	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	4,768	0	1,436	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	3,625	0	34.00		
35.01	02400	NEURO ICU	0	0	0	2,573	0	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	52,443	0	3,076	0	35.02		
40.00	04000	SUBPROVIDER - IPF	0	32,777	0	1,705	0	40.00		
43.00	04300	NURSERY	0	0	0	661	0	43.00		
200.00		Total (lines 30 through 199)	0	692,235	0	65,678	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	637,553	288,028	2.21	30,595	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	17,296	17,447	0.99	1,909	31.00		
32.00	03200	CORONARY CARE UNIT	0	6,204	4,580	1.35	482	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3,625	11,039	0.33	1,361	34.00		
35.01	02400	NEURO ICU	0	2,573	7,675	0.34	674	35.01		
35.02	02401	CARDIO-THORACIC ICU	0	55,519	8,889	6.25	759	35.02		
40.00	04000	SUBPROVIDER - IPF	0	34,482	11,191	3.08	3,861	40.00		
43.00	04300	NURSERY	0	661	5,703	0.12	520	43.00		
200.00		Total (lines 30 through 199)	0	757,913	354,552		40,161	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	67,615	0						30.00
31.00	03100	INTENSIVE CARE UNIT	1,890	0						31.00
32.00	03200	CORONARY CARE UNIT	651	0						32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	449	0						34.00
35.01	02400	NEURO ICU	229	0						35.01
35.02	02401	CARDIO-THORACIC ICU	4,744	0						35.02
40.00	04000	SUBPROVIDER - IPF	11,892	0						40.00
43.00	04300	NURSERY	62	0						43.00
200.00		Total (lines 30 through 199)	87,532	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	7,151	0	21,142 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,515 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,734	0	2,756 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,925 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8,068 54.00
54.01	03630	ULTRASOUND	0	0	0	0	1,294 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,181 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,105 56.00
57.00	05700	CT SCAN	0	0	0	0	1,470 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,701 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	2,289 59.00
60.00	06000	LABORATORY	0	0	0	0	13,127 60.00
60.01	06001	HLA LAB	0	0	0	0	945 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	6,560 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,934 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,285 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	480 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	176 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,401 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	946 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,331 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	18,702 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	389,515 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	932 74.00
76.00	03330	ENDOSCOPY	0	0	0	0	1,872 76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	542 76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	133 76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	57 76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	50 76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	983 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	5,861 90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	442 90.01
91.00	09100	EMERGENCY	0	0	0	0	6,733 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	16,885	0	521,453 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

				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) (see instructions)	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	28,293	28,293	700,201,951	0.000040	50.00
51.00	05100	RECOVERY ROOM	0	4,515	4,515	103,203,723	0.000044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,490	12,490	15,665,809	0.000797	52.00
53.00	05300	ANESTHESIOLOGY	0	2,925	2,925	198,012,155	0.000015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,068	8,068	395,195,298	0.000020	54.00
54.01	03630	ULTRASOUND	0	1,294	1,294	50,131,210	0.000026	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,181	7,181	428,210,820	0.000017	55.00
56.00	05600	RADIOISOTOPE	0	1,105	1,105	14,166,359	0.000078	56.00
57.00	05700	CT SCAN	0	1,470	1,470	326,124,611	0.000005	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,701	1,701	176,613,979	0.000010	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,289	2,289	151,026,989	0.000015	59.00
60.00	06000	LABORATORY	0	13,127	13,127	722,605,685	0.000018	60.00
60.01	06001	HLA LAB	0	945	945	40,643,180	0.000023	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,560	6,560	250,877,444	0.000026	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,934	2,934	93,638,756	0.000031	65.00
66.00	06600	PHYSICAL THERAPY	0	1,285	1,285	16,833,599	0.000076	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	480	480	10,319,164	0.000047	67.00
68.00	06800	SPEECH PATHOLOGY	0	176	176	4,710,981	0.000037	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,401	1,401	165,956,943	0.000008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	946	946	16,754,528	0.000056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,331	13,331	241,404,849	0.000055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,702	18,702	360,189,324	0.000052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	389,515	389,515	571,181,216	0.000682	73.00
74.00	07400	RENAL DIALYSIS	0	932	932	25,052,282	0.000037	74.00
76.00	03330	ENDOSCOPY	0	1,872	1,872	54,013,937	0.000035	76.00
76.01	03950	OB/GYN IN VITRO	0	542	542	9,061,084	0.000060	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	133	133	3,641,836	0.000037	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	57	57	1,928,677	0.000030	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	50	50	3,238,223	0.000015	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	983	983	5,325,356	0.000185	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,861	5,861	78,386,137	0.000075	90.00
90.01	04950	OUTPATIENT PSYCH	0	442	442	641,726	0.000689	90.01
91.00	09100	EMERGENCY	0	6,733	6,733	355,329,222	0.000019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	7,144,960	0.000000	92.00
200.00		Total (lines 50 through 199)	0	538,338	538,338	5,597,432,013		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/18/2020 1:38 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				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	0.000040	27,631,244	1,105	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000044	2,113,545	93	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000797	701,349	559	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000015	6,968,880	105	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000020	13,162,528	263	0	0	0	54.00
54.01	03630	ULTRASOUND	0.000026	1,558,612	41	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000017	2,198,235	37	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000078	272,036	21	0	0	0	56.00
57.00	05700	CT SCAN	0.000005	13,220,204	66	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000010	3,698,876	37	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000015	4,905,758	74	0	0	0	59.00
60.00	06000	LABORATORY	0.000018	34,554,818	622	0	0	0	60.00
60.01	06001	HLA LAB	0.000023	330,214	8	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000026	14,128,858	367	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000031	9,412,404	292	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000076	1,261,457	96	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000047	807,393	38	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000037	446,297	17	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000008	8,297,818	66	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000056	1,560,797	87	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000055	9,764,406	537	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000052	11,505,788	598	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000682	25,065,420	17,095	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000037	2,435,567	90	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000035	1,267,409	44	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.000060	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000037	124,500	5	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000030	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000015	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000185	335,473	62	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000075	116,344	9	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.000689	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000019	21,386,644	406	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	94,622	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		219,327,496	22,840	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost			
			21.00	24.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
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 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/18/2020 1:38 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.206189	0	0	10,146,459	0	50.00
51.00	05100	RECOVERY ROOM	0.357837	0	0	3,078,515	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.288150	0	0	469,634	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079447	0	0	3,990,730	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136186	0	0	13,751,852	0	54.00
54.01	03630	ULTRASOUND	0.167458	0	0	2,456,346	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132567	0	0	20,459,039	0	55.00
56.00	05600	RADIOISOTOPE	0.418815	0	0	577,957	0	56.00
57.00	05700	CT SCAN	0.034169	0	0	12,922,240	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077223	0	0	6,054,959	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108608	0	0	2,985,294	0	59.00
60.00	06000	LABORATORY	0.135751	0	0	20,111,026	0	60.00
60.01	06001	HLA LAB	0.192205	0	0	809,542	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209639	0	0	4,393,421	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.238958	0	0	584,946	0	65.00
66.00	06600	PHYSICAL THERAPY	0.512991	0	0	42,056	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.384832	0	0	38,314	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.308321	0	0	24,699	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059951	0	0	5,047,690	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175085	0	0	135,435	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456428	0	0	3,388,586	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.429167	0	0	3,016,691	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.382788	0	0	15,612,493	0	73.00
74.00	07400	RENAL DIALYSIS	0.274222	0	0	133,235	0	74.00
76.00	03330	ENDOSCOPY	0.237568	0	0	2,518,278	0	76.00
76.01	03950	OB/GYN IN VITRO	0.473003	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.239583	0	0	325,310	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.245636	0	0	51,100	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.126511	0	0	437,869	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.525936	0	0	49,715	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.421561	0	0	7,770,400	0	90.00
90.01	04950	OUTPATIENT PSYCH	1.278114	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.126037	0	0	25,350,389	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.880579	0	0	1,079,134	0	92.00
200.00		Subtotal (see instructions)		0	0	167,813,354	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	167,813,354	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/18/2020 1:38 pm

