

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: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/28/2020 1:15 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 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.		Date: 8/28/2020 Time: 1:15 pm
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 SSM HEALTH ST. MARY'S HOSPITAL - STL (26-0091) 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) EILEEN LAMM
 Officer or Administrator of Provider(s)

REGIONAL VP - FINANCE
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	641,973	83,678	0	0	1.00
2.00	Subprovider - IPF	0	48,296	-18		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	690,269	83,660	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 1:15 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 6420 CLAYTON ROAD			PO Box:				1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63117-		County: ST. LOUIS 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		SSM HEALTH ST. MARY'S HOSPITAL - STL	260091	41180	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		SSM HEALTH ST. MARY'S HOSPITAL - PSY	26S091	41180	4	01/01/1984	N	P	O
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis		SSM HEALTH ST. MARY'S HOSPITAL ESRD	262320	41180		03/01/1998			
19.00	Other									
						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)					1				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	

Worksheet S-2
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

MCRIF32 - 16.2.168.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 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	N		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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)					
61.02	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)					
61.03	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)					
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					
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)					
61.06	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)					
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				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)					66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	116.12	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	30.81	0.000000	67.01
67.02		PEDIATRICS	2000	0.00	50.64	0.000000	67.02
67.03		PSYCHIATRY	2202	0.00	0.17	0.000000	67.03
67.04		FAMILY MEDICINE	3600	0.00	0.32	0.000000	67.04
67.05		PEDIATRICS	5250	0.00	0.17	0.000000	67.05

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
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

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
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:	10,417,129		26,722		0118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		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.	03/01/1985				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.	09/01/2000				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.	09/01/2000				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 1:15 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	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		269020		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 1:15 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: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/29/2020	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/28/2020 1:15 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.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRIAN	SCHMEIDLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-989-3524	BRIAN.SCHMEIDLER@SSMHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/28/2020 1:15 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 1:15 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	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	44	16,060	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	38	13,870	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	116	42,340	0.00	0	8.02
8.03 INTERMEDIATE CARE UNIT	31.03	84	30,660	0.00	0	8.03
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		536	195,640	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	48	17,520		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)		584				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 1:15 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)	6,324	4,033	45,414			1.00
2.00	HMO and other (see instructions)	13,295	54,431				2.00
3.00	HMO IPF Subprovider	0	47				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)	6,324	4,033	45,414			7.00
8.00	INTENSIVE CARE UNIT	4,180	1,778	11,062			8.00
8.01	PEDIATRIC INTENSIVE CARE UNIT	23	1,045	9,273			8.01
8.02	NEONATAL INTENSIVE CARE UNIT	0	2,150	28,978			8.02
8.03	INTERMEDIATE CARE UNIT	5,705	2,698	20,751			8.03
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		638	6,653			13.00
14.00	Total (see instructions)	16,232	12,342	122,131	196.68	2,637.75	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	7,064	3,658	13,536	1.14	73.92	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)				197.82	2,711.67	27.00
28.00	Observation Bed Days		667	10,930			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,668			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	1,302	1,713			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: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 1:15 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	3,093	2,592	26,400	1.00
2.00 HMO and other (see instructions)			2,510	10,196		2.00
3.00 HMO IPF Subprovider				24		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
8.01 PEDIATRIC INTENSIVE CARE UNIT						8.01
8.02 NEONATAL INTENSIVE CARE UNIT						8.02
8.03 INTERMEDIATE CARE UNIT						8.03
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,093	2,592	26,400	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	509	400	1,420	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: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/28/2020 1:15 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	224,320,000	0	224,320,000	5,640,271.00	39.77
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		190,499	0	190,499	1,332.00	143.02
4.01	Physicians - Part A - Teaching		1,295,529	0	1,295,529	16,098.00	80.48
5.00	Physician and Non Physician-Part B		18,360,095	0	18,360,095	238,404.00	77.01
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		212,221	0	212,221	4,160.00	51.01
7.00	Interns & residents (in an approved program)	21.00	0	1,838,483	1,838,483	62,370.00	29.48
7.01	Contracted interns and residents (in an approved programs)		13,589,545	0	13,589,545	362,460.00	37.49
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		16,737,861	-195,822	16,542,039	362,751.00	45.60
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		20,144,760	0	20,144,760	452,831.00	44.49
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		4,611,174	0	4,611,174	33,954.00	135.81
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		10,593,466	0	10,593,466	286,938.00	36.92
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		27,590,165	0	27,590,165	191,733.00	143.90
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		77,656,356	0	77,656,356		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		7,038,411	0	7,038,411		
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		21,045	0	21,045		
22.01	Physician Part A - Teaching		253,514	0	253,514		
23.00	Physician Part B		3,848,139	0	3,848,139		
24.00	Wage-related costs (RHC/FQHC)		67,201	0	67,201		
25.00	Interns & residents (in an approved program)		982,215	0	982,215		
25.50	Home office wage-related (core)		3,602,336	0	3,602,336		
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: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/28/2020 1:15 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	196,097	0	196,097	7,265.00	26.99	26.00
27.00	Administrative & General	5.00	18,699,665	-1,081,593	17,618,072	465,277.00	37.87	27.00
28.00	Administrative & General under contract (see inst.)		906,588	0	906,588	14,986.00	60.50	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,192,117	0	3,192,117	79,700.00	40.05	30.00
31.00	Laundry & Linen Service	8.00	202,591	0	202,591	12,483.00	16.23	31.00
32.00	Housekeeping	9.00	4,780,380	0	4,780,380	293,405.00	16.29	32.00
33.00	Housekeeping under contract (see instructions)		608,198	0	608,198	20,638.00	29.47	33.00
34.00	Dietary	10.00	4,032,836	-3,025,660	1,007,176	60,069.00	16.77	34.00
35.00	Dietary under contract (see instructions)		1,351,819	0	1,351,819	45,424.00	29.76	35.00
36.00	Cafeteria	11.00	0	3,030,379	3,030,379	182,113.00	16.64	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,414,862	-907	5,413,955	130,375.00	41.53	38.00
39.00	Central Services and Supply	14.00	517,107	578,297	1,095,404	57,705.00	18.98	39.00
40.00	Pharmacy	15.00	7,826,446	60,887	7,887,333	161,867.00	48.73	40.00
41.00	Medical Records & Medical Records Library	16.00	804,663	0	804,663	38,594.00	20.85	41.00
42.00	Social Service	17.00	1,367,631	106,560	1,474,191	34,492.00	42.74	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/28/2020 1:15 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)	193,729,215	-1,838,483	191,890,732	5,037,827.00	38.09	1.00
2.00	Excluded area salaries (see instructions)	16,737,861	-195,822	16,542,039	362,751.00	45.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	176,991,354	-1,642,661	175,348,693	4,675,076.00	37.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	35,349,400	0	35,349,400	773,723.00	45.69	4.00
5.00	Subtotal wage-related costs (see inst.)	81,279,737	0	81,279,737	0.00	46.35	5.00
6.00	Total (sum of lines 3 thru 5)	293,620,491	-1,642,661	291,977,830	5,448,799.00	53.59	6.00
7.00	Total overhead cost (see instructions)	49,901,000	-332,037	49,568,963	1,604,393.00	30.90	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/28/2020 1:15 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		6,421,700	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		22,369,906	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		27,961,074	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		10,488,019	9.00
10.00	Dental, Hearing and Vision Plan		1,965,245	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		728,540	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)		863,800	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,634,809	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		15,958,589	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		148,481	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		280,614	22.00
23.00	Tuition Reimbursement		1,046,104	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		89,866,881	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: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/28/2020 1:15 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	20,144,760	89,866,881	1.00
2.00	Hospital	20,144,760	77,656,356	2.00
3.00	Subprovider - IPF	0	2,311,608	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	9,898,917	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-5

Date/Time Prepared:
8/28/2020 1:15 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	2	8	0	4	0	7	1.00	
2.00	Number of times per week patient receives dialysis	4.00	4.00	0.00	0.00	0.00	7.00	2.00	
3.00	Average patient dialysis time including setup	6.00	6.00	0.00	13.00			3.00	
4.00	CAPD exchanges per day				12.00		12.00	4.00	
5.00	Number of days in year dialysis furnished	365	365					5.00	
6.00	Number of stations	4	4	0	0			6.00	
7.00	Treatment capacity per day per station	2	2					7.00	
8.00	Utilization (see instructions)	0.07	0.07					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						9		11.00
12.00	Number of patients transplanted during the cost reporting period						9		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	PROCRIT 4,00	4,231	0	176	0		22.00	
22.01		PROCRIT 10,000	37,093	0	2,265	0		22.01	
22.02		PROCRIT 20,000	0	0	0	0		22.02	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-5

Date/Time Prepared:
8/28/2020 1:15 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	262320	416	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0091

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

Worksheet S-10

Date/Time Prepared:
8/28/2020 1:15 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)		0.290771	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		166,982,027	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		84,538,566	5.00
6.00	Medicaid charges		808,842,578	6.00
7.00	Medicaid cost (line 1 times line 6)		235,187,965	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	63,341,175	9,427,841	72,769,016
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	18,417,777	9,427,841	27,845,618
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)	18,417,777	9,427,841	27,845,618
			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)		23,419,151	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,382,009	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,126,168	27.01
28.00	Non-Medicare bad debt expense (see instructions)		21,292,983	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,935,541	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		34,781,159	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		34,781,159	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A

Date/Time Prepared:
8/28/2020 1:15 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		17,259,818		17,259,818	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		12,961,449		12,961,449	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	196,097	57,106,297		57,302,394	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,699,665	155,483,624	-3,027,158	171,156,131	5.00
7.00	00700	OPERATION OF PLANT	3,192,117	16,201,608		19,393,725	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	202,591	1,320,803		1,523,394	8.00
9.00	00900	HOUSEKEEPING	4,780,380	3,015,747	-150	7,795,977	9.00
10.00	01000	DIETARY	4,032,836	6,798,106	-8,391,602	2,439,340	10.00
11.00	01100	CAFETERIA	0	0	8,390,269	8,390,269	11.00
13.00	01300	NURSING ADMINISTRATION	5,414,862	1,592,633	-907	7,006,588	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	517,107	1,859,776	1,746,171	4,123,054	14.00
15.00	01500	PHARMACY	7,826,446	45,816,490	-46,133,864	7,509,072	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	804,663	231,402	0	1,036,065	16.00
17.00	01700	SOCIAL SERVICE	1,367,631	239,196	231,160	1,837,987	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,838,483	1,838,483	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,671,166	64,530,628	-1,838,483	65,363,311	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	421,614	19,122	112,529	553,265	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	351,554	13,074	-17,625	347,003	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,024,137	5,114,885	-4,408,079	25,730,943	30.00
31.00	03100	INTENSIVE CARE UNIT	8,165,802	3,538,239	-2,806,467	8,897,574	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,930,293	2,099,358	-2,079,691	6,949,960	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	18,481,072	3,067,222	-1,999,426	19,548,868	31.02
31.03	02400	INTERMEDIATE CARE UNIT	9,245,589	1,032,340	1,460,545	11,738,474	31.03
40.00	04000	SUBPROVIDER - IPF	5,601,251	1,383,220	-69,800	6,914,671	40.00
43.00	04300	NURSERY	0	0	2,302,614	2,302,614	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,534,609	23,060,905	-20,327,553	12,267,961	50.00
51.00	05100	RECOVERY ROOM	2,816,218	188,023	-119,411	2,884,830	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,116,868	2,004,576	-1,893,296	9,228,148	52.00
53.00	05300	ANESTHESIOLOGY	691,060	6,033,046	-1,672,153	5,051,953	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,551,661	5,066,595	-3,284,258	8,333,998	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,338,044	4,439,353	-146,009	5,631,388	55.00
56.00	05600	RADIOISOTOPE	256,777	619,463	-9,428	866,812	56.00
57.00	05700	CT SCAN	1,136,359	733,151	-355,530	1,513,980	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	753,638	383,904	-267,935	869,607	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,499,011	5,885,834	-5,049,340	2,335,505	59.00
60.00	06000	LABORATORY	6,539,362	11,062,290	-1,218,057	16,383,595	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,153,982	2,499,903	4,737,206	8,391,091	62.00
64.00	06400	INTRAVENOUS THERAPY	2,898,271	1,205,529	-824,813	3,278,987	64.00
65.00	06500	RESPIRATORY THERAPY	5,990,066	3,844,384	-1,024,881	8,809,569	65.00
66.00	06600	PHYSICAL THERAPY	720,810	1,438,300	0	2,159,110	66.00
66.01	06601	CLINICAL NUTRITION	1,091,839	14,997	-21,871	1,084,965	66.01
67.00	06700	OCCUPATIONAL THERAPY	567,957	610,602	0	1,178,559	67.00
68.00	06800	SPEECH PATHOLOGY	836,120	553,203	0	1,389,323	68.00
69.00	06900	ELECTROCARDIOLOGY	2,410,462	571,428	-187,894	2,793,996	69.00
69.01	06901	CARDIAC REHAB	279,396	6,492	0	285,888	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	716,399	376,091	0	1,092,490	70.00
70.01	03320	ELECTROSHOCK THERAPY	99,652	7,701	0	107,353	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	31,004,152	31,004,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	13,978,267	13,978,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	41,515,484	41,515,484	73.00
74.00	07400	RENAL DIALYSIS	521,825	1,693,391	-303,099	1,912,117	74.00
76.00	03330	ENDOSCOPY	1,832,379	2,036,897	-1,865,633	2,003,643	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,740,168	7,528,436	-2,333,391	23,935,213	90.00
91.00	09100	EMERGENCY	11,936,752	3,314,127	-1,436,082	13,814,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	289,140	994,485	-976,366	307,259	105.00
106.00	10600	HEART ACQUISITION	0	0	116,161	116,161	106.00
107.00	10700	LIVER ACQUISITION	0	0	91,519	91,519	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	214,245,698	486,858,143	-572	701,103,269	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,580	264,566	547	338,693	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,507,007	1,211,582	0	3,718,589	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	2,060,225	653,503	0	2,713,728	194.00
194.02	07952	POISON CONTROL	2,141,938	691,576	0	2,833,514	194.02
194.03	07953	RETAIL PHARMACY	1,401,441	27,500,892	25	28,902,358	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	1,067,792	513,808	0	1,581,600	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A

Date/Time Prepared:
8/28/2020 1:15 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	
194.05	07955	RURAL HEALTH CLINIC - 5296	822,319	376,335	1,198,654	0	1,198,654	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	224,320,000	518,070,405	742,390,405	0	742,390,405	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A

Date/Time Prepared:
8/28/2020 1:15 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	872,614	18,132,432	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,454,023	21,980,592	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	47,433,822	104,736,216	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-24,902,224	146,253,907	5.00
7.00	00700	OPERATION OF PLANT	-2,017,741	17,375,984	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-79,289	1,444,105	8.00
9.00	00900	HOUSEKEEPING	-25,244	7,770,733	9.00
10.00	01000	DIETARY	-1,764	2,437,576	10.00
11.00	01100	CAFETERIA	-4,051,705	4,338,564	11.00
13.00	01300	NURSING ADMINISTRATION	-7,499	6,999,089	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,780	4,121,274	14.00
15.00	01500	PHARMACY	-216,645	7,292,427	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,575	1,023,490	16.00
17.00	01700	SOCIAL SERVICE	-72,230	1,765,757	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,838,483	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-443,584	64,919,727	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	-162	553,103	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0	347,003	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,084,813	19,646,130	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,567,158	7,330,416	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-113	6,949,847	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-4,893,348	14,655,520	31.02
31.03	02400	INTERMEDIATE CARE UNIT	-2,998	11,735,476	31.03
40.00	04000	SUBPROVIDER - IPF	-453,646	6,461,025	40.00
43.00	04300	NURSERY	0	2,302,614	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-834,426	11,433,535	50.00
51.00	05100	RECOVERY ROOM	-1,817	2,883,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,059,034	8,169,114	52.00
53.00	05300	ANESTHESIOLOGY	-4,253,374	798,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-298,933	8,035,065	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-246,148	5,385,240	55.00
56.00	05600	RADIOISOTOPE	-1,257	865,555	56.00
57.00	05700	CT SCAN	-32,879	1,481,101	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-12,339	857,268	58.00
59.00	05900	CARDIAC CATHETERIZATION	-9,334	2,326,171	59.00
60.00	06000	LABORATORY	-3,756,315	12,627,280	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-843,903	7,547,188	62.00
64.00	06400	INTRAVENOUS THERAPY	-146,792	3,132,195	64.00
65.00	06500	RESPIRATORY THERAPY	-6,930	8,802,639	65.00
66.00	06600	PHYSICAL THERAPY	-269	2,158,841	66.00
66.01	06601	CLINICAL NUTRITION	-52,143	1,032,822	66.01
67.00	06700	OCCUPATIONAL THERAPY	-31,599	1,146,960	67.00
68.00	06800	SPEECH PATHOLOGY	-56,253	1,333,070	68.00
69.00	06900	ELECTROCARDIOLOGY	-230,917	2,563,079	69.00
69.01	06901	CARDIAC REHAB	0	285,888	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-393,719	698,771	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	107,353	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,319,342	29,684,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,978,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,515,484	73.00
74.00	07400	RENAL DIALYSIS	-341	1,911,776	74.00
76.00	03330	ENDOSCOPY	-978	2,002,665	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,412,913	21,522,300	90.00
91.00	09100	EMERGENCY	-746,482	13,068,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-74	307,185	105.00
106.00	10600	HEART ACQUISITION	0	116,161	106.00
107.00	10700	LIVER ACQUISITION	0	91,519	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,822,570	690,280,699	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	338,693	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,718,589	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0	2,713,728	194.00
194.02	07952	POISON CONTROL	0	2,833,514	194.02
194.03	07953	RETAIL PHARMACY	0	28,902,358	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	1,581,600	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	1,198,654	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,822,570	731,567,835	200.00

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 1:15 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	4,803,008		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,004,152		2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,978,267		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	41,515,484		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
	TOTALS		0	91,300,911		
	B - DIETARY					
1.00	CAFETERIA	11.00	3,030,379	5,359,890		1.00
	TOTALS		3,030,379	5,359,890		
	C - EQUIPMENT LEASE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,565,120		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	TOTALS		0	6,565,120		
	D - BEHAVIORIAL HEALTH ADMINISTRATION					
1.00	SOCIAL SERVICE	17.00	125,796	124,600		1.00
2.00	EMERGENCY	91.00	377,390	373,802		2.00
	TOTALS		503,186	498,402		
	E - INTERN & RESIDENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,838,483	0		1.00
	TOTALS		1,838,483	0		
	F - PHARMACY RESIDENT					
1.00	PHARMACY	15.00	69,945	0		1.00
2.00	PARAMED ED - PHARMACY RESIDENCY	23.00	4,430	108,099		2.00
3.00	PARAMED ED - PHARMACY RESIDENCY - CG	23.01	0	52,372		3.00
	TOTALS		74,375	160,471		

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 1:15 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	G - INPATIENT, L&D					
1.00	INTERMEDIATE CARE UNIT	31.03	1,767,632	519,547	1.00	
2.00	NURSERY	43.00	1,676,689	625,925	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	
	TOTALS		3,444,321	1,145,472		
	H - ORGAN TRANSPLANT					
1.00	DIETARY	10.00	4,719	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	99,131	0	2.00	
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	10,277	3.00	
4.00	CLINIC	90.00	186,856	627,582	4.00	
5.00	HEART ACQUISITION	106.00	43,173	72,988	5.00	
6.00	LIVER ACQUISITION	107.00	30,426	61,093	6.00	
7.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	547	0	7.00	
8.00	RETAIL PHARMACY	194.03	25	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
	TOTALS		364,877	771,940		
	I - CENTRAL DISTRIBUTION					
1.00	CENTRAL SERVICES & SUPPLY	14.00	578,297	1,299,155	1.00	
	TOTALS		578,297	1,299,155		
500.00	Grand Total: Increases		9,833,918	107,101,361	500.00	

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 1:15 pm

	Decreases						8/28/2020 1:15 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD						
1.00	PHARMACY	15.00	0	45,327,084	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,331,937	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,687,548	0		3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	1,633,292	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	1,833,618	0		5.00
6.00	INTERMEDIATE CARE UNIT	31.03	0	826,634	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	69,800	0		7.00
8.00	OPERATING ROOM	50.00	0	19,353,125	0		8.00
9.00	RECOVERY ROOM	51.00	0	119,411	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	864,811	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	1,551,762	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,995,205	0		12.00
13.00	RADIOISOTOPE	56.00	0	9,428	0		13.00
14.00	CT SCAN	57.00	0	284,662	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	168,203	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	5,040,827	0		16.00
17.00	LABORATORY	60.00	0	1,094,827	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	518,092	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	983,803	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	113,369	0		20.00
21.00	RENAL DIALYSIS	74.00	0	303,099	0		21.00
22.00	ENDOSCOPY	76.00	0	1,101,970	0		22.00
23.00	CLINIC	90.00	0	966,425	0		23.00
24.00	EMERGENCY	91.00	0	2,121,979	0		24.00
	TOTALS		0	91,300,911			
	B - DIETARY						
1.00	DIETARY	10.00	3,030,379	5,359,890	0		1.00
	TOTALS		3,030,379	5,359,890			
	C - EQUIPMENT LEASE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	148,008	10		1.00
2.00	HOUSEKEEPING	9.00	0	150	0		2.00
3.00	DIETARY	10.00	0	6,052	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	131,281	0		4.00
5.00	PHARMACY	15.00	0	707,196	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	93,197	0		6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	19,000	0		7.00
8.00	OPERATING ROOM	50.00	0	864,017	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	241,088	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	120,391	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	289,053	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	146,009	0		12.00
13.00	CT SCAN	57.00	0	70,868	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	99,732	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	8,513	0		15.00
16.00	LABORATORY	60.00	0	123,230	0		16.00
17.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	65,802	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	305,568	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	41,078	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	74,525	0		20.00
21.00	ENDOSCOPY	76.00	0	763,663	0		21.00
22.00	CLINIC	90.00	0	2,181,404	0		22.00
23.00	EMERGENCY	91.00	0	65,295	0		23.00
	TOTALS		0	6,565,120			
	D - BEHAVIORIAL HEALTH ADMINISTRATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	503,186	498,402	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		503,186	498,402			
	E - INTERN & RESIDENT						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,838,483	0	0		1.00
	TOTALS		1,838,483	0			
	F - PHARMACY RESIDENT						
1.00	PHARMACY	15.00	4,430	160,471	0		1.00
2.00	PARAMED ED - PHARMACY RESIDENCY - CG	23.01	69,945	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		74,375	160,471			

RECLASSIFICATIONS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
8/28/2020 1:15 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
G - INPATIENT, L&D						
1.00	ADULTS & PEDIATRICS	30.00	1,523,736	558,340	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	817,509	301,410	0	2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	333,574	102,019	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	31.02	133,078	32,730	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	636,424	150,973	0	5.00
	TOTALS		3,444,321	1,145,472		
H - ORGAN TRANSPLANT						
1.00	ADMINISTRATIVE & GENERAL	5.00	110	0	0	1.00
2.00	NURSING ADMINISTRATION	13.00	907	0	0	2.00
3.00	PHARMACY	15.00	4,628	0	0	3.00
4.00	SOCIAL SERVICE	17.00	19,236	0	0	4.00
5.00	PARAMED ED - PHARMACY RESIDENCY - CG	23.01	52	0	0	5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	2,083	0	0	6.00
7.00	OPERATING ROOM	50.00	110,411	0	0	7.00
8.00	INTRAVENOUS THERAPY	64.00	1,153	0	0	8.00
9.00	CLINICAL NUTRITION	66.01	21,871	0	0	9.00
10.00	KIDNEY ACQUISITION	105.00	204,426	771,940	0	10.00
	TOTALS		364,877	771,940		
I - CENTRAL DISTRIBUTION						
1.00	ADMINISTRATIVE & GENERAL	5.00	578,297	1,299,155	0	1.00
	TOTALS		578,297	1,299,155		
500.00	Grand Total: Decreases		9,833,918	107,101,361		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/28/2020 1:15 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	19,842,818	0	2,641,950	2,641,950	0	1.00	
2.00	Land Improvements	9,802,401	426,821	189,636	616,457	0	2.00	
3.00	Buildings and Fixtures	574,246,674	31,298,589	-1,827,416	29,471,173	6,260,314	3.00	
4.00	Building Improvements	2,884,047	0	0	0	0	4.00	
5.00	Fixed Equipment	29,617,952	2,027,047	135,914	2,162,961	1,910,300	5.00	
6.00	Movable Equipment	80,999,612	6,106,976	354,973	6,461,949	1,936,942	6.00	
7.00	HIT designated Assets	254,240	-46,429	0	-46,429	0	7.00	
8.00	Subtotal (sum of lines 1-7)	717,647,744	39,813,004	1,495,057	41,308,061	10,107,556	8.00	
9.00	Reconciling Items	10,102,264	10,717,728	-2,519,458	8,198,270	0	9.00	
10.00	Total (line 8 minus line 9)	707,545,480	29,095,276	4,014,515	33,109,791	10,107,556	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	22,484,768	0					1.00
2.00	Land Improvements	10,418,858	0					2.00
3.00	Buildings and Fixtures	597,457,533	0					3.00
4.00	Building Improvements	2,884,047	0					4.00
5.00	Fixed Equipment	29,870,613	0					5.00
6.00	Movable Equipment	85,524,619	0					6.00
7.00	HIT designated Assets	207,811	0					7.00
8.00	Subtotal (sum of lines 1-7)	748,848,249	0					8.00
9.00	Reconciling Items	18,300,534	0					9.00
10.00	Total (line 8 minus line 9)	730,547,715	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/28/2020 1:15 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	13,785,982	0	3,473,836	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,961,449	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,747,431	0	3,473,836	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	17,259,818				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	12,961,449				2.00
3.00	Total (sum of lines 1-2)	0	30,221,267				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/28/2020 1:15 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	614,944,671	0	614,944,671	0.841758	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	115,603,043	0	115,603,043	0.158242	0	2.00
3.00	Total (sum of lines 1-2)	730,547,714	0	730,547,714	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	14,658,596	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,868,632	6,565,120	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,527,228	6,565,120	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	3,473,836	0	0	0	18,132,432	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-1,453,160	0	0	0	21,980,592	2.00
3.00	Total (sum of lines 1-2)	2,020,676	0	0	0	40,113,024	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
8/28/2020 1:15 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
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)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-15,059,588			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	32,008,853			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		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
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