			Title XIX		Hospital	8/18/2020 1:38 pm	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	2,092,088			50.00
51.00	05100	RECOVERY ROOM	0	1,101,607			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	604,959			52.00
53.00	05300	ANESTHESIOLOGY	0	317,052			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,872,810			54.00
54.01	03630	ULTRASOUND	0	411,335			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,712,193			55.00
56.00	05600	RADIOISOTOPE	0	242,057			56.00
57.00	05700	CT SCAN	0	441,540			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	467,582			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	324,227			59.00
60.00	06000	LABORATORY	0	2,730,092			60.00
60.01	06001	HLA LAB	0	155,598			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	921,032			63.00
65.00	06500	RESPIRATORY THERAPY	0	139,778			65.00
66.00	06600	PHYSICAL THERAPY	0	21,574			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,744			67.00
68.00	06800	SPEECH PATHOLOGY	0	7,615			68.00
69.00	06900	ELECTROCARDIOLOGY	0	302,614			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,713			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,546,646			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,294,664			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,976,275			73.00
74.00	07400	RENAL DIALYSIS	0	36,536			74.00
76.00	03330	ENDOSCOPY	0	598,262			76.00
76.01	03950	OB/GYN IN VITRO	0	0			76.01
76.02	03320	ELECTROSHOCK THERAPY	0	77,939			76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	12,552			76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	55,395			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	75,862			77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,275,698			90.00
90.01	04950	OUTPATIENT PSYCH	0	0			90.01
91.00	09100	EMERGENCY	0	3,195,087			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	950,263			92.00
200.00		Subtotal (see instructions)	0	31,999,389			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	0	31,999,389			202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2019
To 12/31/2019Part IV
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description			Title XIX		Subprovider - IPF		Cost	
			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	7,151	0	21,142	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,515	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,734	0	2,756	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,925	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8,068	54.00
54.01	03630	ULTRASOUND	0	0	0	0	1,294	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,181	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,105	56.00
57.00	05700	CT SCAN	0	0	0	0	1,470	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,701	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	2,289	59.00
60.00	06000	LABORATORY	0	0	0	0	13,127	60.00
60.01	06001	HLA LAB	0	0	0	0	945	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	6,560	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,934	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	480	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	176	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,331	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	18,702	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	389,515	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	932	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	1,872	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	542	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	133	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	57	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	50	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	983	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	5,861	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	442	90.01
91.00	09100	EMERGENCY	0	0	0	0	6,733	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	16,885	0	521,453	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/18/2020 1:38 pm	
				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) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		28,293	28,293	700,201,951	0.000040	50.00
51.00	05100	RECOVERY ROOM	0		4,515	4,515	103,203,723	0.000044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		12,490	12,490	15,665,809	0.000797	52.00
53.00	05300	ANESTHESIOLOGY	0		2,925	2,925	198,012,155	0.000015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		8,068	8,068	395,195,298	0.000020	54.00
54.01	03630	ULTRASOUND	0		1,294	1,294	50,131,210	0.000026	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		7,181	7,181	428,210,820	0.000017	55.00
56.00	05600	RADIOISOTOPE	0		1,105	1,105	14,166,359	0.000078	56.00
57.00	05700	CT SCAN	0		1,470	1,470	326,124,611	0.000005	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		1,701	1,701	176,613,979	0.000010	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		2,289	2,289	151,026,989	0.000015	59.00
60.00	06000	LABORATORY	0		13,127	13,127	722,605,685	0.000018	60.00
60.01	06001	HLA LAB	0		945	945	40,643,180	0.000023	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		6,560	6,560	250,877,444	0.000026	63.00
65.00	06500	RESPIRATORY THERAPY	0		2,934	2,934	93,638,756	0.000031	65.00
66.00	06600	PHYSICAL THERAPY	0		1,285	1,285	16,833,599	0.000076	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		480	480	10,319,164	0.000047	67.00
68.00	06800	SPEECH PATHOLOGY	0		176	176	4,710,981	0.000037	68.00
69.00	06900	ELECTROCARDIOLOGY	0		1,401	1,401	165,956,943	0.000008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		946	946	16,754,528	0.000056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		13,331	13,331	241,404,849	0.000055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		18,702	18,702	360,189,324	0.000052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		389,515	389,515	571,181,216	0.000682	73.00
74.00	07400	RENAL DIALYSIS	0		932	932	25,052,282	0.000037	74.00
76.00	03330	ENDOSCOPY	0		1,872	1,872	54,013,937	0.000035	76.00
76.01	03950	OB/GYN IN VITRO	0		542	542	9,061,084	0.000060	76.01
76.02	03320	ELECTROSHOCK THERAPY	0		133	133	3,641,836	0.000037	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0		57	57	1,928,677	0.000030	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		50	50	3,238,223	0.000015	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		983	983	5,325,356	0.000185	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		5,861	5,861	78,386,137	0.000075	90.00
90.01	04950	OUTPATIENT PSYCH	0		442	442	641,726	0.000689	90.01
91.00	09100	EMERGENCY	0		6,733	6,733	355,329,222	0.000019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	7,144,960	0.000000	92.00
200.00		Total (lines 50 through 199)	0		538,338	538,338	5,597,432,013		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/18/2020 1:38 pm	
				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	0.000040		89,752		4	0	50.00
51.00	05100	RECOVERY ROOM	0.000044		12,300		1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000797		0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000015		100,626		2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000020		116,197		2	0	54.00
54.01	03630	ULTRASOUND	0.000026		7,634		0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000017		0		0	0	55.00
56.00	05600	RADIOISOTOPE	0.000078		0		0	0	56.00
57.00	05700	CT SCAN	0.000005		132,315		1	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000010		43,932		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000015		0		0	0	59.00
60.00	06000	LABORATORY	0.000018		682,212		12	0	60.00
60.01	06001	HLA LAB	0.000023		249		0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000026		29,155		1	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000031		54,136		2	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000076		20,533		2	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000047		11,149		1	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000037		3,842		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000008		55,199		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000056		5,485		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000055		0		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000052		0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000682		933,452	637	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000037		60,535		2	0	74.00
76.00	03330	ENDOSCOPY	0.000035		24,677		1	0	76.00
76.01	03950	OB/GYN IN VITRO	0.000060		0		0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000037		102,920		4	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000030		0		0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000015		0		0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000185		0		0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000075		477		0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.000689		0		0	0	90.01
91.00	09100	EMERGENCY	0.000019		1,313,819		25	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0		0	0	92.00
200.00		Total (lines 50 through 199)			3,800,596	697	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0032 Component CCN: 26-S032		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/18/2020 1:38 pm	
				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 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
8/18/2020 1:38 pm