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
8/28/2020 1:15 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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	FRA	A	-5,495,113	ADMINISTRATIVE & GENERAL		5.00	0	33.00
34.00	BAD DEBT	A	-14,470	ADMINISTRATIVE & GENERAL		5.00	0	34.00
35.00	MID-LEVEL	A	-108,430	ADULTS & PEDIATRICS		30.00	0	35.00
35.01	MID-LEVEL	A	-4,020,819	NEONATAL INTENSIVE CARE UNIT		31.02	0	35.01
35.02	MID-LEVEL	A	-801,547	OPERATING ROOM		50.00	0	35.02
35.03	MID-LEVEL	A	-220,296	RADIOLOGY-DIAGNOSTIC		54.00	0	35.03
35.04	MID-LEVEL	A	-252,092	ELECTROENCEPHALOGRAPHY		70.00	0	35.04
35.05	MID-LEVEL	A	-258,999	CLINIC		90.00	0	35.05
35.06	MID-LEVEL	A	-607,963	EMERGENCY		91.00	0	35.06
36.00	NON-MEDICAL TRANSPORT	A	-72,090	SOCIAL SERVICE		17.00	0	36.00
36.01	NON-MEDICAL TRANSPORT	A	-24,751	SUBPROVIDER - IPF		40.00	0	36.01
36.02	NON-MEDICAL TRANSPORT	A	-1,210	DELIVERY ROOM & LABOR ROOM		52.00	0	36.02
36.03	NON-MEDICAL TRANSPORT	A	-161,224	CLINIC		90.00	0	36.03
37.00	LOBBYING	A	-64,830	ADMINISTRATIVE & GENERAL		5.00	0	37.00
38.00	MARKETING	A	-20,061	ADMINISTRATIVE & GENERAL		5.00	0	38.00
38.01	MARKETING	A	-2,983	NURSING ADMINISTRATION		13.00	0	38.01
38.02	MARKETING	A	-6,557	ADULTS & PEDIATRICS		30.00	0	38.02
38.03	MARKETING	A	-31,101	CLINIC		90.00	0	38.03
38.04	MARKETING	A	-6,011	EMERGENCY		91.00	0	38.04
39.00	GIFT	A	-238,848	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.00
39.01	GIFT	A	-798,256	ADMINISTRATIVE & GENERAL		5.00	0	39.01
39.02	GIFT	A	-640	HOUSEKEEPING		9.00	0	39.02
39.03	GIFT	A	-1,679	DIETARY		10.00	0	39.03
39.04	GIFT	A	-12,116	NURSING ADMINISTRATION		13.00	0	39.04
39.05	GIFT	A	-773	PHARMACY		15.00	0	39.05
39.06	GIFT	A	-140	SOCIAL SERVICE		17.00	0	39.06
39.07	GIFT	A	-162	PARAMED ED - PHARMACY		23.00	0	39.07
				RESIDENCY				
39.08	GIFT	A	-33,662	ADULTS & PEDIATRICS		30.00	0	39.08
39.09	GIFT	A	-233	INTENSIVE CARE UNIT		31.00	0	39.09
39.10	GIFT	A	-9,513	NEONATAL INTENSIVE CARE UNIT		31.02	0	39.10
39.11	GIFT	A	-2,413	INTERMEDIATE CARE UNIT		31.03	0	39.11
39.12	GIFT	A	-104	SUBPROVIDER - IPF		40.00	0	39.12
39.13	GIFT	A	-1,980	DELIVERY ROOM & LABOR ROOM		52.00	0	39.13
39.14	GIFT	A	-1,693	RADIOLOGY-DIAGNOSTIC		54.00	0	39.14
39.15	GIFT	A	-196	CARDIAC CATHETERIZATION		59.00	0	39.15
39.16	GIFT	A	-60	INTRAVENOUS THERAPY		64.00	0	39.16
39.17	GIFT	A	-123	RESPIRATORY THERAPY		65.00	0	39.17
39.18	GIFT	A	-44	SPEECH PATHOLOGY		68.00	0	39.18
39.19	GIFT	A	-44	ELECTROCARDIOLOGY		69.00	0	39.19
39.20	GIFT	A	-4,876	CLINIC		90.00	0	39.20
39.21	GIFT	A	-32,962	EMERGENCY		91.00	0	39.21
39.22	GIFT	A	-74	KIDNEY ACQUISITION		105.00	0	39.22
40.00	ENTERTAINMENT	A	-24,937	ADMINISTRATIVE & GENERAL		5.00	0	40.00
40.01	ENTERTAINMENT	A	-297	OPERATION OF PLANT		7.00	0	40.01
40.02	ENTERTAINMENT	A	-2,725	NURSING ADMINISTRATION		13.00	0	40.02
40.03	ENTERTAINMENT	A	-165	ELECTROCARDIOLOGY		69.00	0	40.03
41.00	TELEPHONE	A	-39,339	ADMINISTRATIVE & GENERAL		5.00	0	41.00
41.01	TELEPHONE	A	-289	OPERATION OF PLANT		7.00	0	41.01
41.02	TELEPHONE	A	-12	HOUSEKEEPING		9.00	0	41.02
41.03	TELEPHONE	A	-85	DIETARY		10.00	0	41.03
41.04	TELEPHONE	A	-692	I&R SERVICES-OTHER PRGM		22.00	0	41.04
				COSTS APPRVD				
41.05	TELEPHONE	A	-21	ADULTS & PEDIATRICS		30.00	0	41.05
41.06	TELEPHONE	A	-29	OPERATING ROOM		50.00	0	41.06
41.07	TELEPHONE	A	-967	DELIVERY ROOM & LABOR ROOM		52.00	0	41.07
41.08	TELEPHONE	A	-255	CARDIAC CATHETERIZATION		59.00	0	41.08
41.09	TELEPHONE	A	-162	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0	41.09
41.10	TELEPHONE	A	-143	RESPIRATORY THERAPY		65.00	0	41.10
41.11	TELEPHONE	A	-13	ELECTROCARDIOLOGY		69.00	0	41.11
42.00	TELEVISION	A	-18,093	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	42.00
43.00	MISCELLANEOUS REVENUE	B	-392,540	OPERATION OF PLANT		7.00	0	43.00
43.01	MISCELLANEOUS REVENUE	B	-79,289	LAUNDRY & LINEN SERVICE		8.00	0	43.01
43.02	MISCELLANEOUS REVENUE	B	-24,592	HOUSEKEEPING		9.00	0	43.02
43.03	MISCELLANEOUS REVENUE	B	-4,051,705	CAFETERIA		11.00	0	43.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
8/28/2020 1:15 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00	5.00
43.04	MISCELLANEOUS REVENUE	B		-100	NURSING ADMINISTRATION	13.00	0 43.04
43.05	MISCELLANEOUS REVENUE	B		-1,780	CENTRAL SERVICES & SUPPLY	14.00	0 43.05
43.06	MISCELLANEOUS REVENUE	B		-55,401	PHARMACY	15.00	0 43.06
43.07	MISCELLANEOUS REVENUE	B		-12,575	MEDICAL RECORDS & LIBRARY	16.00	0 43.07
43.08	MISCELLANEOUS REVENUE	B		-442,892	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 43.08
43.09	MISCELLANEOUS REVENUE	B		-906,548	ADULTS & PEDIATRICS	30.00	0 43.09
43.10	MISCELLANEOUS REVENUE	B		-3,718	INTENSIVE CARE UNIT	31.00	0 43.10
43.11	MISCELLANEOUS REVENUE	B		-113	PEDIATRIC INTENSIVE CARE UNIT	31.01	0 43.11
43.12	MISCELLANEOUS REVENUE	B		-325	NEONATAL INTENSIVE CARE UNIT	31.02	0 43.12
43.13	MISCELLANEOUS REVENUE	B		-585	INTERMEDIATE CARE UNIT	31.03	0 43.13
43.14	MISCELLANEOUS REVENUE	B		-31,485	OPERATING ROOM	50.00	0 43.14
43.15	MISCELLANEOUS REVENUE	B		-1,817	RECOVERY ROOM	51.00	0 43.15
43.16	MISCELLANEOUS REVENUE	B		-413,870	DELIVERY ROOM & LABOR ROOM	52.00	0 43.16
43.17	MISCELLANEOUS REVENUE	B		-6,707	ANESTHESIOLOGY	53.00	0 43.17
43.18	MISCELLANEOUS REVENUE	B		-78,796	RADIOLOGY-DIAGNOSTIC	54.00	0 43.18
43.19	MISCELLANEOUS REVENUE	B		-266,540	RADIOLOGY-THERAPEUTIC	55.00	0 43.19
43.20	MISCELLANEOUS REVENUE	B		-1,257	RADIOISOTOPE	56.00	0 43.20
43.21	MISCELLANEOUS REVENUE	B		-32,879	CT SCAN	57.00	0 43.21
43.22	MISCELLANEOUS REVENUE	B		-12,339	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 43.22
43.23	MISCELLANEOUS REVENUE	B		-8,883	CARDIAC CATHETERIZATION	59.00	0 43.23
43.24	MISCELLANEOUS REVENUE	B		-3,320,026	LABORATORY	60.00	0 43.24
43.25	MISCELLANEOUS REVENUE	B		-844,433	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 43.25
43.26	MISCELLANEOUS REVENUE	B		-146,732	INTRAVENOUS THERAPY	64.00	0 43.26
43.27	MISCELLANEOUS REVENUE	B		-6,605	RESPIRATORY THERAPY	65.00	0 43.27
43.28	MISCELLANEOUS REVENUE	B		-269	PHYSICAL THERAPY	66.00	0 43.28
43.29	MISCELLANEOUS REVENUE	B		-52,143	CLINICAL NUTRITION	66.01	0 43.29
43.30	MISCELLANEOUS REVENUE	B		-31,599	OCCUPATIONAL THERAPY	67.00	0 43.30
43.31	MISCELLANEOUS REVENUE	B		-56,209	SPEECH PATHOLOGY	68.00	0 43.31
43.32	MISCELLANEOUS REVENUE	B		-63,290	ELECTROCARDIOLOGY	69.00	0 43.32
43.33	MISCELLANEOUS REVENUE	B		-625	ELECTROENCEPHALOGRAPHY	70.00	0 43.33
43.34	MISCELLANEOUS REVENUE	B		-341	RENAL DIALYSIS	74.00	0 43.34
43.35	MISCELLANEOUS REVENUE	B		-978	ENDOSCOPY	76.00	0 43.35
43.36	MISCELLANEOUS REVENUE	B		-1,956,713	CLINIC	90.00	0 43.36
43.37	MISCELLANEOUS REVENUE	B		-99,546	EMERGENCY	91.00	0 43.37
44.00	INTEREST INCOME	B		-966,228	ADMINISTRATIVE & GENERAL	5.00	0 44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-10,822,570			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: 26-0091

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

Worksheet A-8-1

Date/Time Prepared:
8/28/2020 1:15 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	872,614	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	3,925,276	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE - INTEREST	0	1,459,799	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	90,190,726	42,518,056	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	54,570,708	72,340,211	3.02
3.03	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,624,615	3.03
3.04	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-1,319,342	0	3.04
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NETWORK--CORP 130 - INTEREST	6,639	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	17,648,827	16,144,616	4.01
4.02	13.00	NURSING ADMINISTRATION	NETWORK--CORP 130	122,315	111,890	4.02
4.03	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	481,009	440,012	4.03
4.04	40.00	SUBPROVIDER - IPF	NETWORK--CORP 130	1,512,437	1,383,532	4.04
4.05	55.00	RADIOLOGY-THERAPEUTIC	NETWORK--CORP 130	239,257	218,865	4.05
4.06	70.00	ELECTROENCEPHALOGRAPHY	NETWORK--CORP 130	-196	-179	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			168,250,270	136,241,417	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	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	6.00
7.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	7.00
8.00	G	SSM INFO CENTER	100.00	FRAN SISTERS OF MARY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	CHURCH				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: 26-0091

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

Worksheet A-8-1

Date/Time Prepared:
8/28/2020 1:15 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	872,614	9		1.00
2.00	3,925,276	9		2.00
3.00	-1,459,799	11		3.00
3.01	47,672,670	0		3.01
3.02	-17,769,503	0		3.02
3.03	-1,624,615	0		3.03
3.04	-1,319,342	0		3.04
4.00	6,639	11		4.00
4.01	1,504,211	0		4.01
4.02	10,425	0		4.02
4.03	40,997	0		4.03
4.04	128,905	0		4.04
4.05	20,392	0		4.05
4.06	-17	0		4.06
5.00	32,008,853			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

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

6.00	HOME OFFICE	6.00
7.00	ST LOUIS NETWORK	7.00
8.00	DATA PROCESSING SERVICES	8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0091