		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.206189	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.357837	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.288150	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.079447	0	0	2,705	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136186	0	0	3,704	0	54.00
54.01	03630 ULTRASOUND	0.167458	0	0	1,601	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.132567	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.418815	0	0	0	0	56.00
57.00	05700 CT SCAN	0.034169	0	0	4,163	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077223	0	0	8,448	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.108608	0	0	0	0	59.00
60.00	06000 LABORATORY	0.135751	0	0	53,398	0	60.00
60.01	06001 HLA LAB	0.192205	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.209639	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.238958	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.512991	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.384832	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.308321	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059951	0	0	5,428	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.175085	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456428	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.429167	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.382788	0	0	2,888,305	0	73.00
74.00	07400 RENAL DIALYSIS	0.274222	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.237568	0	0	4,052	0	76.00
76.01	03950 OB/GYN IN VITRO	0.473003	0	0	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.239583	0	0	1,660	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.245636	0	0	0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.126511	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.525936	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.421561	0	0	8,828	0	90.00
90.01	04950 OUTPATIENT PSYCH	1.278114	0	0	245,784	0	90.01
91.00	09100 EMERGENCY	0.126037	0	0	5,803	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.880579	0	0	0	0	92.00
200.00	Subtotal (see instructions)		0	0	3,233,879	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	3,233,879	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0032

Period:

Worksheet D

Component CCN: 26-S032

From 01/01/2019

Part V

To 12/31/2019

Date/Time Prepared:

8/18/2020 1:38 pm

Title XIX

Subprovider -
IPF

Cost

	Cost Center Description	Costs			IPF
		Cost	Cost		
		Reimbursed	Reimbursed		
		Services	Services Not		
		Subject To	Subject To		
		Ded. & Coins.	Ded. & Coins.		
		(see inst.)	(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	215	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	504	54.00
54.01	03630	ULTRASOUND	0	268	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	142	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	652	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	7,249	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	325	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	1,105,608	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	963	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	398	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	3,722	90.00
90.01	04950	OUTPATIENT PSYCH	0	314,140	90.01
91.00	09100	EMERGENCY	0	731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	1,434,917	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,434,917	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/18/2020 1:38 pm	
		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)		288,028	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		288,028	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)		282,892	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		92,390	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)		352,839,638	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)		352,839,638	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)		352,839,638	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)		1,225.02	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		113,179,598	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)		113,179,598	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
		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	39,114,079	17,447	2,241.88	5,853	13,121,724	43.00
44.00	CORONARY CARE UNIT	9,370,792	4,580	2,046.02	1,497	3,062,892	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	25,803,082	11,039	2,337.45	3,514	8,213,799	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	20,208,710	7,675	2,633.06	2,398	6,314,078	47.01
47.02	CARDIO-THORACIC ICU	22,570,958	8,889	2,539.20	2,887	7,330,670	47.02
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					210,099,773	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					361,322,534	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)					14,789,361	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,955,738	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					30,745,099	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					330,577,435	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,136	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,225.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,291,703	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
8/18/2020 1:38 pm

		Title XVIII		Hospital	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	35,692,911	352,839,638	0.101159	6,291,703	636,462	90.00
91.00 Nursing School cost	590,328	352,839,638	0.001673	6,291,703	10,526	91.00
92.00 Allied health cost	47,225	352,839,638	0.000134	6,291,703	843	92.00
93.00 All other Medical Education	0	352,839,638	0.000000	6,291,703	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/18/2020 1:38 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,191	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,191	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)		11,191	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,592	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)		12,710,523	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)		12,710,523	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)		12,710,523	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)		1,135.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,943,942	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,943,942	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 26-S032		Date/Time Prepared: 8/18/2020 1:38 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	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)					440,524	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,384,466	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)					373,636	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,041	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					402,677	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,981,789	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

Period:

Worksheet D-1

Component CCN: 26-S032

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/18/2020 1:38 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,578,759	12,710,523	0.124209	0	0	90.00
91.00	Nursing School cost	32,777	12,710,523	0.002579	0	0	91.00
92.00	Allied health cost	1,705	12,710,523	0.000134	0	0	92.00
93.00	All other Medical Education	0	12,710,523	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/18/2020 1:38 pm	
		Title XIX	Hospital	Cost	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		288,028	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		288,028	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)		282,892	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		30,595	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)		5,703	15.00	
16.00	Nursery days (title V or XIX only)		520	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)		352,839,638	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)		352,839,638	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)		352,839,638	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)		1,225.02	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		37,479,487	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)		37,479,487	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	5,459,636	5,703	957.33	520	497,812	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	39,114,079	17,447	2,241.88	1,909	4,279,749	43.00
44.00	CORONARY CARE UNIT	9,370,792	4,580	2,046.02	482	986,182	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	25,803,082	11,039	2,337.45	1,361	3,181,269	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	20,208,710	7,675	2,633.06	674	1,774,682	47.01
47.02	CARDIO-THORACIC ICU	22,570,958	8,889	2,539.20	759	1,927,253	47.02
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					46,799,332	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					96,925,766	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,136	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,225.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,291,703	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0032

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

Worksheet D-1

Date/Time Prepared:
8/18/2020 1:38 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	35,692,911	352,839,638	0.101159	6,291,703	636,462	90.00
91.00	Nursing School cost	590,328	352,839,638	0.001673	6,291,703	10,526	91.00
92.00	Allied health cost	47,225	352,839,638	0.000134	6,291,703	843	92.00
93.00	All other Medical Education	0	352,839,638	0.000000	6,291,703	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/18/2020 1:38 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,191 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,191 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)			11,191 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			3,861 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)			5,703 15.00
16.00	Nursery days (title V or XIX only)			520 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)			12,710,523 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)			12,710,523 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)			12,710,523 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)			1,135.78 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,385,247 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			4,385,247 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
				Component CCN: 26-S032		Date/Time Prepared: 8/18/2020 1:38 pm
				Title XIX	Subprovider - IPF	Cost
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
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)					758,126
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,143,373
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 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/18/2020 1:38 pm