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

Worksheet A-8-2

Date/Time Prepared:
8/28/2020 1:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	4,801,673	0	4,801,673	211,500	35,286	1.00
2.00	15.00	PHARMACY	160,471	160,471	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,070,592	5,070,592	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,563,207	1,563,207	0	0	0	4.00
5.00	31.02	NEONATAL INTENSIVE CARE UNIT	862,691	862,691	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	557,696	557,696	0	0	0	6.00
7.00	50.00	OPERATING ROOM	1,365	1,365	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	641,007	641,007	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	4,246,667	4,246,667	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	-1,852	-1,852	0	0	0	10.00
11.00	60.00	LABORATORY	436,289	436,289	0	0	0	11.00
12.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	-692	-692	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	59	59	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	167,405	167,405	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	140,985	140,985	0	0	0	15.00
200.00			18,647,563	13,845,890	4,801,673		35,286	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	3,587,975	179,399	0	0	0	1.00
2.00	15.00	PHARMACY	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	31.02	NEONATAL 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	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
200.00			3,587,975	179,399	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	3,587,975	1,213,698	1,213,698		1.00
2.00	15.00	PHARMACY	0	0	0	160,471		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,070,592		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,563,207		4.00
5.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	862,691		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	557,696		6.00
7.00	50.00	OPERATING ROOM	0	0	0	1,365		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	641,007		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	4,246,667		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	-1,852		10.00
11.00	60.00	LABORATORY	0	0	0	436,289		11.00
12.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	-692		12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	59		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	167,405		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	140,985		15.00
200.00			0	3,587,975	1,213,698	15,059,588		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	18,132,432	18,132,432			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	21,980,592	21,980,592			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	104,736,216	61,382	104,797,598		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	146,253,907	3,274,395	8,237,999	159,789,156	5.00
7.00	00700	OPERATION OF PLANT	17,375,984	2,425,476	1,492,596	23,664,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,444,105	49,339	94,729	1,588,173	8.00
9.00	00900	HOUSEKEEPING	7,770,733	134,208	2,235,248	10,176,965	9.00
10.00	01000	DIETARY	2,437,576	381,316	470,943	3,542,368	10.00
11.00	01100	CAFETERIA	4,338,564	209,288	1,416,969	5,964,821	11.00
13.00	01300	NURSING ADMINISTRATION	6,999,089	45,952	2,531,500	11,129,576	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,121,274	349,660	512,198	5,417,409	14.00
15.00	01500	PHARMACY	7,292,427	128,566	3,688,022	11,132,708	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,023,490	182,078	376,251	1,583,715	16.00
17.00	01700	SOCIAL SERVICE	1,765,757	6,289	689,314	2,461,360	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,838,483	0	859,653	2,698,136	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	64,919,727	508,313	389,353	65,819,742	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	553,103	3,300	199,213	755,616	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	347,003	3,126	131,653	481,782	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,646,130	2,301,966	11,034,807	33,795,433	30.00
31.00	03100	INTENSIVE CARE UNIT	7,330,416	217,918	3,435,974	11,357,309	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,949,847	357,742	3,083,573	10,878,198	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,655,520	659,133	8,579,302	25,583,048	31.02
31.03	02400	INTERMEDIATE CARE UNIT	11,735,476	671,437	5,149,650	17,804,850	31.03
40.00	04000	SUBPROVIDER - IPF	6,461,025	242,040	2,619,078	9,351,759	40.00
43.00	04300	NURSERY	2,302,614	21,145	784,000	3,107,759	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,433,535	949,466	4,406,642	18,798,620	50.00
51.00	05100	RECOVERY ROOM	2,883,013	226,411	1,316,830	4,433,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,169,114	256,211	3,965,354	13,119,532	52.00
53.00	05300	ANESTHESIOLOGY	798,579	32,515	323,131	1,459,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,035,065	447,417	3,063,478	14,077,889	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,385,240	56,363	625,653	6,125,413	55.00
56.00	05600	RADIOISOTOPE	865,555	59,937	120,066	1,343,021	56.00
57.00	05700	CT SCAN	1,481,101	17,347	531,348	2,413,267	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	857,268	44,869	352,392	1,988,863	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,326,171	167,844	700,920	3,842,386	59.00
60.00	06000	LABORATORY	12,627,280	418,015	3,057,727	16,495,844	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,547,188	17,634	539,588	8,142,007	62.00
64.00	06400	INTRAVENOUS THERAPY	3,132,195	132,800	1,354,658	4,777,514	64.00
65.00	06500	RESPIRATORY THERAPY	8,802,639	131,493	2,800,883	12,248,069	65.00
66.00	06600	PHYSICAL THERAPY	2,158,841	86,138	337,042	2,594,350	66.00
66.01	06601	CLINICAL NUTRITION	1,032,822	4,209	500,304	1,537,335	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,146,960	19,402	265,570	1,432,758	67.00
68.00	06800	SPEECH PATHOLOGY	1,333,070	42,054	390,960	1,808,414	68.00
69.00	06900	ELECTROCARDIOLOGY	2,563,079	137,358	1,127,103	4,596,030	69.00
69.01	06901	CARDIAC REHAB	285,888	62,652	130,642	491,473	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	698,771	7,634	334,980	1,262,749	70.00
70.01	03320	ELECTROSHOCK THERAPY	107,353	0	46,596	153,949	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,684,810	0	0	29,684,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,978,267	0	0	13,978,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,515,484	0	0	41,515,484	73.00
74.00	07400	RENAL DIALYSIS	1,911,776	35,255	243,999	2,260,297	74.00
76.00	03330	ENDOSCOPY	2,002,665	192,339	856,798	3,470,055	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,522,300	1,044,845	8,850,049	32,061,367	90.00
91.00	09100	EMERGENCY	13,068,315	478,127	5,757,945	19,666,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	307,185	959	39,611	347,994	105.00
106.00	10600	HEART ACQUISITION	116,161	959	20,187	137,307	106.00
107.00	10700	LIVER ACQUISITION	91,519	959	14,227	106,705	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	690,280,699	17,305,281	100,086,708	684,456,040	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	338,693	39,340	34,661	417,505	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,718,589	711,536	1,172,246	5,608,795	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	2,713,728	64,943	963,336	3,930,688	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.02	07952	POISON CONTROL	2,833,514	0	54,482	1,001,545	3,889,541	194.02
194.03	07953	RETAIL PHARMACY	28,902,358	11,332	15,276	655,309	29,584,275	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	1,581,600	0	13,958	499,287	2,094,845	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	1,198,654	0	2,986	384,506	1,586,146	194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	731,567,835	18,132,432	21,980,592	104,797,598	731,567,835	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	159,789,156					5.00
7.00	00700	OPERATION OF PLANT	7,454,807	31,119,283				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	500,308	124,112	2,212,593			8.00
9.00	00900	HOUSEKEEPING	3,205,958	337,595	0	13,720,518		9.00
10.00	01000	DIETARY	1,115,920	959,187	0	429,275	6,046,750	10.00
11.00	01100	CAFETERIA	1,879,044	526,456	0	235,611	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,506,050	115,591	0	51,732	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,706,598	879,557	0	393,638	0	14.00
15.00	01500	PHARMACY	3,507,037	323,404	0	144,737	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	498,903	458,010	0	204,978	0	16.00
17.00	01700	SOCIAL SERVICE	775,380	15,819	0	7,080	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	849,970	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	401,525	1,278,644	0	572,246	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	238,035	8,301	0	3,715	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	151,771	7,863	0	3,519	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,646,271	5,790,521	740,657	2,591,496	2,024,125	30.00
31.00	03100	INTENSIVE CARE UNIT	3,577,791	548,165	180,410	245,326	493,039	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,426,861	899,888	151,233	402,736	413,303	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	8,059,197	1,658,027	472,602	742,035	1,291,565	31.02
31.03	02400	INTERMEDIATE CARE UNIT	5,608,902	1,688,977	338,428	755,886	924,883	31.03
40.00	04000	SUBPROVIDER - IPF	2,946,000	608,842	220,759	272,482	603,307	40.00
43.00	04300	NURSERY	979,009	53,191	108,504	23,805	296,528	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,921,960	2,388,350	0	1,068,884	0	50.00
51.00	05100	RECOVERY ROOM	1,396,703	569,529	0	254,887	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,132,928	644,491	0	288,436	0	52.00
53.00	05300	ANESTHESIOLOGY	459,837	81,791	0	36,605	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,434,831	1,125,463	0	503,690	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,929,634	141,779	0	63,452	0	55.00
56.00	05600	RADIOISOTOPE	423,080	150,770	0	67,476	0	56.00
57.00	05700	CT SCAN	760,230	43,636	0	19,529	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	626,534	112,866	0	50,512	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,210,432	422,205	0	188,954	0	59.00
60.00	06000	LABORATORY	5,196,537	1,051,503	0	470,591	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,564,903	44,357	0	19,852	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,505,017	334,055	0	149,503	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,858,399	330,766	0	148,031	0	65.00
66.00	06600	PHYSICAL THERAPY	817,275	216,678	0	96,972	0	66.00
66.01	06601	CLINICAL NUTRITION	484,293	10,588	0	4,739	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	451,349	48,805	0	21,842	0	67.00
68.00	06800	SPEECH PATHOLOGY	569,688	105,786	0	47,344	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,447,846	345,520	0	154,634	0	69.00
69.01	06901	CARDIAC REHAB	154,824	157,599	0	70,532	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	397,792	19,203	0	8,594	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	48,497	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,351,339	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,403,448	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,078,191	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	712,041	88,682	0	39,689	0	74.00
76.00	03330	ENDOSCOPY	1,093,140	483,822	0	216,530	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,100,004	2,628,272	0	1,176,259	0	90.00
91.00	09100	EMERGENCY	6,195,369	1,202,711	0	538,262	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	109,625	2,412	0	1,079	0	105.00
106.00	10600	HEART ACQUISITION	43,255	2,412	0	1,079	0	106.00
107.00	10700	LIVER ACQUISITION	33,614	2,412	0	1,079	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	144,947,952	29,038,613	2,212,593	12,789,333	6,046,750	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,523	98,957	0	44,287	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,766,888	1,789,845	0	801,029	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	1,238,249	163,362	0	73,111	0	194.00
194.02	07952	POISON CONTROL	1,225,287	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	9,319,668	28,506	0	12,758	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	659,920	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	499,669	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	159,789,156	31,119,283	2,212,593	13,720,518	6,046,750	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	8,605,932					11.00
13.00	01300	NURSING ADMINISTRATION	239,806	15,042,755				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,520	0	8,445,722			14.00
15.00	01500	PHARMACY	349,362	0	150,532	15,607,780		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,642	0	12	0	2,781,260	16.00
17.00	01700	SOCIAL SERVICE	65,298	0	0	2,631	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	81,434	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,883	0	6	0	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	18,871	0	0	0	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	12,471	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,045,224	2,754,580	619,803	4,724	204,729	30.00
31.00	03100	INTENSIVE CARE UNIT	325,485	927,677	452,537	1,009	47,746	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	292,103	899,147	435,953	4,220	76,816	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	812,706	1,807,908	488,603	4,575	185,066	31.02
31.03	02400	INTERMEDIATE CARE UNIT	487,820	1,521,504	220,883	864	75,701	31.03
40.00	04000	SUBPROVIDER - IPF	248,102	664,401	18,432	290	28,858	40.00
43.00	04300	NURSERY	74,267	202,885	0	0	10,204	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	417,435	720,287	2,186,636	32,432	247,651	50.00
51.00	05100	RECOVERY ROOM	124,742	306,163	31,757	177	31,427	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	375,633	765,952	220,329	4,788	77,843	52.00
53.00	05300	ANESTHESIOLOGY	30,610	105,886	384,873	31,692	78,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	290,199	144,715	715,026	2,020	120,190	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	59,267	18,740	4,147	0	68,471	55.00
56.00	05600	RADIOISOTOPE	11,374	34	2,411	210	6,326	56.00
57.00	05700	CT SCAN	50,334	213	74,186	3,152	89,356	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,382	53	44,328	1,315	44,043	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,397	123,124	779,740	2,062	49,533	59.00
60.00	06000	LABORATORY	289,655	0	60,652	665	244,515	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	51,114	19,822	10,840	16	31,404	62.00
64.00	06400	INTRAVENOUS THERAPY	128,325	355,736	138,877	380	29,308	64.00
65.00	06500	RESPIRATORY THERAPY	265,324	18,139	259,016	9,242	87,512	65.00
66.00	06600	PHYSICAL THERAPY	31,928	0	969	0	12,867	66.00
66.01	06601	CLINICAL NUTRITION	47,393	0	0	0	860	66.01
67.00	06700	OCCUPATIONAL THERAPY	25,157	0	2,664	0	8,930	67.00
68.00	06800	SPEECH PATHOLOGY	37,035	19,138	64,544	0	8,967	68.00
69.00	06900	ELECTROCARDIOLOGY	106,769	185,047	18,248	16,870	88,252	69.00
69.01	06901	CARDIAC REHAB	12,376	28,578	658	0	1,192	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	31,732	0	28,075	0	11,062	70.00
70.01	03320	ELECTROSHOCK THERAPY	4,414	11,976	1,742	0	1,088	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	34,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,322,959	439,143	73.00
74.00	07400	RENAL DIALYSIS	23,114	64,721	76,613	1,670	12,793	74.00
76.00	03330	ENDOSCOPY	81,163	222,605	296,527	1,987	33,823	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	838,354	1,434,979	107,586	154,769	58,952	90.00
91.00	09100	EMERGENCY	545,443	1,290,618	548,517	3,061	207,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,752	23,865	0	0	509	105.00
106.00	10600	HEART ACQUISITION	1,912	0	0	0	263	106.00
107.00	10700	LIVER ACQUISITION	1,348	0	0	0	263	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,159,675	14,638,493	8,445,722	15,607,780	2,781,260	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,283	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	111,045	9,009	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	91,256	113,489	0	0	0	194.00
194.02	07952	POISON CONTROL	94,875	157,918	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	62,077	9,630	0	0	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	47,297	64,357	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	36,424	49,859	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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)	8,605,932	15,042,755	8,445,722	15,607,780	2,781,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG		
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			17.00	21.00	22.00	23.00	23.01		
	GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00	00500	ADMINISTRATIVE & GENERAL						5.00	
7.00	00700	OPERATION OF PLANT						7.00	
8.00	00800	LAUNDRY & LINEN SERVICE						8.00	
9.00	00900	HOUSEKEEPING						9.00	
10.00	01000	DIETARY						10.00	
11.00	01100	CAFETERIA						11.00	
13.00	01300	NURSING ADMINISTRATION						13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00	
15.00	01500	PHARMACY						15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00	
17.00	01700	SOCIAL SERVICE	3,327,568					17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,629,540				21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		68,109,046			22.00	
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0			1,024,538		23.00	
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0				657,406	23.01	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,113,891	2,240,686	42,046,912	463,942	460,184	30.00	
31.00	03100	INTENSIVE CARE UNIT	271,323	0	0	193,309	0	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	227,443	0	0	0	124,177	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	710,757	0	0	0	0	31.02	
31.03	02400	INTERMEDIATE CARE UNIT	508,969	18,518	347,495	0	0	31.03	
40.00	04000	SUBPROVIDER - IPF	332,004	18,518	347,495	0	0	40.00	
43.00	04300	NURSERY	163,181	0	0	0	0	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	314,807	5,907,417	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	481,470	9,034,873	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	111,108	2,084,971	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92,590	1,737,476	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	55,554	1,042,485	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	37,036	694,990	0	0	69.00	
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	166,663	3,127,456	0	0	70.00	
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01	
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	0	0	0	0	0	74.00	
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	367,287	73,045	90.00	
91.00	09100	EMERGENCY	0	92,590	1,737,476	0	0	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	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,327,568	3,629,540	68,109,046	1,024,538	657,406	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00	07950	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.02	07952	POISON CONTROL	0	0	0	0	0	194.02	
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
			17.00	21.00	22.00	23.00	23.01	
194.04	07954	RURAL HEALTH CLINIC - 5295	0	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	0	0	0	0	194.05
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)	3,327,568	3,629,540	68,109,046	1,024,538	657,406	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY				23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	106,543,178	-44,287,598	62,255,580	30.00
31.00	03100	INTENSIVE CARE UNIT	18,621,126	0	18,621,126	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,232,078	0	18,232,078	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	41,816,089	0	41,816,089	31.02
31.03	02400	INTERMEDIATE CARE UNIT	30,303,680	-366,013	29,937,667	31.03
40.00	04000	SUBPROVIDER - IPF	15,661,249	-366,013	15,295,236	40.00
43.00	04300	NURSERY	5,019,333	0	5,019,333	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,004,479	-6,222,224	31,782,255	50.00
51.00	05100	RECOVERY ROOM	7,149,067	0	7,149,067	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,146,275	-9,516,343	19,629,932	52.00
53.00	05300	ANESTHESIOLOGY	4,865,900	-2,196,079	2,669,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,244,089	-1,830,066	21,414,023	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,410,903	0	8,410,903	55.00
56.00	05600	RADIOISOTOPE	2,004,702	0	2,004,702	56.00
57.00	05700	CT SCAN	3,453,903	0	3,453,903	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,901,896	0	2,901,896	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,684,833	0	6,684,833	59.00
60.00	06000	LABORATORY	24,908,001	-1,098,039	23,809,962	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,884,315	0	10,884,315	62.00
64.00	06400	INTRAVENOUS THERAPY	7,418,715	0	7,418,715	64.00
65.00	06500	RESPIRATORY THERAPY	17,224,498	0	17,224,498	65.00
66.00	06600	PHYSICAL THERAPY	3,771,039	0	3,771,039	66.00
66.01	06601	CLINICAL NUTRITION	2,085,208	0	2,085,208	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,991,505	0	1,991,505	67.00
68.00	06800	SPEECH PATHOLOGY	2,660,916	0	2,660,916	68.00
69.00	06900	ELECTROCARDIOLOGY	7,691,242	-732,026	6,959,216	69.00
69.01	06901	CARDIAC REHAB	917,232	0	917,232	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,053,326	-3,294,119	1,759,207	70.00
70.01	03320	ELECTROSHOCK THERAPY	221,666	0	221,666	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,061,777	0	39,061,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,415,760	0	18,415,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,355,777	0	70,355,777	73.00
74.00	07400	RENAL DIALYSIS	3,279,620	-41,324	3,238,296	74.00
76.00	03330	ENDOSCOPY	5,899,652	0	5,899,652	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	49,000,874	0	49,000,874	90.00
91.00	09100	EMERGENCY	32,027,674	-1,830,066	30,197,608	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	489,236	0	489,236	105.00
106.00	10600	HEART ACQUISITION	186,228	0	186,228	106.00
107.00	10700	LIVER ACQUISITION	145,421	0	145,421	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	665,752,462	-71,779,910	593,972,552	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	695,555	0	695,555	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,086,611	0	10,086,611	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	5,610,155	0	5,610,155	194.00
194.02	07952	POISON CONTROL	5,367,621	0	5,367,621	194.02
194.03	07953	RETAIL PHARMACY	39,016,914	0	39,016,914	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.04	07954	RURAL HEALTH CLINIC - 5295	2,866,419	0	2,866,419		194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	2,172,098	0	2,172,098		194.05
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	731,567,835	-71,779,910	659,787,925		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,382	0	61,382	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	148,008	3,274,395	2,022,855	5,445,258	5.00
7.00	00700	OPERATION OF PLANT	0	2,425,476	2,370,420	4,795,896	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	49,339	0	49,339	8.00
9.00	00900	HOUSEKEEPING	150	134,208	36,776	171,134	9.00
10.00	01000	DIETARY	6,052	381,316	252,533	639,901	10.00
11.00	01100	CAFETERIA	0	209,288	0	209,288	11.00
13.00	01300	NURSING ADMINISTRATION	0	45,952	1,553,035	1,598,987	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	131,281	349,660	434,277	915,218	14.00
15.00	01500	PHARMACY	705,719	128,566	23,693	857,978	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	182,078	1,896	183,974	16.00
17.00	01700	SOCIAL SERVICE	0	6,289	0	6,289	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	508,313	2,349	510,662	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0	3,300	0	3,300	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0	3,126	0	3,126	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	93,197	2,301,966	812,530	3,207,693	30.00
31.00	03100	INTENSIVE CARE UNIT	0	217,918	373,001	590,919	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	19,000	357,742	487,036	863,778	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	659,133	1,689,093	2,348,226	31.02
31.03	02400	INTERMEDIATE CARE UNIT	0	671,437	248,287	919,724	31.03
40.00	04000	SUBPROVIDER - IPF	0	242,040	29,616	271,656	40.00
43.00	04300	NURSERY	0	21,145	0	21,145	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	864,016	949,466	2,008,977	3,822,459	50.00
51.00	05100	RECOVERY ROOM	0	226,411	7,428	233,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	241,088	256,211	728,853	1,226,152	52.00
53.00	05300	ANESTHESIOLOGY	120,391	32,515	305,477	458,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	289,053	447,417	2,531,929	3,268,399	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	146,009	56,363	58,157	260,529	55.00
56.00	05600	RADIOISOTOPE	0	59,937	297,463	357,400	56.00
57.00	05700	CT SCAN	70,868	17,347	383,471	471,686	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	99,732	44,869	734,334	878,935	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,513	167,844	647,451	823,808	59.00
60.00	06000	LABORATORY	133,072	418,015	392,822	943,909	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	65,802	17,634	37,597	121,033	62.00
64.00	06400	INTRAVENOUS THERAPY	305,568	132,800	157,861	596,229	64.00
65.00	06500	RESPIRATORY THERAPY	41,078	131,493	513,054	685,625	65.00
66.00	06600	PHYSICAL THERAPY	0	86,138	12,329	98,467	66.00
66.01	06601	CLINICAL NUTRITION	0	4,209	0	4,209	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	19,402	826	20,228	67.00
68.00	06800	SPEECH PATHOLOGY	0	42,054	42,330	84,384	68.00
69.00	06900	ELECTROCARDIOLOGY	74,524	137,358	768,490	980,372	69.00
69.01	06901	CARDIAC REHAB	0	62,652	12,291	74,943	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,634	221,364	228,998	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
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	0	35,255	69,267	104,522	74.00
76.00	03330	ENDOSCOPY	763,662	192,339	418,253	1,374,254	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,190,504	1,044,845	644,173	3,879,522	90.00
91.00	09100	EMERGENCY	65,295	478,127	362,141	905,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	959	239	1,198	105.00
106.00	10600	HEART ACQUISITION	0	959	0	959	106.00
107.00	10700	LIVER ACQUISITION	0	959	0	959	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,582,582	17,305,281	21,693,974	45,581,837	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,340	4,811	44,151	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72,880	711,536	6,424	790,840	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	4,565	64,943	188,681	258,189	194.00
194.02	07952	POISON CONTROL	67,841	0	54,482	122,323	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