Title XIX

Subprovider -
IPF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,578,759	12,710,523	0.124209	0	0	90.00
91.00	Nursing School cost	32,777	12,710,523	0.002579	0	0	91.00
92.00	Allied health cost	1,705	12,710,523	0.000134	0	0	92.00
93.00	All other Medical Education	0	12,710,523	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/18/2020 1:38 pm	
		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	221,238,909		30.00
31.00	03100	INTENSIVE CARE UNIT	30,276,881		31.00
32.00	03200	CORONARY CARE UNIT	8,020,421		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,081,791		34.00
35.01	02400	NEURO ICU	12,869,782		35.01
35.02	02401	CARDIO-THORACIC ICU	15,087,838		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	142,556,903	29,393,665	50.00
51.00	05100	RECOVERY ROOM	12,103,113	4,330,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,398	178,277	52.00
53.00	05300	ANESTHESIOLOGY	34,259,265	2,816,112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,996,330	6,400,242	54.00
54.01	03630	ULTRASOUND	4,381,407	733,702	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,927,855	653,271	55.00
56.00	05600	RADIOISOTOPE	1,087,539	455,478	56.00
57.00	05700	CT SCAN	40,393,414	1,380,203	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,571,844	893,613	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,804,498	2,802,575	59.00
60.00	06000	LABORATORY	114,821,086	15,587,077	60.00
60.01	06001	HLA LAB	3,736,741	718,220	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,787,501	10,437,402	63.00
65.00	06500	RESPIRATORY THERAPY	30,045,721	7,179,665	65.00
66.00	06600	PHYSICAL THERAPY	5,810,923	2,980,951	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,611,737	1,389,912	67.00
68.00	06800	SPEECH PATHOLOGY	1,681,310	518,383	68.00
69.00	06900	ELECTROCARDIOLOGY	34,253,015	2,053,503	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,583,200	802,450	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,071,512	23,766,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	103,124,237	44,257,519	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,271,385	37,617,107	73.00
74.00	07400	RENAL DIALYSIS	11,294,155	3,097,106	74.00
76.00	03330	ENDOSCOPY	5,297,512	1,258,519	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	138,398	33,158	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,822	1,243	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	985,750	1,504,191	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	784,850	330,862	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	48,359,772	6,095,121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	491,050	432,408	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)	893,380,243	210,099,773	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)	893,380,243		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/18/2020 1:38 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
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		5,814,925		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.206189	5,489	1,132	50.00
51.00	05100 RECOVERY ROOM	0.357837	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.288150	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.082200	88,264	7,255	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136186	39,082	5,322	54.00
54.01	03630 ULTRASOUND	0.167458	1,098	184	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.132567	0	0	55.00
56.00	05600 RADIOISOTOPE	0.418815	0	0	56.00
57.00	05700 CT SCAN	0.034169	86,288	2,948	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077223	35,569	2,747	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.108608	0	0	59.00
60.00	06000 LABORATORY	0.135751	391,042	53,084	60.00
60.01	06001 HLA LAB	0.192205	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.209639	9,441	1,979	63.00
65.00	06500 RESPIRATORY THERAPY	0.238958	29,421	7,030	65.00
66.00	06600 PHYSICAL THERAPY	0.512991	12,076	6,195	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.384832	8,783	3,380	67.00
68.00	06800 SPEECH PATHOLOGY	0.308321	2,854	880	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059951	32,934	1,974	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.175085	11,637	2,037	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456428	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.429167	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.382788	520,365	199,189	73.00
74.00	07400 RENAL DIALYSIS	0.274222	83,214	22,819	74.00
76.00	03330 ENDOSCOPY	0.237568	3,293	782	76.00
76.01	03950 OB/GYN IN VITRO	0.473003	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.239583	132,836	31,825	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.245636	0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.126511	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.525936	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.421561	3,513	1,481	90.00
90.01	04950 OUTPATIENT PSYCH	1.278114	220	281	90.01
91.00	09100 EMERGENCY	0.126037	698,210	88,000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.880579	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,195,629	440,524	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,195,629		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/18/2020 1:38 pm
			Title XIX	Hospital	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		68,690,832	30.00
31.00	03100	INTENSIVE CARE UNIT		9,627,889	31.00
32.00	03200	CORONARY CARE UNIT		2,517,907	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,869,417	34.00
35.01	02400	NEURO ICU		3,505,497	35.01
35.02	02401	CARDIO-THORACIC ICU		3,868,855	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		880,418	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.206189	27,631,244	50.00
51.00	05100	RECOVERY ROOM	0.357837	2,113,545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.288150	701,349	52.00
53.00	05300	ANESTHESIOLOGY	0.079447	6,968,880	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136186	13,162,528	54.00
54.01	03630	ULTRASOUND	0.167458	1,558,612	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132567	2,198,235	55.00
56.00	05600	RADIOISOTOPE	0.418815	272,036	56.00
57.00	05700	CT SCAN	0.034169	13,220,204	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077223	3,698,876	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108608	4,905,758	59.00
60.00	06000	LABORATORY	0.135751	34,554,818	60.00
60.01	06001	HLA LAB	0.192205	330,214	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209639	14,128,858	63.00
65.00	06500	RESPIRATORY THERAPY	0.238958	9,412,404	65.00
66.00	06600	PHYSICAL THERAPY	0.512991	1,261,457	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.384832	807,393	67.00
68.00	06800	SPEECH PATHOLOGY	0.308321	446,297	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059951	8,297,818	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175085	1,560,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456428	9,764,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.429167	11,505,788	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.382788	25,065,420	73.00
74.00	07400	RENAL DIALYSIS	0.274222	2,435,567	74.00
76.00	03330	ENDOSCOPY	0.237568	1,267,409	76.00
76.01	03950	OB/GYN IN VITRO	0.473003	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.239583	124,500	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.245636	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.126511	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.525936	335,473	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.421561	116,344	90.00
90.01	04950	OUTPATIENT PSYCH	1.278114	0	90.01
91.00	09100	EMERGENCY	0.126037	21,386,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.880579	94,622	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		219,327,496	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)		219,327,496	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 26-S032		Date/Time Prepared: 8/18/2020 1:38 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
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		9,658,564		40.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.206189	89,752	18,506	50.00
51.00	05100 RECOVERY ROOM	0.357837	12,300	4,401	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.288150	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.079447	100,626	7,994	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136186	116,197	15,824	54.00
54.01	03630 ULTRASOUND	0.167458	7,634	1,278	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.132567	0	0	55.00
56.00	05600 RADIOISOTOPE	0.418815	0	0	56.00
57.00	05700 CT SCAN	0.034169	132,315	4,521	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077223	43,932	3,393	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.108608	0	0	59.00
60.00	06000 LABORATORY	0.135751	682,212	92,611	60.00
60.01	06001 HLA LAB	0.192205	249	48	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.209639	29,155	6,112	63.00
65.00	06500 RESPIRATORY THERAPY	0.238958	54,136	12,936	65.00
66.00	06600 PHYSICAL THERAPY	0.512991	20,533	10,533	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.384832	11,149	4,290	67.00
68.00	06800 SPEECH PATHOLOGY	0.308321	3,842	1,185	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059951	55,199	3,309	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.175085	5,485	960	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456428	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.429167	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.382788	933,452	357,314	73.00
74.00	07400 RENAL DIALYSIS	0.274222	60,535	16,600	74.00
76.00	03330 ENDOSCOPY	0.237568	24,677	5,862	76.00
76.01	03950 OB/GYN IN VITRO	0.473003	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.239583	102,920	24,658	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.245636	0	0	76.03
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.126511	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.525936	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.421561	477	201	90.00
90.01	04950 OUTPATIENT PSYCH	1.278114	0	0	90.01
91.00	09100 EMERGENCY	0.126037	1,313,819	165,590	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.880579	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,800,596	758,126	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)		3,800,596		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 8/18/2020 1:38 pm	
				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	213,023	1,225.02	153	187,428	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,239	2,241.88	1	2,242	2.00
3.00	CORONARY CARE UNIT	44.00	15,717	2,046.02	3	6,138	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,337.45	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	20,956	2,633.06	4	10,532	6.01
6.02	CARDIO-THORACIC ICU	47.02	8,732	2,539.20	2	5,078	6.02
7.00	TOTAL (sum of lines 1 through 6)		263,667		163	211,418	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	0.206189	1,387,907	286,171	8.00
9.00	RECOVERY ROOM		51.00	0.357837	93,489	33,454	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.288150	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079447	191,785	15,237	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.136186	753,637	102,635	12.00
12.01	ULTRASOUND		54.01	0.167458	42,524	7,121	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.132567	47,186	6,255	13.00
14.00	RADIOISOTOPE		56.00	0.418815	547,322	229,227	14.00
15.00	CT SCAN		57.00	0.034169	2,105,183	71,932	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.077223	66,455	5,132	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.108608	92,493	10,045	17.00
18.00	LABORATORY		60.00	0.135751	3,887,505	527,733	18.00
18.01	HLA LAB		60.01	0.192205	12,208,265	2,346,490	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.209639	680,999	142,764	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.238958	93,298	22,294	23.00
24.00	PHYSICAL THERAPY		66.00	0.512991	220	113	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.384832	228	88	25.00
26.00	SPEECH PATHOLOGY		68.00	0.308321	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.059951	5,824,494	349,184	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.175085	1,837	322	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456428	2,988	1,364	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.429167	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.382788	255,799	97,917	31.00
32.00	RENAL DIALYSIS		74.00	0.274222	107,018	29,347	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.237568	31,835	7,563	34.00
34.01	OB/GYN IN VITRO		76.01	0.473003	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.239583	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.245636	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.126511	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.421561	3,713	1,565	37.00
37.01	OUTPATIENT PSYCH		90.01	1.278114	0	0	37.01
38.00	EMERGENCY		91.00	0.126037	60,463	7,621	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.880579	1,624	1,430	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				28,488,267	4,303,004	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4
					Component CCN:		Date/Time Prepared: 8/18/2020 1:38 pm
					Kidney	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition 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	153	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	3	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	4	0	47.01	
47.02	CARDIO-THORACIC ICU	7.02	0.00	2	0	47.02	
48.00	TOTAL (sum of lines 42 through 47)			163	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
					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	3,713	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	60,463	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	1,624	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)		65,800		0	55.00	
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	4,514,422		28,751,934		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)	17,618,647		21,143,903		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	22,133,069		49,895,837		61.00	
62.00	Total Usable Organs (see instructions)		356			62.00	
63.00	Medicare Usable Organs (see instructions)		228			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.640449			64.00	
65.00	Medicare Cost/Charges (see instructions)	14,175,102		31,955,739		65.00	
66.00	Revenue for Organs Sold	357,926		357,926		66.00	
67.00	Subtotal (line 65 minus line 66)	13,817,176		31,597,813		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	13,817,176	0	31,597,813	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)		73	37		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	246		73.00	
74.00	Total (sum of lines 70 through 73)		73	283		74.00	
75.00	Organs Transplanted		73	246	21,143,903	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	37	357,926	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)		73	283		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032

Period:

From 01/01/2019

To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
8/18/2020 1:38 pm

		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	64,048	1,225.02	45	55,126	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,241.88	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,046.02	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,337.45	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	2,633.06	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	6,643	2,539.20	1	2,539	6.02
7.00	TOTAL (sum of lines 1 through 6)		70,691		46	57,665	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	0.206189	72,838	15,018	8.00
9.00	RECOVERY ROOM		51.00	0.357837	11,790	4,219	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.288150	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079447	40,304	3,202	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.136186	480,127	65,387	12.00
12.01	ULTRASOUND		54.01	0.167458	68,428	11,459	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.132567	386,914	51,292	13.00
14.00	RADIOISOTOPE		56.00	0.418815	140,582	58,878	14.00
15.00	CT SCAN		57.00	0.034169	465,240	15,897	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.077223	1,639,013	126,570	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.108608	277,277	30,115	17.00
18.00	LABORATORY		60.00	0.135751	1,587,265	215,473	18.00
18.01	HLA LAB		60.01	0.192205	173,931	33,430	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.209639	239,681	50,246	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.238958	4,571	1,092	23.00
24.00	PHYSICAL THERAPY		66.00	0.512991	430	221	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.384832	228	88	25.00
26.00	SPEECH PATHOLOGY		68.00	0.308321	289	89	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.059951	1,619,961	97,118	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.175085	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456428	352	161	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.429167	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.382788	35,654	13,648	31.00
32.00	RENAL DIALYSIS		74.00	0.274222	2,977	816	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.237568	105,963	25,173	34.00
34.01	OB/GYN IN VITRO		76.01	0.473003	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.239583	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.245636	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.126511	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.421561	0	0	37.00
37.01	OUTPATIENT PSYCH		90.01	1.278114	0	0	37.01
38.00	EMERGENCY		91.00	0.126037	33,668	4,243	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.880579	3,574	3,147	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				7,391,057	826,982	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4
					Component CCN:		Date/Time Prepared: 8/18/2020 1:38 pm
					Liver	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition 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	45			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	1			0 47.02
48.00	TOTAL (sum of lines 42 through 47)			46			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
					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	33,668	0.000000			0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	3,574	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)		37,242				0 55.00
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	884,647		7,461,748			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)	8,044,157		8,362,427			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	8,928,804		15,824,175			61.00
62.00	Total Usable Organs (see instructions)		118				62.00
63.00	Medicare Usable Organs (see instructions)		47				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.398305				64.00
65.00	Medicare Cost/Charges (see instructions)	3,556,387		6,302,848			65.00
66.00	Revenue for Organs Sold	38,695		38,695			66.00
67.00	Subtotal (line 65 minus line 66)	3,517,692		6,264,153			67.00
68.00	Organs Furnished Part B	0	0	0			68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,517,692	0	6,264,153			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	4			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	118			74.00
75.00	Organs Transplanted		0	114			75.00
76.00	Organs Sold to Other Hospitals		0	0			76.00
77.00	Organs Sold to OPOs		0	4			77.00
78.00	Organs Sold to Transplant Hospitals		0	0			78.00
79.00	Organs Sold to Military or VA Hospitals		0	0			79.00
80.00	Organs Sold Outside the U.S.		0	0			80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	0			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	118			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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032

Period:

From 01/01/2019

To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	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	8,407	1,225.02	5	6,125	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,241.88	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	6,620	2,046.02	2	4,092	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,337.45	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	2,633.06	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,539.20	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		15,027		7	10,217	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	0.206189	26,266	5,416	8.00
9.00	RECOVERY ROOM		51.00	0.357837	2,154	771	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.288150	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079447	3,246	258	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.136186	74,951	10,207	12.00
12.01	ULTRASOUND		54.01	0.167458	3,884	650	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.132567	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.418815	0	0	14.00
15.00	CT SCAN		57.00	0.034169	134,730	4,604	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.077223	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.108608	416,234	45,206	17.00
18.00	LABORATORY		60.00	0.135751	154,414	20,962	18.00
18.01	HLA LAB		60.01	0.192205	89,130	17,131	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.209639	12,441	2,608	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.238958	927	222	23.00
24.00	PHYSICAL THERAPY		66.00	0.512991	1,124	577	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.384832	228	88	25.00
26.00	SPEECH PATHOLOGY		68.00	0.308321	281	87	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.059951	109,256	6,550	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.175085	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456428	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.429167	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.382788	6,521	2,496	31.00
32.00	RENAL DIALYSIS		74.00	0.274222	0	0	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.237568	2,224	528	34.00
34.01	OB/GYN IN VITRO		76.01	0.473003	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.239583	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.245636	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.126511	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.421561	221	93	37.00
37.01	OUTPATIENT PSYCH		90.01	1.278114	0	0	37.01
38.00	EMERGENCY		91.00	0.126037	4,385	553	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.880579	10,698	9,420	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,053,315	128,427	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Provider CCN: 26-0032 Period: From 01/01/2019 To 12/31/2019 Worksheet D-4 Date/Time Prepared: 8/18/2020 1:38 pm

		Component CCN:		To 12/31/2019	Date/Time Prepared: 8/18/2020 1:38 pm	
		Heart		Hospital		PPS
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
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	5	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	2	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)			7	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	221	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	4,385	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	10,698	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)		15,304		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	138,644		1,068,342		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)	5,163,279		3,162,017		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)	5,301,923		4,230,359		61.00
62.00	Total Usable Organs (see instructions)		39			62.00
63.00	Medicare Usable Organs (see instructions)		6			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.153846			64.00
65.00	Medicare Cost/Charges (see instructions)	815,680		650,824		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	815,680		650,824		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	815,680	0	650,824	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	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	39		73.00
74.00	Total (sum of lines 70 through 73)		0	39		74.00
75.00	Organs Transplanted		0	39	3,162,017	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	39		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032