194.03	07953	RETAIL PHARMACY	35,586	11,332	15,276	62,194	384	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	124,570	0	13,958	138,528	293	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	58,670	0	2,986	61,656	225	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,946,694	18,132,432	21,980,592	47,059,718	61,382	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,450,085					5.00
7.00	00700	OPERATION OF PLANT	254,275	5,051,046				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,065	20,145	86,605			8.00
9.00	00900	HOUSEKEEPING	109,351	54,796	0	336,591		9.00
10.00	01000	DIETARY	38,063	155,688	0	10,531	844,459	10.00
11.00	01100	CAFETERIA	64,092	85,450	0	5,780	0	11.00
13.00	01300	NURSING ADMINISTRATION	119,587	18,762	0	1,269	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	58,210	142,763	0	9,657	0	14.00
15.00	01500	PHARMACY	119,621	52,493	0	3,551	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,017	74,341	0	5,029	0	16.00
17.00	01700	SOCIAL SERVICE	26,447	2,568	0	174	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	28,991	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,696	207,540	0	14,038	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	8,119	1,347	0	91	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	5,177	1,276	0	86	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	363,132	939,868	28,989	63,575	282,678	30.00
31.00	03100	INTENSIVE CARE UNIT	122,034	88,974	7,062	6,018	68,855	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	116,886	146,063	5,920	9,880	57,720	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	274,890	269,118	18,499	18,204	180,374	31.02
31.03	02400	INTERMEDIATE CARE UNIT	191,313	274,142	13,247	18,543	129,165	31.03
40.00	04000	SUBPROVIDER - IPF	100,485	98,823	8,641	6,685	84,255	40.00
43.00	04300	NURSERY	33,393	8,634	4,247	584	41,412	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	201,991	387,659	0	26,222	0	50.00
51.00	05100	RECOVERY ROOM	47,640	92,442	0	6,253	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140,969	104,609	0	7,076	0	52.00
53.00	05300	ANESTHESIOLOGY	15,684	13,276	0	898	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	151,267	182,677	0	12,357	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	65,818	23,013	0	1,557	0	55.00
56.00	05600	RADIOISOTOPE	14,431	24,472	0	1,655	0	56.00
57.00	05700	CT SCAN	25,931	7,083	0	479	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,370	18,320	0	1,239	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,286	68,529	0	4,635	0	59.00
60.00	06000	LABORATORY	177,248	170,672	0	11,544	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	87,486	7,200	0	487	0	62.00
64.00	06400	INTRAVENOUS THERAPY	51,334	54,221	0	3,668	0	64.00
65.00	06500	RESPIRATORY THERAPY	131,606	53,687	0	3,631	0	65.00
66.00	06600	PHYSICAL THERAPY	27,876	35,170	0	2,379	0	66.00
66.01	06601	CLINICAL NUTRITION	16,519	1,719	0	116	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	15,395	7,922	0	536	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,431	17,170	0	1,161	0	68.00
69.00	06900	ELECTROCARDIOLOGY	49,384	56,082	0	3,793	0	69.00
69.01	06901	CARDIAC REHAB	5,281	25,580	0	1,730	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	13,568	3,117	0	211	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	1,654	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	318,963	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	150,196	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	445,947	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	24,287	14,394	0	974	0	74.00
76.00	03330	ENDOSCOPY	37,286	78,530	0	5,312	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	344,499	426,601	0	28,856	0	90.00
91.00	09100	EMERGENCY	211,317	195,215	0	13,205	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,739	392	0	26	0	105.00
106.00	10600	HEART ACQUISITION	1,475	392	0	26	0	106.00
107.00	10700	LIVER ACQUISITION	1,147	392	0	26	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,943,869	4,713,327	86,605	313,747	844,459	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,486	16,062	0	1,086	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	60,267	290,514	0	19,651	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	42,235	26,516	0	1,794	0	194.00
194.02	07952	POISON CONTROL	41,793	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	317,883	4,627	0	313	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	22,509	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	17,043	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,450,085	5,051,046	86,605	336,591	844,459	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	365,440					11.00
13.00	01300	NURSING ADMINISTRATION	10,184	1,750,272				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,060	0	1,128,208			14.00
15.00	01500	PHARMACY	14,836	0	20,109	1,070,749		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,514	0	2	0	282,097	16.00
17.00	01700	SOCIAL SERVICE	2,773	0	0	181	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,458	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,566	0	1	0	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	801	0	0	0	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	530	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,362	320,506	82,795	324	20,743	30.00
31.00	03100	INTENSIVE CARE UNIT	13,822	107,938	60,451	69	4,838	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	12,405	104,619	58,236	290	7,783	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	34,513	210,356	65,269	314	18,751	31.02
31.03	02400	INTERMEDIATE CARE UNIT	20,716	177,032	29,506	59	7,670	31.03
40.00	04000	SUBPROVIDER - IPF	10,536	77,305	2,462	20	2,924	40.00
43.00	04300	NURSERY	3,154	23,606	0	0	1,034	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,727	83,808	292,100	2,225	25,092	50.00
51.00	05100	RECOVERY ROOM	5,297	35,623	4,242	12	3,184	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,952	89,121	29,432	328	7,887	52.00
53.00	05300	ANESTHESIOLOGY	1,300	12,320	51,413	2,174	7,987	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,324	16,838	95,515	139	12,178	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,517	2,180	554	0	6,938	55.00
56.00	05600	RADIOISOTOPE	483	4	322	14	641	56.00
57.00	05700	CT SCAN	2,137	25	9,910	216	9,054	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,418	6	5,921	90	4,463	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,820	14,326	104,160	141	5,019	59.00
60.00	06000	LABORATORY	12,301	0	8,102	46	24,775	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,171	2,306	1,448	1	3,182	62.00
64.00	06400	INTRAVENOUS THERAPY	5,449	41,391	18,552	26	2,970	64.00
65.00	06500	RESPIRATORY THERAPY	11,267	2,111	34,600	634	8,867	65.00
66.00	06600	PHYSICAL THERAPY	1,356	0	129	0	1,304	66.00
66.01	06601	CLINICAL NUTRITION	2,013	0	0	0	87	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,068	0	356	0	905	67.00
68.00	06800	SPEECH PATHOLOGY	1,573	2,227	8,622	0	909	68.00
69.00	06900	ELECTROCARDIOLOGY	4,534	21,531	2,438	1,157	8,942	69.00
69.01	06901	CARDIAC REHAB	526	3,325	88	0	121	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,348	0	3,750	0	1,121	70.00
70.01	03320	ELECTROSHOCK THERAPY	187	1,393	233	0	110	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,051,210	44,785	73.00
74.00	07400	RENAL DIALYSIS	982	7,530	10,234	115	1,296	74.00
76.00	03330	ENDOSCOPY	3,447	25,901	39,611	136	3,427	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35,602	166,964	14,372	10,618	5,973	90.00
91.00	09100	EMERGENCY	23,163	150,167	73,273	210	20,984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	159	2,777	0	0	52	105.00
106.00	10600	HEART ACQUISITION	81	0	0	0	27	106.00
107.00	10700	LIVER ACQUISITION	57	0	0	0	27	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	346,489	1,703,236	1,128,208	1,070,749	282,097	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	139	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,716	1,048	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	3,875	13,205	0	0	0	194.00
194.02	07952	POISON CONTROL	4,029	18,374	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	2,636	1,120	0	0	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	2,009	7,488	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	1,547	5,801	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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)	365,440	1,750,272	1,128,208	1,070,749	282,097	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				17.00	21.00			
	GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	38,836					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	32,953				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		747,731			22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0			13,775		23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0				10,272	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,001					30.00
31.00	03100	INTENSIVE CARE UNIT	3,167					31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,654					31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	8,295					31.02
31.03	02400	INTERMEDIATE CARE UNIT	5,940					31.03
40.00	04000	SUBPROVIDER - IPF	3,875					40.00
43.00	04300	NURSERY	1,904					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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
66.01	06601	CLINICAL NUTRITION	0					66.01
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
69.01	06901	CARDIAC REHAB	0					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
70.01	03320	ELECTROSHOCK THERAPY	0					70.01
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
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0					90.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,836	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00	19100	RESEARCH	0					191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0					194.00
194.02	07952	POISON CONTROL	0					194.02
194.03	07953	RETAIL PHARMACY	0					194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY	PARAMED ED - PHARMACY RESIDENCY - CG	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
			17.00	21.00	22.00	23.00	23.01	
194.04	07954	RURAL HEALTH CLINIC - 5295	0					194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0					194.05
200.00		Cross Foot Adjustments		32,953	747,731	13,775	10,272	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	38,836	32,953	747,731	13,775	10,272	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY				23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,374,106	0	5,374,106	30.00
31.00	03100	INTENSIVE CARE UNIT	1,076,160	0	1,076,160	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,388,041	0	1,388,041	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,451,836	0	3,451,836	31.02
31.03	02400	INTERMEDIATE CARE UNIT	1,790,075	0	1,790,075	31.03
40.00	04000	SUBPROVIDER - IPF	669,202	0	669,202	40.00
43.00	04300	NURSERY	139,572	0	139,572	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,861,865	0	4,861,865	50.00
51.00	05100	RECOVERY ROOM	429,304	0	429,304	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,623,850	0	1,623,850	52.00
53.00	05300	ANESTHESIOLOGY	563,624	0	563,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,753,489	0	3,753,489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	363,473	0	363,473	55.00
56.00	05600	RADIOISOTOPE	399,492	0	399,492	56.00
57.00	05700	CT SCAN	526,832	0	526,832	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	931,968	0	931,968	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,065,135	0	1,065,135	59.00
60.00	06000	LABORATORY	1,350,389	0	1,350,389	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	225,630	0	225,630	62.00
64.00	06400	INTRAVENOUS THERAPY	774,634	0	774,634	64.00
65.00	06500	RESPIRATORY THERAPY	933,669	0	933,669	65.00
66.00	06600	PHYSICAL THERAPY	166,879	0	166,879	66.00
66.01	06601	CLINICAL NUTRITION	24,956	0	24,956	66.01
67.00	06700	OCCUPATIONAL THERAPY	46,566	0	46,566	67.00
68.00	06800	SPEECH PATHOLOGY	135,706	0	135,706	68.00
69.00	06900	ELECTROCARDIOLOGY	1,128,893	0	1,128,893	69.00
69.01	06901	CARDIAC REHAB	111,671	0	111,671	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	252,309	0	252,309	70.00
70.01	03320	ELECTROSHOCK THERAPY	3,604	0	3,604	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	321,560	0	321,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	153,646	0	153,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,541,942	0	1,541,942	73.00
74.00	07400	RENAL DIALYSIS	164,477	0	164,477	74.00
76.00	03330	ENDOSCOPY	1,568,406	0	1,568,406	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,918,193	0	4,918,193	90.00
91.00	09100	EMERGENCY	1,596,471	0	1,596,471	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,366	0	8,366	105.00
106.00	10600	HEART ACQUISITION	2,972	0	2,972	106.00
107.00	10700	LIVER ACQUISITION	2,616	0	2,616	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,841,579	0	43,841,579	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,944	0	65,944	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,167,723	0	1,167,723	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	346,379	0	346,379	194.00
194.02	07952	POISON CONTROL	187,106	0	187,106	194.02
194.03	07953	RETAIL PHARMACY	389,157	0	389,157	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.04	07954	RURAL HEALTH CLINIC - 5295	170,827	0	170,827		194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	86,272	0	86,272		194.05
200.00		Cross Foot Adjustments	804,731	0	804,731		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	47,059,718	0	47,059,718		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,456,051					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		12,961,449				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,929	0	224,123,903			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	262,937	1,192,831	17,618,072	-159,789,156	507,233,535	5.00
7.00	00700	OPERATION OF PLANT	194,768	1,397,782	3,192,117	0	23,664,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,962	0	202,591	0	1,588,173	8.00
9.00	00900	HOUSEKEEPING	10,777	21,686	4,780,380	0	10,176,965	9.00
10.00	01000	DIETARY	30,620	148,913	1,007,176	0	3,542,368	10.00
11.00	01100	CAFETERIA	16,806	0	3,030,379	0	5,964,821	11.00
13.00	01300	NURSING ADMINISTRATION	3,690	915,789	5,413,955	0	11,129,576	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,078	256,083	1,095,404	0	5,417,409	14.00
15.00	01500	PHARMACY	10,324	13,971	7,887,333	0	11,132,708	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,621	1,118	804,663	0	1,583,715	16.00
17.00	01700	SOCIAL SERVICE	505	0	1,474,191	0	2,461,360	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,838,483	0	2,698,136	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	1,385	832,683	-64,545,144	1,274,598	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	265	0	426,044	0	755,616	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	251	0	281,557	0	481,782	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	184,850	479,130	23,599,532	0	33,795,433	30.00
31.00	03100	INTENSIVE CARE UNIT	17,499	219,950	7,348,293	0	11,357,309	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	28,727	287,194	6,594,636	0	10,878,198	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	52,929	996,019	18,347,994	0	25,583,048	31.02
31.03	02400	INTERMEDIATE CARE UNIT	53,917	146,409	11,013,221	0	17,804,850	31.03
40.00	04000	SUBPROVIDER - IPF	19,436	17,464	5,601,251	0	9,351,759	40.00
43.00	04300	NURSERY	1,698	0	1,676,689	0	3,107,759	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,243	1,184,647	9,424,198	0	18,798,620	50.00
51.00	05100	RECOVERY ROOM	18,181	4,380	2,816,218	0	4,433,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,574	429,788	8,480,444	0	13,119,532	52.00
53.00	05300	ANESTHESIOLOGY	2,611	180,133	691,060	0	1,459,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,928	1,493,021	6,551,661	0	14,077,889	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	34,294	1,338,044	0	6,125,413	55.00
56.00	05600	RADIOISOTOPE	4,813	175,407	256,777	0	1,343,021	56.00
57.00	05700	CT SCAN	1,393	226,124	1,136,359	0	2,413,267	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	433,020	753,638	0	1,988,863	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,478	381,787	1,499,011	0	3,842,386	59.00
60.00	06000	LABORATORY	33,567	231,638	6,539,362	0	16,495,844	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,416	22,170	1,153,982	0	8,142,007	62.00
64.00	06400	INTRAVENOUS THERAPY	10,664	93,087	2,897,118	0	4,777,514	64.00
65.00	06500	RESPIRATORY THERAPY	10,559	302,536	5,990,066	0	12,248,069	65.00
66.00	06600	PHYSICAL THERAPY	6,917	7,270	720,810	0	2,594,350	66.00
66.01	06601	CLINICAL NUTRITION	338	0	1,069,968	0	1,537,335	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,558	487	567,957	0	1,432,758	67.00
68.00	06800	SPEECH PATHOLOGY	3,377	24,961	836,120	0	1,808,414	68.00
69.00	06900	ELECTROCARDIOLOGY	11,030	453,161	2,410,462	0	4,596,030	69.00
69.01	06901	CARDIAC REHAB	5,031	7,248	279,396	0	491,473	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	613	130,533	716,399	0	1,262,749	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	99,652	0	153,949	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	29,684,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	13,978,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	41,515,484	73.00
74.00	07400	RENAL DIALYSIS	2,831	40,845	521,825	0	2,260,297	74.00
76.00	03330	ENDOSCOPY	15,445	246,634	1,832,379	0	3,470,055	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	83,902	379,854	18,927,024	0	32,061,367	90.00
91.00	09100	EMERGENCY	38,394	213,546	12,314,142	0	19,666,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	77	141	84,714	0	347,994	105.00
106.00	10600	HEART ACQUISITION	77	0	43,173	0	137,307	106.00
107.00	10700	LIVER ACQUISITION	77	0	30,426	0	106,705	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,389,630	12,792,436	214,049,029	-224,334,300	460,121,740	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	2,837	74,127	0	417,505	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,137	3,788	2,507,007	0	5,608,795	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	5,215	111,261	2,060,225	0	3,930,688	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
194.02	07952	POISON CONTROL	0	32,127	2,141,938	0	3,889,541	194.02
194.03	07953	RETAIL PHARMACY	910	9,008	1,401,466	0	29,584,275	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	8,231	1,067,792	0	2,094,845	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	1,761	822,319	0	1,586,146	194.05
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)	18,132,432	21,980,592	104,797,598		159,789,156	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.453157	1.695844	0.467588		0.315021	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			61,382		5,450,085	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000274		0.010745	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	993,417				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,962	135,667			8.00
9.00	00900	HOUSEKEEPING	10,777	0	978,678		9.00
10.00	01000	DIETARY	30,620	0	30,620	135,667	10.00
11.00	01100	CAFETERIA	16,806	0	16,806	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,690	0	3,690	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,078	0	28,078	0	14.00
15.00	01500	PHARMACY	10,324	0	10,324	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,621	0	14,621	0	16.00
17.00	01700	SOCIAL SERVICE	505	0	505	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	0	40,818	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	265	0	265	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	251	0	251	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	184,850	45,414	184,850	45,414	30.00
31.00	03100	INTENSIVE CARE UNIT	17,499	11,062	17,499	11,062	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	28,727	9,273	28,727	9,273	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	52,929	28,978	52,929	28,978	31.02
31.03	02400	INTERMEDIATE CARE UNIT	53,917	20,751	53,917	20,751	31.03
40.00	04000	SUBPROVIDER - IPF	19,436	13,536	19,436	13,536	40.00
43.00	04300	NURSERY	1,698	6,653	1,698	6,653	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,243	0	76,243	0	50.00
51.00	05100	RECOVERY ROOM	18,181	0	18,181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,574	0	20,574	0	52.00
53.00	05300	ANESTHESIOLOGY	2,611	0	2,611	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,928	0	35,928	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	0	4,526	0	55.00
56.00	05600	RADIOISOTOPE	4,813	0	4,813	0	56.00
57.00	05700	CT SCAN	1,393	0	1,393	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	0	3,603	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,478	0	13,478	0	59.00
60.00	06000	LABORATORY	33,567	0	33,567	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,416	0	1,416	0	62.00
64.00	06400	INTRAVENOUS THERAPY	10,664	0	10,664	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,559	0	10,559	0	65.00
66.00	06600	PHYSICAL THERAPY	6,917	0	6,917	0	66.00
66.01	06601	CLINICAL NUTRITION	338	0	338	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,558	0	1,558	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,377	0	3,377	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,030	0	11,030	0	69.00
69.01	06901	CARDIAC REHAB	5,031	0	5,031	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	613	0	613	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
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	2,831	0	2,831	0	74.00
76.00	03330	ENDOSCOPY	15,445	0	15,445	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	83,902	0	83,902	0	90.00
91.00	09100	EMERGENCY	38,394	0	38,394	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	77	0	77	0	105.00
106.00	10600	HEART ACQUISITION	77	0	77	0	106.00
107.00	10700	LIVER ACQUISITION	77	0	77	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	926,996	135,667	912,257	135,667	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	0	3,159	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,137	0	57,137	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	5,215	0	5,215	0	194.00
194.02	07952	POISON CONTROL	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	910	0	910	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
194.05	07955	RURAL HEALTH CLINIC - 5296	0	0	0	0	822,319	194.05
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)	31,119,283	2,212,593	13,720,518	6,046,750	8,605,932	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.325499	16.308999	14.019441	44.570529	0.044294	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,051,046	86,605	336,591	844,459	365,440	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.084517	0.638365	0.343924	6.224498	0.001881	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	3,102,418					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,894,524				14.00
15.00	01500	PHARMACY	0	550,647	41,672,415			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	43	0	2,042,752,500		16.00
17.00	01700	SOCIAL SERVICE	0	0	7,026	0	135,667	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	22	0	0	0	22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	568,105	2,267,244	12,613	150,314,782	45,414	30.00
31.00	03100	INTENSIVE CARE UNIT	191,324	1,655,383	2,695	35,055,941	11,062	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	185,440	1,594,720	11,268	56,399,263	9,273	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	372,863	1,787,314	12,214	135,878,464	28,978	31.02
31.03	02400	INTERMEDIATE CARE UNIT	313,795	807,993	2,308	55,580,737	20,751	31.03
40.00	04000	SUBPROVIDER - IPF	137,026	67,423	773	21,187,722	13,536	40.00
43.00	04300	NURSERY	41,843	0	0	7,491,978	6,653	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	148,552	7,998,745	86,593	181,829,106	0	50.00
51.00	05100	RECOVERY ROOM	63,143	116,168	473	23,074,378	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	157,970	805,964	12,783	57,153,305	0	52.00
53.00	05300	ANESTHESIOLOGY	21,838	1,407,868	84,617	57,874,659	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,846	2,615,570	5,394	88,245,583	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,865	15,168	0	50,272,619	0	55.00
56.00	05600	RADIOISOTOPE	7	8,820	560	4,644,363	0	56.00
57.00	05700	CT SCAN	44	271,373	8,415	65,606,504	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11	162,151	3,512	32,337,116	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,393	2,852,292	5,506	36,368,100	0	59.00
60.00	06000	LABORATORY	0	221,867	1,775	179,526,631	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,088	39,653	42	23,056,905	0	62.00
64.00	06400	INTRAVENOUS THERAPY	73,367	508,012	1,014	21,518,354	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,741	947,482	24,677	64,252,497	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,543	0	9,447,086	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	631,774	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	9,744	0	6,556,252	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,947	236,103	0	6,583,975	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,164	66,752	45,042	64,795,625	0	69.00
69.01	06901	CARDIAC REHAB	5,894	2,408	0	875,022	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	102,698	0	8,122,040	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	2,470	6,374	0	799,085	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,816,793	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	24,996,418	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	40,911,947	323,134,668	0	73.00
74.00	07400	RENAL DIALYSIS	13,348	280,251	4,459	9,393,044	0	74.00
76.00	03330	ENDOSCOPY	45,910	1,084,699	5,306	24,833,367	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	295,950	393,552	413,229	43,283,598	0	90.00
91.00	09100	EMERGENCY	266,177	2,006,478	8,174	152,055,122	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,922	0	0	373,918	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	192,853	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	192,853	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,019,043	30,894,524	41,672,415	2,042,752,500	135,667	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,858	0	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	23,406	0	0	0	0	194.00
194.02	07952	POISON CONTROL	32,569	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	1,986	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
194.04	07954	RURAL HEALTH CLINIC - 5295	13,273	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	10,283	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,042,755	8,445,722	15,607,780	2,781,260	3,327,568	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.848720	0.273373	0.374535	0.001362	24.527468	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,750,272	1,128,208	1,070,749	282,097	38,836	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.564164	0.036518	0.025694	0.000138	0.286260	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: 26-0091