Period:

From 01/01/2019

To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
8/18/2020 1:38 pm

		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	41,637	1,225.02	23	28,175	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,239	2,241.88	1	2,242	2.00
3.00	CORONARY CARE UNIT	44.00	10,478	2,046.02	2	4,092	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,337.45	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	2,633.06	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,539.20	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		57,354		26	34,509	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	0.206189	30,185	6,224	8.00
9.00	RECOVERY ROOM		51.00	0.357837	10,310	3,689	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.288150	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079447	4,869	387	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.136186	263,338	35,863	12.00
12.01	ULTRASOUND		54.01	0.167458	8,155	1,366	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.132567	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.418815	548,491	229,716	14.00
15.00	CT SCAN		57.00	0.034169	360,700	12,325	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.077223	66,553	5,139	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.108608	1,719,424	186,743	17.00
18.00	LABORATORY		60.00	0.135751	1,020,090	138,478	18.00
18.01	HLA LAB		60.01	0.192205	768,423	147,695	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.209639	193,034	40,467	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.238958	196,517	46,959	23.00
24.00	PHYSICAL THERAPY		66.00	0.512991	1,605	823	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.384832	228	88	25.00
26.00	SPEECH PATHOLOGY		68.00	0.308321	298	92	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.059951	436,864	26,190	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.175085	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456428	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.429167	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.382788	19,742	7,557	31.00
32.00	RENAL DIALYSIS		74.00	0.274222	0	0	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.237568	14,419	3,425	34.00
34.01	OB/GYN IN VITRO		76.01	0.473003	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.239583	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.245636	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.126511	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.421561	272	115	37.00
37.01	OUTPATIENT PSYCH		90.01	1.278114	0	0	37.01
38.00	EMERGENCY		91.00	0.126037	23,904	3,013	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.880579	3,080	2,712	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				5,690,501	899,066	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032

Period:

From 01/01/2019
To 12/31/2019

Worksheet D-4

Date/Time Prepared:
8/18/2020 1:38 pm

		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	23	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	2	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)			26	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	272	0.000000	0	51.00	
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01	
52.00	EMERGENCY	24.00	23,904	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	3,080	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)		27,256		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	933,575		5,747,855		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)	10,906,074		10,086,050		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)	11,839,649		15,833,905		61.00	
62.00	Total Usable Organs (see instructions)		199			62.00	
63.00	Medicare Usable Organs (see instructions)		83			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.417085			64.00	
65.00	Medicare Cost/Charges (see instructions)	4,938,140		6,604,084		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	4,938,140		6,604,084		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,938,140	0	6,604,084	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	199		73.00
74.00	Total (sum of lines 70 through 73)			0	199		74.00
75.00	Organs Transplanted			0	199	10,086,050	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	199		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032

Period:

From 01/01/2019

To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	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	2,935	1,225.02	2	2,450	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,241.88	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,046.02	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,337.45	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
6.01	NEURO ICU	47.01	0	2,633.06	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,539.20	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		2,935		2	2,450	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	0.206189	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.357837	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	1.288150	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.079447	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.136186	6,322	861	12.00
12.01	ULTRASOUND		54.01	0.167458	393	66	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.132567	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.418815	8,627	3,613	14.00
15.00	CT SCAN		57.00	0.034169	22,536	770	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.077223	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.108608	0	0	17.00
18.00	LABORATORY		60.00	0.135751	35,911	4,875	18.00
18.01	HLA LAB		60.01	0.192205	113,218	21,761	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.209639	6,237	1,308	21.00
22.00	INTRAVENOUS THERAPY						22.00
23.00	RESPIRATORY THERAPY		65.00	0.238958	496	119	23.00
24.00	PHYSICAL THERAPY		66.00	0.512991	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.384832	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.308321	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.059951	61,634	3,695	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.175085	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.456428	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.429167	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.382788	1,375	526	31.00
32.00	RENAL DIALYSIS		74.00	0.274222	0	0	32.00
33.00	ASC (NON-DISTINCT PART)						33.00
34.00	ENDOSCOPY		76.00	0.237568	0	0	34.00
34.01	OB/GYN IN VITRO		76.01	0.473003	0	0	34.01
34.02	ELECTROSHOCK THERAPY		76.02	0.239583	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION		76.03	0.245636	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.126511	0	0	34.98
35.00	RURAL HEALTH CLINIC						35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER						36.00
37.00	CLINIC		90.00	0.421561	388	164	37.00
37.01	OUTPATIENT PSYCH		90.01	1.278114	0	0	37.01
38.00	EMERGENCY		91.00	0.126037	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.880579	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				257,137	37,758	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 26-0032
Component CCN:

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

Worksheet D-4
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Pancreas		Hospital		PPS
		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	2	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)			2	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	388	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)		388		0	55.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	40,208		260,072		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)	618,193		714,757		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	658,401		974,829		61.00
62.00	Total Usable Organs (see instructions)		10			62.00
63.00	Medicare Usable Organs (see instructions)		6			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.600000			64.00
65.00	Medicare Cost/Charges (see instructions)	395,041		584,897		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	395,041		584,897		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	395,041	0	584,897	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	10		73.00
74.00	Total (sum of lines 70 through 73)		0	10		74.00
75.00	Organs Transplanted		0	10	714,757	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	10		84.00

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(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 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/18/2020 1:38 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			152,208,091	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			53,417,890	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)				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
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			27,823,161	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			8,405,423	2.04
3.00	Managed Care Simulated Payments			91,833,120	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			1,334.98	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).			-14.66	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)			601.59	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			759.00	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)			601.59	12.00
13.00	Total allowable FTE count for the prior year.			600.98	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.			600.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.			601.04	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			601.04	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.450224	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.472940	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.450224	21.00
22.00	IME payment adjustment (see instructions)			45,100,563	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			20,142,034	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)			157.41	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)			45,100,563	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			20,142,034	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.74	30.00
31.00	Percentage of Medicaid patient days (see instructions)			20.72	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)			6,101,951	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/18/2020 1:38 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.002491610	0.002262072
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		20,612,773	18,889,654
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		15,417,221	4,748,217
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		20,165,438	
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.0000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		313,222,517	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		333,364,551	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		23,478,248	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).		24,121,842	52.00
53.00	Nursing and Allied Health Managed Care payment		652,804	53.00
54.00	Special add-on payments for new technologies		2,242,073	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)		23,483,729	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		185,521	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		232,016	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		92,166	58.00
59.00	Total (sum of amounts on lines 49 through 58)		407,667,429	59.00
60.00	Primary payer payments		185,521	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		407,481,908	61.00
62.00	Deductibles billed to program beneficiaries		13,342,605	62.00
63.00	Coinurance billed to program beneficiaries		2,565,793	63.00
64.00	Allowable bad debts (see instructions)		4,316,239	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,805,555	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,338,355	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		394,379,065	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		360,709	70.93
70.94	HRR adjustment amount (see instructions)		-676,580	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/18/2020 1:38 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		394,063,194	71.00	71.00
71.01	Sequestration adjustment (see instructions)		7,881,264	71.01	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	71.03
72.00	Interim payments		391,377,369	72.00	72.00
72.01	Interim payments-PARHM		0	72.01	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-5,195,439	74.00	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		21,035,415	75.00	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	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	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	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	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	200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	201.00
202.00	Medicare discharges (see instructions)			202.00	202.00
203.00	Case-mix adjustment factor (see instructions)			203.00	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	204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00	207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	209.00
210.00	Reserved for future use			210.00	210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	212.00
213.00	Low-volume adjustment (see instructions)			213.00	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	218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0032

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

Worksheet DSH

Date/Time Prepared:
8/18/2020 1:38 pm

		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)	6.74	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	20.72	0.00			20.72	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	27.46	0.00			20.72	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)	1,334.98	0.00			1,334.98	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	11.87	0.00			6.31	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)	6.74	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)	27,705	0			27,705	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	15,092	0			15,092	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	2,751	0			2,751	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	4,490	0			4,490	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	17,566	0			17,566	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	3,069	0			3,069	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	70,673	0			70,673	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	338,225	0			338,225	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,878	0			2,878	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)	341,103	0			341,103	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	20.72	0.00			20.72	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 26-0032		Period: From 01/01/2019 To 12/31/2019		Worksheet DSH Date/Time Prepared: 8/18/2020 1:38 pm	
			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 01/01/2019
To 12/31/2019

Worksheet DSH

Date/Time Prepared:
8/18/2020 1:38 pm

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	6.31		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	6.31		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.	6.31		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/18/2020 1:38 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	152,208,091	152,208,091		152,208,091	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	53,417,890		53,417,890	53,417,890	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					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	27,823,161	27,823,161		27,823,161	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	8,405,423		8,405,423	8,405,423	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	91,833,120	67,556,012	24,277,108	91,833,120	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.450224	0.450224	0.450224		5.00
6.00	IME payment adjustment (see instructions)	22.00	45,100,563	33,384,257	11,716,306	45,100,563	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	20,142,034	14,817,263	5,324,771	20,142,034	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	45,100,563	33,384,257	11,716,306	45,100,563	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	20,142,034	14,817,263	5,324,771	20,142,034	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	6,101,951	4,516,775	1,585,176	6,101,951	11.00
11.01	Uncompensated care payments	36.00	20,165,438	15,417,221	4,748,217	20,165,438	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	313,222,517	233,349,505	79,873,012	313,222,517	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	333,364,551	248,166,768	85,197,783	333,364,551	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	23,478,248	17,294,183	6,184,065	23,478,248	16.00
17.00	Special add-on payments for new technologies	54.00	2,242,073	2,008,293	233,780	2,242,073	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			267,469,244	91,615,628	359,084,872	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/18/2020 1:38 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	16,534,284	12,297,984	4,236,300	16,534,284	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	2,646,704	1,799,953	846,751	2,646,704	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	0.2027	0.2027	0.2027		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,351,499	2,492,801	858,698	3,351,499	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	945,761	703,445	242,316	945,761	25.00
26.00	Total prospective capital payments (see instructions)	12.00	23,478,248	17,294,183	6,184,065	23,478,248	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	360,709	402,819	-42,110	360,709	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	-676,580	-478,068	-198,512	-676,580	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 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/18/2020 1:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		323,899	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		140,212,865	2.00
3.00	OPPS payments		112,078,364	3.00
4.00	Outlier payment (see instructions)		1,040,771	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		75,194	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		323,899	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,168,781	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)		1,168,781	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)		1,168,781	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		844,882	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)		323,899	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)		113,194,329	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		166,059	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		19,430,735	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)		93,921,434	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		8,739,062	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)		102,660,496	30.00
31.00	Primary payer payments		47,109	31.00
32.00	Subtotal (line 30 minus line 31)		102,613,387	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)		2,290,677	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,488,940	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,259,367	36.00
37.00	Subtotal (see instructions)		104,102,327	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)		104,102,327	40.00
40.01	Sequestration adjustment (see instructions)		2,082,047	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		102,476,511	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-456,231	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		821,294	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 01/01/2019
To 12/31/2019Worksheet E
Part B
Date/Time Prepared:
8/18/2020 1:38 pm

Title XVIII

Hospital

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 Override of Ancillary service charges (line 12)

0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/18/2020 1:38 pm
		Component CCN: 26-S032		
		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)			5,233 2.00
3.00	OPPS payments			3,518 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			1 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)			3,519 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)			663 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)			2,856 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)			2,856 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			2,856 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)			4,520 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			2,938 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,781 36.00
37.00	Subtotal (see instructions)			5,794 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)			5,794 40.00
40.01	Sequestration adjustment (see instructions)			116 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
40.03	Sequestration adjustment-PARHM pass-throughs			0 40.03
41.00	Interim payments			2,798 41.00
41.01	Interim payments-PARHM			0 41.01
42.00	Tentative settlement (for contractors use only)			0 42.00
42.01	Tentative settlement-PARHM (for contractor use only)			0 42.01
43.00	Balance due provider/program (see instructions)			2,880 43.00
43.01	Balance due provider/program-PARHM (see instructions)			0 43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032 Component CCN: 26-S032	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/18/2020 1:38 pm
		Title XVIII	Subprovider - IPF	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/18/2020 1:38 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		388,810,669		101,822,011	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	08/19/2019	0	08/19/2019	0	3.01
3.02		08/21/2019	1,318,500	08/21/2019	654,500	3.02
3.03		12/26/2019	1,248,200	12/26/2019	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)		2,566,700		654,500	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)		391,377,369		102,476,511	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		5,195,439		456,231	6.02
7.00	Total Medicare program liability (see instructions)		386,181,930		102,020,280	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 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/18/2020 1:38 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,261,462		2,798	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	08/19/2019	8,860		0	3.50
3.51		08/21/2019	0		0	3.51
3.52		12/26/2019	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)		-8,860		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)		2,252,602		2,798	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		70,620		2,880	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,323,222		5,678	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 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 8/18/2020 1:38 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 8/18/2020 1:38 pm
		Component CCN: 26-S032		
		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)		2,106,763	1.00
2.00	Net IPF PPS Outlier Payments		370,168	2.00
3.00	Net IPF PPS ECT Payments		21,590	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 instuctions)		3.98	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 instuctions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		3.98	8.00
9.00	Average Daily Census (see instructions)		30.660274	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.064873	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		136,672	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,635,193	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)		2,635,193	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,635,193	18.00
19.00	Deductibles		203,116	19.00
20.00	Subtotal (line 18 minus line 19)		2,432,077	20.00
21.00	Coinurance		103,664	21.00
22.00	Subtotal (line 20 minus line 21)		2,328,413	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		52,079	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		33,851	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		25,958	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,362,264	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		8,371	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,370,635	31.00
31.01	Sequestration adjustment (see instructions)		47,413	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		2,252,602	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)		70,620	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		370,168	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 01/01/2019
To 12/31/2019Worksheet E-3
Part VII
Date/Time Prepared:
8/18/2020 1:38 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		96,925,766		1.00
2.00	Medical and other services			31,999,389	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		96,925,766	31,999,389	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)		96,925,766	31,999,389	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		95,960,815		8.00
9.00	Ancillary service charges		219,327,496	167,813,354	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)		315,288,311	167,813,354	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)		315,288,311	167,813,354	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		218,362,545	135,813,965	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)		96,925,766	31,999,389	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		96,925,766	31,999,389	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)		96,925,766	31,999,389	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		96,925,766	31,999,389	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		96,925,766	31,999,389	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		14,888,267		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		111,814,033	31,999,389	40.00
41.00	Interim payments		49,918,382	23,295,761	41.00
42.00	Balance due provider/program (line 40 minus line 41)		61,895,651	8,703,628	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 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 8/18/2020 1:38 pm
		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		5,143,373	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)		5,143,373	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)		5,143,373	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		9,658,564	8.00
9.00	Ancillary service charges		3,800,596	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)		13,459,160	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)		13,459,160	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		8,315,787	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)		5,143,373	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)		5,143,373	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)		5,143,373	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)		5,143,373	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		5,143,373	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)		5,143,373	40.00
41.00	Interim payments		5,067,321	41.00
42.00	Balance due provider/program (line 40 minus line 41)		76,052	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 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/18/2020 1:38 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			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))			-13.93	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)			622.69	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			763.63	6.00
7.00	Enter the lesser of line 5 or line 6			622.69	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.	176.71	496.62	673.33	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.	144.10	404.96	549.06	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	144.10	404.96		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	152.05	400.95		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	151.91	402.39		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	149.35	402.77		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	149.35	402.77		17.00
18.00	Per resident amount	135,754.77	128,547.81		18.00
19.00	Approved amount for resident costs	20,274,975	51,775,201	72,050,176	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)			140.94	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)			72,050,176	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	111,169	50,436		26.00
27.00	Total Inpatient Days (see instructions)	346,591	346,591		27.00
28.00	Ratio of inpatient days to total inpatient days	0.320750	0.145520		28.00
29.00	Program direct GME amount	23,110,094	10,484,742	33,594,836	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		733,932	733,932	30.00
31.00	Net Program direct GME amount			32,860,904	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/18/2020 1:38 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		932	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		25,052,282	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000037	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)		364,707,000	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		23,483,729	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		185,521	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		388,005,208	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		140,617,192	42.00
43.00	Primary payer payments (see instructions)		47,109	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		140,570,083	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		528,575,291	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.734059	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.265941	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		32,860,904	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		24,121,842	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		8,739,062	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/18/2020 1:38 pm	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			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))			-13.93	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)			622.69	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			763.63	6.00
7.00	Enter the lesser of line 5 or line 6			622.69	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.	176.71	496.62	673.33	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.	144.10	404.96	549.06	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	144.10	404.96		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	152.05	400.95		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	151.91	402.39		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	149.35	402.77		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	149.35	402.77		17.00
18.00	Per resident amount	135,754.77	128,547.81		18.00
19.00	Approved amount for resident costs	20,274,975	51,775,201	72,050,176	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)			140.94	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)			72,050,176	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	39,793	34,221		26.00
27.00	Total Inpatient Days (see instructions)	346,591	346,591		27.00
28.00	Ratio of inpatient days to total inpatient days	0.114813	0.098736		28.00
29.00	Program direct GME amount	8,272,297	7,113,946	15,386,243	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		497,976	497,976	30.00
31.00	Net Program direct GME amount			14,888,267	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0032	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/18/2020 1:38 pm
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			14,888,267
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			48.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			49.00