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED - PHARMACY RESIDENCY - CG (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		21.00	22.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	196				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		196			22.00
23.00	02300	PARAMED ED - PHARMACY RESIDENCY			53		23.00
23.01	02301	PARAMED ED - PHARMACY RESIDENCY - CG				90	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	121	121	24	63	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	10	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	17	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.02
31.03	02400	INTERMEDIATE CARE UNIT	1	1	0	0	31.03
40.00	04000	SUBPROVIDER - IPF	1	1	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17	17	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26	26	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6	6	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5	5	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	3	3	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2	2	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9	9	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
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	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	19	10	90.00
91.00	09100	EMERGENCY	5	5	0	0	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	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	196	196	53	90	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED - PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED - PHARMACY RESIDENCY - CG (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		21.00	22.00	23.00	23.01		
194.00	07950	NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.02	07952	POISON CONTROL	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	194.03
194.04	07954	RURAL HEALTH CLINIC - 5295	0	0	0	0	194.04
194.05	07955	RURAL HEALTH CLINIC - 5296	0	0	0	0	194.05
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)	3,629,540	68,109,046	1,024,538	657,406	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18,518.061224	347,495.132653	19,330.905660	7,304.511111	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,953	747,731	13,775	10,272	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	168.127551	3,814.954082	259.905660	114.133333	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	207.00

Provider CCN: 26-0091

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

Worksheet B-2

Date/Time Prepared:
8/28/2020 1:15 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	-41,324 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	62,255,580	62,255,580	0	62,255,580 30.00
31.00	03100	INTENSIVE CARE UNIT	18,621,126	18,621,126	0	18,621,126 31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,232,078	18,232,078	0	18,232,078 31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	41,816,089	41,816,089	0	41,816,089 31.02
31.03	02400	INTERMEDIATE CARE UNIT	29,937,667	29,937,667	0	29,937,667 31.03
40.00	04000	SUBPROVIDER - IPF	15,295,236	15,295,236	0	15,295,236 40.00
43.00	04300	NURSERY	5,019,333	5,019,333	0	5,019,333 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,782,255	31,782,255	0	31,782,255 50.00
51.00	05100	RECOVERY ROOM	7,149,067	7,149,067	0	7,149,067 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,629,932	19,629,932	0	19,629,932 52.00
53.00	05300	ANESTHESIOLOGY	2,669,821	2,669,821	0	2,669,821 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,414,023	21,414,023	0	21,414,023 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,410,903	8,410,903	0	8,410,903 55.00
56.00	05600	RADIOISOTOPE	2,004,702	2,004,702	0	2,004,702 56.00
57.00	05700	CT SCAN	3,453,903	3,453,903	0	3,453,903 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,901,896	2,901,896	0	2,901,896 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,684,833	6,684,833	0	6,684,833 59.00
60.00	06000	LABORATORY	23,809,962	23,809,962	0	23,809,962 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,884,315	10,884,315	0	10,884,315 62.00
64.00	06400	INTRAVENOUS THERAPY	7,418,715	7,418,715	0	7,418,715 64.00
65.00	06500	RESPIRATORY THERAPY	17,224,498	17,224,498	0	17,224,498 65.00
66.00	06600	PHYSICAL THERAPY	3,771,039	3,771,039	0	3,771,039 66.00
66.01	06601	CLINICAL NUTRITION	2,085,208	2,085,208	0	2,085,208 66.01
67.00	06700	OCCUPATIONAL THERAPY	1,991,505	1,991,505	0	1,991,505 67.00
68.00	06800	SPEECH PATHOLOGY	2,660,916	2,660,916	0	2,660,916 68.00
69.00	06900	ELECTROCARDIOLOGY	6,959,216	6,959,216	0	6,959,216 69.00
69.01	06901	CARDIAC REHAB	917,232	917,232	0	917,232 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,759,207	1,759,207	0	1,759,207 70.00
70.01	03320	ELECTROSHOCK THERAPY	221,666	221,666	0	221,666 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,061,777	39,061,777	0	39,061,777 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,415,760	18,415,760	0	18,415,760 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,355,777	70,355,777	0	70,355,777 73.00
74.00	07400	RENAL DIALYSIS	3,238,296	3,238,296	0	3,238,296 74.00
76.00	03330	ENDOSCOPY	5,899,652	5,899,652	0	5,899,652 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	49,000,874	49,000,874	0	49,000,874 90.00
91.00	09100	EMERGENCY	30,197,608	30,197,608	0	30,197,608 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,076,776	12,076,776	0	12,076,776 92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	489,236	489,236	0	489,236 105.00
106.00	10600	HEART ACQUISITION	186,228	186,228	0	186,228 106.00
107.00	10700	LIVER ACQUISITION	145,421	145,421	0	145,421 107.00
200.00		Subtotal (see instructions)	606,049,328	606,049,328	0	606,049,328 200.00
201.00		Less Observation Beds	12,076,776	12,076,776	0	12,076,776 201.00
202.00		Total (see instructions)	593,972,552	593,972,552	0	593,972,552 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 1:15 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	115,842,101		115,842,101			30.00
31.00	03100	INTENSIVE CARE UNIT	35,055,941		35,055,941			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	56,399,263		56,399,263			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	135,878,464		135,878,464			31.02
31.03	02400	INTERMEDIATE CARE UNIT	55,580,737		55,580,737			31.03
40.00	04000	SUBPROVIDER - IPF	21,187,722		21,187,722			40.00
43.00	04300	NURSERY	7,491,978		7,491,978			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	66,412,489	115,416,617	181,829,106	0.174792	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,297,681	18,776,697	23,074,378	0.309827	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,764,163	28,389,142	57,153,305	0.343461	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	23,177,956	34,696,703	57,874,659	0.046131	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,315,560	70,930,023	88,245,583	0.242664	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	876,796	49,395,823	50,272,619	0.167306	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,063,519	3,580,844	4,644,363	0.431642	0.000000	56.00
57.00	05700	CT SCAN	21,630,687	43,975,817	65,606,504	0.052646	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,561,119	23,775,997	32,337,116	0.089739	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,490,228	21,877,872	36,368,100	0.183810	0.000000	59.00
60.00	06000	LABORATORY	95,174,767	84,351,864	179,526,631	0.132626	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,252,065	5,804,840	23,056,905	0.472063	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	831,146	20,687,208	21,518,354	0.344762	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	44,261,033	19,991,464	64,252,497	0.268075	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,609,668	2,837,418	9,447,086	0.399175	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	492	631,282	631,774	3.300560	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,962,234	1,594,018	6,556,252	0.303757	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,298,689	4,285,286	6,583,975	0.404150	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,499,853	42,295,772	64,795,625	0.107403	0.000000	69.00
69.01	06901	CARDIAC REHAB	225	874,797	875,022	1.048239	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,270,492	4,851,548	8,122,040	0.216597	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	307,547	491,538	799,085	0.277400	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,395,432	12,421,361	18,816,793	2.075900	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,942,774	13,053,644	24,996,418	0.736736	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,903,161	230,231,507	323,134,668	0.217729	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,357,425	5,035,619	9,393,044	0.344755	0.000000	74.00
76.00	03330	ENDOSCOPY	2,890,335	21,943,032	24,833,367	0.237570	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	113,580	43,170,018	43,283,598	1.132089	0.000000	90.00
91.00	09100	EMERGENCY	39,047,134	113,007,988	152,055,122	0.198596	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,991,787	30,480,894	34,472,681	0.350329	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	373,918	0	373,918			105.00
106.00	10600	HEART ACQUISITION	192,853	0	192,853			106.00
107.00	10700	LIVER ACQUISITION	192,853	0	192,853			107.00
200.00		Subtotal (see instructions)	973,895,867	1,068,856,633	2,042,752,500			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	973,895,867	1,068,856,633	2,042,752,500			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 1:15 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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT			31.02
31.03	02400	INTERMEDIATE CARE UNIT			31.03
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174792		50.00
51.00	05100	RECOVERY ROOM	0.309827		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343461		52.00
53.00	05300	ANESTHESIOLOGY	0.046131		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242664		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167306		55.00
56.00	05600	RADIOISOTOPE	0.431642		56.00
57.00	05700	CT SCAN	0.052646		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089739		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.183810		59.00
60.00	06000	LABORATORY	0.132626		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.472063		62.00
64.00	06400	INTRAVENOUS THERAPY	0.344762		64.00
65.00	06500	RESPIRATORY THERAPY	0.268075		65.00
66.00	06600	PHYSICAL THERAPY	0.399175		66.00
66.01	06601	CLINICAL NUTRITION	3.300560		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.303757		67.00
68.00	06800	SPEECH PATHOLOGY	0.404150		68.00
69.00	06900	ELECTROCARDIOLOGY	0.107403		69.00
69.01	06901	CARDIAC REHAB	1.048239		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216597		70.00
70.01	03320	ELECTROSHOCK THERAPY	0.277400		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.075900		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.736736		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217729		73.00
74.00	07400	RENAL DIALYSIS	0.344755		74.00
76.00	03330	ENDOSCOPY	0.237570		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.132089		90.00
91.00	09100	EMERGENCY	0.198596		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.350329		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
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: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
					5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,255,580		62,255,580	0
31.00	03100	INTENSIVE CARE UNIT	18,621,126		18,621,126	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,232,078		18,232,078	0
31.02	02060	NEONATAL INTENSIVE CARE UNIT	41,816,089		41,816,089	0
31.03	02400	INTERMEDIATE CARE UNIT	29,937,667		29,937,667	0
40.00	04000	SUBPROVIDER - IPF	15,295,236		15,295,236	0
43.00	04300	NURSERY	5,019,333		5,019,333	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,782,255		31,782,255	0
51.00	05100	RECOVERY ROOM	7,149,067		7,149,067	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,629,932		19,629,932	0
53.00	05300	ANESTHESIOLOGY	2,669,821		2,669,821	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,414,023		21,414,023	0
55.00	05500	RADIOLOGY-THERAPEUTIC	8,410,903		8,410,903	0
56.00	05600	RADIOISOTOPE	2,004,702		2,004,702	0
57.00	05700	CT SCAN	3,453,903		3,453,903	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,901,896		2,901,896	0
59.00	05900	CARDIAC CATHETERIZATION	6,684,833		6,684,833	0
60.00	06000	LABORATORY	23,809,962		23,809,962	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,884,315		10,884,315	0
64.00	06400	INTRAVENOUS THERAPY	7,418,715		7,418,715	0
65.00	06500	RESPIRATORY THERAPY	17,224,498	0	17,224,498	0
66.00	06600	PHYSICAL THERAPY	3,771,039	0	3,771,039	0
66.01	06601	CLINICAL NUTRITION	2,085,208	0	2,085,208	0
67.00	06700	OCCUPATIONAL THERAPY	1,991,505	0	1,991,505	0
68.00	06800	SPEECH PATHOLOGY	2,660,916	0	2,660,916	0
69.00	06900	ELECTROCARDIOLOGY	6,959,216		6,959,216	0
69.01	06901	CARDIAC REHAB	917,232		917,232	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,759,207		1,759,207	0
70.01	03320	ELECTROSHOCK THERAPY	221,666		221,666	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,061,777		39,061,777	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,415,760		18,415,760	0
73.00	07300	DRUGS CHARGED TO PATIENTS	70,355,777		70,355,777	0
74.00	07400	RENAL DIALYSIS	3,238,296		3,238,296	0
76.00	03330	ENDOSCOPY	5,899,652		5,899,652	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	49,000,874		49,000,874	0
91.00	09100	EMERGENCY	30,197,608		30,197,608	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,076,776		12,076,776	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	489,236		489,236	0
106.00	10600	HEART ACQUISITION	186,228		186,228	0
107.00	10700	LIVER ACQUISITION	145,421		145,421	0
200.00		Subtotal (see instructions)	606,049,328	0	606,049,328	0
201.00		Less Observation Beds	12,076,776		12,076,776	0
202.00		Total (see instructions)	593,972,552	0	593,972,552	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 1:15 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	115,842,101		115,842,101		30.00
31.00	03100	INTENSIVE CARE UNIT	35,055,941		35,055,941		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	56,399,263		56,399,263		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	135,878,464		135,878,464		31.02
31.03	02400	INTERMEDIATE CARE UNIT	55,580,737		55,580,737		31.03
40.00	04000	SUBPROVIDER - IPF	21,187,722		21,187,722		40.00
43.00	04300	NURSERY	7,491,978		7,491,978		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	66,412,489	115,416,617	181,829,106	0.174792	50.00
51.00	05100	RECOVERY ROOM	4,297,681	18,776,697	23,074,378	0.309827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,764,163	28,389,142	57,153,305	0.343461	52.00
53.00	05300	ANESTHESIOLOGY	23,177,956	34,696,703	57,874,659	0.046131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,315,560	70,930,023	88,245,583	0.242664	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	876,796	49,395,823	50,272,619	0.167306	55.00
56.00	05600	RADIOISOTOPE	1,063,519	3,580,844	4,644,363	0.431642	56.00
57.00	05700	CT SCAN	21,630,687	43,975,817	65,606,504	0.052646	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,561,119	23,775,997	32,337,116	0.089739	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,490,228	21,877,872	36,368,100	0.183810	59.00
60.00	06000	LABORATORY	95,174,767	84,351,864	179,526,631	0.132626	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,252,065	5,804,840	23,056,905	0.472063	62.00
64.00	06400	INTRAVENOUS THERAPY	831,146	20,687,208	21,518,354	0.344762	64.00
65.00	06500	RESPIRATORY THERAPY	44,261,033	19,991,464	64,252,497	0.268075	65.00
66.00	06600	PHYSICAL THERAPY	6,609,668	2,837,418	9,447,086	0.399175	66.00
66.01	06601	CLINICAL NUTRITION	492	631,282	631,774	3.300560	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,962,234	1,594,018	6,556,252	0.303757	67.00
68.00	06800	SPEECH PATHOLOGY	2,298,689	4,285,286	6,583,975	0.404150	68.00
69.00	06900	ELECTROCARDIOLOGY	22,499,853	42,295,772	64,795,625	0.107403	69.00
69.01	06901	CARDIAC REHAB	225	874,797	875,022	1.048239	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,270,492	4,851,548	8,122,040	0.216597	70.00
70.01	03320	ELECTROSHOCK THERAPY	307,547	491,538	799,085	0.277400	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,395,432	12,421,361	18,816,793	2.075900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,942,774	13,053,644	24,996,418	0.736736	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,903,161	230,231,507	323,134,668	0.217729	73.00
74.00	07400	RENAL DIALYSIS	4,357,425	5,035,619	9,393,044	0.344755	74.00
76.00	03330	ENDOSCOPY	2,890,335	21,943,032	24,833,367	0.237570	76.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	113,580	43,170,018	43,283,598	1.132089	90.00
91.00	09100	EMERGENCY	39,047,134	113,007,988	152,055,122	0.198596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,991,787	30,480,894	34,472,681	0.350329	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	373,918	0	373,918		105.00
106.00	10600	HEART ACQUISITION	192,853	0	192,853		106.00
107.00	10700	LIVER ACQUISITION	192,853	0	192,853		107.00
200.00		Subtotal (see instructions)	973,895,867	1,068,856,633	2,042,752,500		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	973,895,867	1,068,856,633	2,042,752,500		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 1:15 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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT				31.02
31.03	02400	INTERMEDIATE CARE UNIT				31.03
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	CLINICAL NUTRITION	0.000000			66.01
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
69.01	06901	CARDIAC REHAB	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000			70.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
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
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: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/28/2020 1:15 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	5,374,106	0	5,374,106	56,344	95.38	30.00
31.00	INTENSIVE CARE UNIT	1,076,160		1,076,160	11,062	97.28	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	1,388,041		1,388,041	9,273	149.69	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	3,451,836		3,451,836	28,978	119.12	31.02
31.03	INTERMEDIATE CARE UNIT	1,790,075		1,790,075	20,751	86.26	31.03
40.00	SUBPROVIDER - IPF	669,202	0	669,202	13,536	49.44	40.00
43.00	NURSERY	139,572		139,572	6,653	20.98	43.00
200.00	Total (lines 30 through 199)	13,888,992		13,888,992	146,597		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	6,324	603,183				
31.00	INTENSIVE CARE UNIT	4,180	406,630				
31.01	PEDIATRIC INTENSIVE CARE UNIT	23	3,443				
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				
31.03	INTERMEDIATE CARE UNIT	5,705	492,113				
40.00	SUBPROVIDER - IPF	7,064	349,244				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	23,296	1,854,613				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/28/2020 1:15 pm			
				Title XVIII		Hospital		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	4,861,865	181,829,106	0.026739	12,087,836	323,217	50.00	
51.00	05100	RECOVERY ROOM	429,304	23,074,378	0.018605	803,471	14,949	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,623,850	57,153,305	0.028412	205,191	5,830	52.00	
53.00	05300	ANESTHESIOLOGY	563,624	57,874,659	0.009739	2,391,733	23,293	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,753,489	88,245,583	0.042535	3,824,917	162,693	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	363,473	50,272,619	0.007230	152,299	1,101	55.00	
56.00	05600	RADIOISOTOPE	399,492	4,644,363	0.086017	227,548	19,573	56.00	
57.00	05700	CT SCAN	526,832	65,606,504	0.008030	5,266,549	42,290	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	931,968	32,337,116	0.028820	1,719,285	49,550	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,065,135	36,368,100	0.029288	2,094,946	61,357	59.00	
60.00	06000	LABORATORY	1,350,389	179,526,631	0.007522	14,925,215	112,267	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	225,630	23,056,905	0.009786	1,221,942	11,958	62.00	
64.00	06400	INTRAVENOUS THERAPY	774,634	21,518,354	0.035999	51,426	1,851	64.00	
65.00	06500	RESPIRATORY THERAPY	933,669	64,252,497	0.014531	4,980,065	72,365	65.00	
66.00	06600	PHYSICAL THERAPY	166,879	9,447,086	0.017665	1,377,926	24,341	66.00	
66.01	06601	CLINICAL NUTRITION	24,956	631,774	0.039501	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	46,566	6,556,252	0.007103	716,004	5,086	67.00	
68.00	06800	SPEECH PATHOLOGY	135,706	6,583,975	0.020612	514,918	10,613	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,128,893	64,795,625	0.017422	4,331,627	75,466	69.00	
69.01	06901	CARDIAC REHAB	111,671	875,022	0.127621	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	252,309	8,122,040	0.031065	539,692	16,766	70.00	
70.01	03320	ELECTROSHOCK THERAPY	3,604	799,085	0.004510	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	321,560	18,816,793	0.017089	1,158,739	19,802	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	153,646	24,996,418	0.006147	1,967,358	12,093	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,541,942	323,134,668	0.004772	14,119,106	67,376	73.00	
74.00	07400	RENAL DIALYSIS	164,477	9,393,044	0.017511	2,276,767	39,868	74.00	
76.00	03330	ENDOSCOPY	1,568,406	24,833,367	0.063157	777,959	49,134	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	4,918,193	43,283,598	0.113627	2,994	340	90.00	
91.00	09100	EMERGENCY	1,596,471	152,055,122	0.010499	6,785,966	71,246	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,042,504	34,472,681	0.030241	2,561,883	77,474	92.00	
200.00		Total (lines 50 through 199)	30,981,137	1,614,556,670		87,083,362	1,371,899	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/28/2020 1:15 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	0	0	924,126	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	193,309	0	31.00		
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	124,177	0	31.01		
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.02		
31.03	02400	INTERMEDIATE CARE UNIT	0	0	0	0	0	31.03		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	1,241,612	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	924,126	56,344	16.40	6,324	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	193,309	11,062	17.48	4,180	31.00		
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	124,177	9,273	13.39	23	31.01		
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	28,978	0.00	0	31.02		
31.03	02400	INTERMEDIATE CARE UNIT	0	0	20,751	0.00	5,705	31.03		
40.00	04000	SUBPROVIDER - IPF	0	0	13,536	0.00	7,064	40.00		
43.00	04300	NURSERY	0	0	6,653	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	1,241,612	146,597		23,296	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	103,714					30.00		
31.00	03100	INTENSIVE CARE UNIT	73,066					31.00		
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	308					31.01		
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0					31.02		
31.03	02400	INTERMEDIATE CARE UNIT	0					31.03		
40.00	04000	SUBPROVIDER - IPF	0					40.00		
43.00	04300	NURSERY	0					43.00		
200.00		Total (lines 30 through 199)	177,088					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 1:15 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	440,332	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	179,268	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	619,600	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/28/2020 1:15 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)		
		4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	181,829,106	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	23,074,378	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,153,305	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	57,874,659	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	88,245,583	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	50,272,619	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,644,363	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	65,606,504	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,337,116	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	36,368,100	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	179,526,631	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	23,056,905	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,518,354	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,252,497	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,447,086	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	631,774	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,556,252	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,583,975	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	64,795,625	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	875,022	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,122,040	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	799,085	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,816,793	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	24,996,418	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	323,134,668	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,393,044	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	24,833,367	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	440,332	440,332	43,283,598	0.010173	90.00
91.00	09100	EMERGENCY	0	0	0	152,055,122	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	179,268	179,268	34,472,681	0.005200	92.00
200.00		Total (lines 50 through 199)	0	619,600	619,600	1,614,556,670		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/28/2020 1:15 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	0.000000	12,087,836	0	22,659,763	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	803,471	0	1,889,605	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	205,191	0	59,245	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,391,733	0	2,364,741	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,824,917	0	7,073,398	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	152,299	0	14,515,428	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	227,548	0	987,431	0	56.00
57.00	05700	CT SCAN	0.000000	5,266,549	0	6,618,507	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,719,285	0	2,277,510	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,094,946	0	1,842,404	0	59.00
60.00	06000	LABORATORY	0.000000	14,925,215	0	6,806,367	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,221,942	0	190,465	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	51,426	0	2,436,116	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,980,065	0	551,261	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,377,926	0	52,967	0	66.00
66.01	06601	CLINICAL NUTRITION	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	716,004	0	23,891	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	514,918	0	44,049	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,331,627	0	4,495,393	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	539,692	0	519,656	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,158,739	0	2,779,960	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	1,967,358	0	1,655,884	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	14,119,106	0	52,371,777	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,276,767	0	22,733	0	74.00
76.00	03330	ENDOSCOPY	0.000000	777,959	0	2,679,664	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.010173	2,994	30	4,964,217	50,501	90.00
91.00	09100	EMERGENCY	0.000000	6,785,966	0	7,996,883	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.005200	2,561,883	13,322	5,977,244	31,082	92.00
200.00		Total (lines 50 through 199)		87,083,362	13,352	153,856,559	81,583	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/28/2020 1:15 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	0.174792	22,659,763	23,100	0	3,960,745	50.00
51.00	05100	RECOVERY ROOM	0.309827	1,889,605	0	0	585,451	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343461	59,245	0	0	20,348	52.00
53.00	05300	ANESTHESIOLOGY	0.046131	2,364,741	0	0	109,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242664	7,073,398	0	0	1,716,459	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167306	14,515,428	0	0	2,428,518	55.00
56.00	05600	RADIOISOTOPE	0.431642	987,431	0	0	426,217	56.00
57.00	05700	CT SCAN	0.052646	6,618,507	0	0	348,438	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089739	2,277,510	0	0	204,381	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.183810	1,842,404	0	0	338,652	59.00
60.00	06000	LABORATORY	0.132626	6,806,367	0	0	902,701	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.472063	190,465	0	0	89,911	62.00
64.00	06400	INTRAVENOUS THERAPY	0.344762	2,436,116	0	0	839,880	64.00
65.00	06500	RESPIRATORY THERAPY	0.268075	551,261	0	0	147,779	65.00
66.00	06600	PHYSICAL THERAPY	0.399175	52,967	0	0	21,143	66.00
66.01	06601	CLINICAL NUTRITION	3.300560	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.303757	23,891	0	0	7,257	67.00
68.00	06800	SPEECH PATHOLOGY	0.404150	44,049	0	0	17,802	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107403	4,495,393	0	0	482,819	69.00
69.01	06901	CARDIAC REHAB	1.048239	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216597	519,656	0	0	112,556	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.277400	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.075900	2,779,960	0	0	5,770,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.736736	1,655,884	0	0	1,219,949	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217729	52,371,777	4,903	394,499	11,402,855	73.00
74.00	07400	RENAL DIALYSIS	0.344755	22,733	0	0	7,837	74.00
76.00	03330	ENDOSCOPY	0.237570	2,679,664	0	0	636,608	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.132089	4,964,217	0	885	5,619,935	90.00
91.00	09100	EMERGENCY	0.198596	7,996,883	0	0	1,588,149	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.350329	5,977,244	0	0	2,094,002	92.00
200.00		Subtotal (see instructions)		153,856,559	28,003	395,384	41,100,399	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		153,856,559	28,003	395,384	41,100,399	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/28/2020 1:15 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4,038	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	CLINICAL NUTRITION	0	0		66.01
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
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0		70.01
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	1,068	85,894		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,002		90.00
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)	5,106	86,896		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	5,106	86,896		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/28/2020 1:15 pm		
				Component CCN: 26-S091				
				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	4,861,865	181,829,106	0.026739	178,957	4,785	50.00
51.00	05100	RECOVERY ROOM	429,304	23,074,378	0.018605	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,623,850	57,153,305	0.028412	0	0	52.00
53.00	05300	ANESTHESIOLOGY	563,624	57,874,659	0.009739	289,300	2,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,753,489	88,245,583	0.042535	153,183	6,516	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	363,473	50,272,619	0.007230	87,753	634	55.00
56.00	05600	RADIOISOTOPE	399,492	4,644,363	0.086017	9,870	849	56.00
57.00	05700	CT SCAN	526,832	65,606,504	0.008030	49,004	394	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	931,968	32,337,116	0.028820	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,065,135	36,368,100	0.029288	0	0	59.00
60.00	06000	LABORATORY	1,350,389	179,526,631	0.007522	820,287	6,170	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	225,630	23,056,905	0.009786	10,223	100	62.00
64.00	06400	INTRAVENOUS THERAPY	774,634	21,518,354	0.035999	27,054	974	64.00
65.00	06500	RESPIRATORY THERAPY	933,669	64,252,497	0.014531	0	0	65.00
66.00	06600	PHYSICAL THERAPY	166,879	9,447,086	0.017665	0	0	66.00
66.01	06601	CLINICAL NUTRITION	24,956	631,774	0.039501	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	46,566	6,556,252	0.007103	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	135,706	6,583,975	0.020612	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,128,893	64,795,625	0.017422	0	0	69.00
69.01	06901	CARDIAC REHAB	111,671	875,022	0.127621	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	252,309	8,122,040	0.031065	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	3,604	799,085	0.004510	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	321,560	18,816,793	0.017089	155,093	2,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	153,646	24,996,418	0.006147	46,348	285	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,541,942	323,134,668	0.004772	675,116	3,222	73.00
74.00	07400	RENAL DIALYSIS	164,477	9,393,044	0.017511	0	0	74.00
76.00	03330	ENDOSCOPY	1,568,406	24,833,367	0.063157	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,918,193	43,283,598	0.113627	0	0	90.00
91.00	09100	EMERGENCY	1,596,471	152,055,122	0.010499	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	34,472,681	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	29,938,633	1,614,556,670		2,502,188	29,396	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 1:15 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	440,332	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	440,332	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 1:15 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	0	0	181,829,106	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	23,074,378	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,153,305	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	57,874,659	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	88,245,583	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	50,272,619	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,644,363	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	65,606,504	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,337,116	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	36,368,100	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	179,526,631	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	23,056,905	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,518,354	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,252,497	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,447,086	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	631,774	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,556,252	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,583,975	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	64,795,625	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	875,022	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,122,040	0.000000	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	799,085	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,816,793	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	24,996,418	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	323,134,668	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,393,044	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	24,833,367	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	440,332	440,332	43,283,598	0.010173	90.00
91.00	09100	EMERGENCY	0	0	0	152,055,122	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	34,472,681	0.000000	92.00
200.00		Total (lines 50 through 199)	0	440,332	440,332	1,614,556,670		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 1:15 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	178,957	0	293,651	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	289,300	0	2,925,575	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	153,183	0	11,926	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	87,753	0	7,413	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	9,870	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	49,004	0	17,077	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	820,287	0	53,325	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	10,223	0	1,785	0	62.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	27,054	0	680	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	155,093	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	46,348	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	675,116	0	446	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03330	ENDOSCOPY		0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.010173	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			2,502,188	0	3,311,878	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/28/2020 1:15 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	0.174792	293,651	0	0	51,328	50.00	
51.00	05100	RECOVERY ROOM	0.309827	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343461	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.046131	2,925,575	0	0	134,960	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242664	11,926	0	0	2,894	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167306	7,413	0	39	1,240	55.00	
56.00	05600	RADIOISOTOPE	0.431642	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.052646	17,077	0	0	899	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089739	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.183810	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.132626	53,325	0	0	7,072	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.472063	1,785	0	0	843	62.00	
64.00	06400	INTRAVENOUS THERAPY	0.344762	680	0	0	234	64.00	
65.00	06500	RESPIRATORY THERAPY	0.268075	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.399175	0	0	0	0	66.00	
66.01	06601	CLINICAL NUTRITION	3.300560	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0.303757	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.404150	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.107403	0	0	0	0	69.00	
69.01	06901	CARDIAC REHAB	1.048239	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216597	0	0	0	0	70.00	
70.01	03320	ELECTROSHOCK THERAPY	0.277400	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.075900	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.736736	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217729	446	0	0	97	73.00	
74.00	07400	RENAL DIALYSIS	0.344755	0	0	0	0	74.00	
76.00	03330	ENDOSCOPY	0.237570	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1.132089	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.198596	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.350329	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		3,311,878	0	39	199,567	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		3,311,878	0	39	199,567	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0091