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 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
8/18/2020 1:38 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	891,907	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	807,551,396	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-440,920,348	0	0	0	6.00
7.00	Inventory	48,688,717	0	0	0	7.00
8.00	Prepaid expenses	2,074,662	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	18,270,720	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	436,557,054	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,045,795	0	0	0	12.00
13.00	Land improvements	41,286,347	0	0	0	13.00
14.00	Accumulated depreciation	-13,680,412	0	0	0	14.00
15.00	Buildings	500,905,857	0	0	0	15.00
16.00	Accumulated depreciation	-263,880,727	0	0	0	16.00
17.00	Leasehold improvements	756,202,869	0	0	0	17.00
18.00	Accumulated depreciation	-170,839,479	0	0	0	18.00
19.00	Fixed equipment	468,980,633	0	0	0	19.00
20.00	Accumulated depreciation	-421,816,372	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	700,367,026	0	0	0	23.00
24.00	Accumulated depreciation	-581,427,915	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	22,160,381	0	0	0	27.00
28.00	Accumulated depreciation	-17,663,734	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)	1,042,640,269	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	13,952,662	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	418,680,640	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	432,633,302	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,911,830,625	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	74,399,896	0	0	0	37.00
38.00	Salaries, wages, and fees payable	48,830,150	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	37,571,958	0	0	0	43.00
44.00	Other current liabilities	7,095,026	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	167,897,030	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	93,527,274	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	93,527,274	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	261,424,304	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,650,406,321	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)	1,650,406,321	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,911,830,625	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0032

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

Worksheet G-1

Date/Time Prepared:
8/18/2020 1:38 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,631,553,651		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		158,630,878				2.00
3.00	Total (sum of line 1 and line 2)		1,790,184,529		0		3.00
4.00	ROUNDING	1		0		0	4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	-58,672		0		0	5.00
6.00	TRANSFER FROM BJC	-145,958,267		0		0	6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI	-10,346		0		0	7.00
8.00	OTHER CHANGES IN NET ASSETS	6,249,076		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-139,778,208		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,650,406,321		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)		1,650,406,321		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 - CAPI		0				7.00
8.00	OTHER CHANGES IN NET ASSETS		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 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/18/2020 1:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	691,595,802		691,595,802	1.00
2.00	SUBPROVIDER - IPF	25,452,975		25,452,975	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)	717,048,777		717,048,777	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	87,799,241		87,799,241	11.00
12.00	CORONARY CARE UNIT	23,821,802		23,821,802	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	56,090,321		56,090,321	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO ICU	39,727,035		39,727,035	15.01
15.02	CARDIO-THORACIC ICU	44,901,092		44,901,092	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	252,339,491		252,339,491	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	969,388,268		969,388,268	17.00
18.00	Ancillary services	2,614,062,602	2,636,544,212	5,250,606,814	18.00
19.00	Outpatient services	133,856,786	307,645,259	441,502,045	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	PHYSICIAN PART B REVENUE	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,717,307,656	2,944,189,471	6,661,497,127	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,103,003,899		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NONOPERATING DEPARTMENTS	5,024,136			37.00
38.00	ROUNDING	-1			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)		5,024,135		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,097,979,764		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0032

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

Worksheet G-3

Date/Time Prepared:
8/18/2020 1:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	6,661,497,127	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,480,093,299	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,181,403,828	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,097,979,764	4.00
5.00	Net income from service to patients (line 3 minus line 4)	83,424,064	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,065,892	6.00
7.00	Income from investments	10,127,172	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	7,396,071	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	13,949,353	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	12,519,982	17.00
18.00	Revenue from sale of medical records and abstracts	8,095	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	22,486,203	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	667,262	20.00
21.00	Rental of vending machines	257,063	21.00
22.00	Rental of hospital space	3,402,517	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	-217,415	24.02
24.03	BJC OTHER OPERATING REVENUE	3,519,990	24.03
24.04	MISC OTHER OPERATING REVENUE	5,333,303	24.04
24.05	BJEC NET INCOME	-2,231,229	24.05
25.00	Total other income (sum of lines 6-24)	82,284,259	25.00
26.00	Total (line 5 plus line 25)	165,708,323	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	4,248,664	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	0	27.01
27.02	BJC ACO OPERATIONAL EXPENSE	2,828,781	27.02
27.03	LOSS ON SALE OF ASSETS	0	27.03
27.04	EXTRAORDINARY ITEM	0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	7,077,445	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	158,630,878	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 26-0032

Period:
From 01/01/2019
To 12/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
8/18/2020 1:38 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	16,534,284	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	2,646,704	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)	918.90	3.00
4.00	Number of interns & residents (see instructions)	601.04	4.00
5.00	Indirect medical education percentage (see instructions)	20.27	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)	3,351,499	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.74	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	20.72	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)	945,761	11.00
12.00	Total prospective capital payments (see instructions)	23,478,248	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