Period:

Worksheet D

Component CCN: 26-S091

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
8/28/2020 1:15 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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	66.01
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
69.01	06901	CARDIAC REHAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	70.01
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
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	7	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	7	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/28/2020 1:15 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	0.174792	0	6,064,594	0	0	50.00
51.00	05100	RECOVERY ROOM	0.309827	0	1,165,602	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343461	0	559,025	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046131	0	1,154,301	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242664	0	6,363,359	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167306	0	3,119,481	0	0	55.00
56.00	05600	RADIOISOTOPE	0.431642	0	371,647	0	0	56.00
57.00	05700	CT SCAN	0.052646	0	3,397,711	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089739	0	1,393,059	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.183810	0	816,987	0	0	59.00
60.00	06000	LABORATORY	0.132626	0	8,805,746	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.472063	0	172,146	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.344762	0	480,599	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.268075	0	319,574	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.399175	0	55,544	0	0	66.00
66.01	06601	CLINICAL NUTRITION	3.300560	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.303757	0	52,776	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.404150	0	62,903	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107403	0	1,805,633	0	0	69.00
69.01	06901	CARDIAC REHAB	1.048239	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216597	0	698,210	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.277400	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.075900	0	590,977	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.736736	0	498,743	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217729	0	17,963,145	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.344755	0	209,297	0	0	74.00
76.00	03330	ENDOSCOPY	0.237570	0	865,216	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1.132089	0	3,012,159	0	0	90.00
91.00	09100	EMERGENCY	0.198596	0	15,673,575	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.350329	0	2,516,834	0	0	92.00
200.00		Subtotal (see instructions)		0	78,188,843	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	78,188,843	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/28/2020 1:15 pm

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,060,043	0		50.00
51.00	05100	RECOVERY ROOM	361,135	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	192,003	0		52.00
53.00	05300	ANESTHESIOLOGY	53,249	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,544,158	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	521,908	0		55.00
56.00	05600	RADIOISOTOPE	160,418	0		56.00
57.00	05700	CT SCAN	178,876	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	125,012	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	150,170	0		59.00
60.00	06000	LABORATORY	1,167,871	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	81,264	0		62.00
64.00	06400	INTRAVENOUS THERAPY	165,692	0		64.00
65.00	06500	RESPIRATORY THERAPY	85,670	0		65.00
66.00	06600	PHYSICAL THERAPY	22,172	0		66.00
66.01	06601	CLINICAL NUTRITION	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	16,031	0		67.00
68.00	06800	SPEECH PATHOLOGY	25,422	0		68.00
69.00	06900	ELECTROCARDIOLOGY	193,930	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	151,230	0		70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,226,809	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	367,442	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,911,098	0		73.00
74.00	07400	RENAL DIALYSIS	72,156	0		74.00
76.00	03330	ENDOSCOPY	205,549	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3,410,032	0		90.00
91.00	09100	EMERGENCY	3,112,709	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	881,720	0		92.00
200.00		Subtotal (see instructions)	19,443,769	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	19,443,769	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 1:15 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)		56,344	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,344	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)		45,414	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)		6,324	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)		62,255,580	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)		62,255,580	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)		62,255,580	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)		1,104.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,987,514	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,987,514	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0091

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

Worksheet D-1

Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,621,126	11,062	1,683.34	4,180	7,036,361		43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	18,232,078	9,273	1,966.15	23	45,221		43.01
43.02	NEONATAL INTENSIVE CARE UNIT	41,816,089	28,978	1,443.03	0	0		43.02
43.03	INTERMEDIATE CARE UNIT	29,937,667	20,751	1,442.71	5,705	8,230,661		43.03
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,025,208		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,324,965		49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,682,457		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,385,251		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,067,708		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,257,257		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)					10,930		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,104.92		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,076,776		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0091

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

Worksheet D-1

Date/Time Prepared:
8/28/2020 1:15 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	5,374,106	62,255,580	0.086323	12,076,776	1,042,504	90.00
91.00 Nursing School cost	0	62,255,580	0.000000	12,076,776	0	91.00
92.00 Allied health cost	924,126	62,255,580	0.014844	12,076,776	179,268	92.00
93.00 All other Medical Education	0	62,255,580	0.000000	12,076,776	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 1:15 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)		13,536	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,536	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)		13,536	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)		7,064	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)		15,295,236	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)		15,295,236	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)		15,295,236	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)		1,129.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,982,108	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,982,108	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 1:15 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		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01	
43.02	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.02	
43.03	INTERMEDIATE CARE UNIT	0	0	0.00	0	0	43.03	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						729,360	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						8,711,468	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)						349,244	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						29,396	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						378,640	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						8,332,828	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: 26-0091 Component CCN: 26-S091		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/28/2020 1:15 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	669,202	15,295,236	0.043752	0	0	90.00
91.00	Nursing School cost	0	15,295,236	0.000000	0	0	91.00
92.00	Allied health cost	0	15,295,236	0.000000	0	0	92.00
93.00	All other Medical Education	0	15,295,236	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/28/2020 1:15 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			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		9,740,292		30.00
31.00	03100	INTENSIVE CARE UNIT		12,422,944		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		152,398		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0		31.02
31.03	02400	INTERMEDIATE CARE UNIT		12,726,947		31.03
40.00	04000	SUBPROVIDER - IPF		13,500		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.174792	12,087,836	2,112,857	50.00
51.00	05100	RECOVERY ROOM	0.309827	803,471	248,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343461	205,191	70,475	52.00
53.00	05300	ANESTHESIOLOGY	0.046131	2,391,733	110,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242664	3,824,917	928,170	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167306	152,299	25,481	55.00
56.00	05600	RADIOISOTOPE	0.431642	227,548	98,219	56.00
57.00	05700	CT SCAN	0.052646	5,266,549	277,263	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089739	1,719,285	154,287	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.183810	2,094,946	385,072	59.00
60.00	06000	LABORATORY	0.132626	14,925,215	1,979,472	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.472063	1,221,942	576,834	62.00
64.00	06400	INTRAVENOUS THERAPY	0.344762	51,426	17,730	64.00
65.00	06500	RESPIRATORY THERAPY	0.268075	4,980,065	1,335,031	65.00
66.00	06600	PHYSICAL THERAPY	0.399175	1,377,926	550,034	66.00
66.01	06601	CLINICAL NUTRITION	3.300560	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.303757	716,004	217,491	67.00
68.00	06800	SPEECH PATHOLOGY	0.404150	514,918	208,104	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107403	4,331,627	465,230	69.00
69.01	06901	CARDIAC REHAB	1.048239	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216597	539,692	116,896	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.277400	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.075900	1,158,739	2,405,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.736736	1,967,358	1,449,423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217729	14,119,106	3,074,139	73.00
74.00	07400	RENAL DIALYSIS	0.344755	2,276,767	784,927	74.00
76.00	03330	ENDOSCOPY	0.237570	777,959	184,820	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.132089	2,994	3,389	90.00
91.00	09100	EMERGENCY	0.198596	6,785,966	1,347,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.350329	2,561,883	897,502	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		87,083,362	20,025,208	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)		87,083,362		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/28/2020 1:15 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
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		0		31.02
31.03	02400 INTERMEDIATE CARE UNIT		0		31.03
40.00	04000 SUBPROVIDER - IPF		12,163,600		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.174792	178,957	31,280	50.00
51.00	05100 RECOVERY ROOM	0.309827	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.343461	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.046131	289,300	13,346	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.242664	153,183	37,172	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.167306	87,753	14,682	55.00
56.00	05600 RADIOISOTOPE	0.431642	9,870	4,260	56.00
57.00	05700 CT SCAN	0.052646	49,004	2,580	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.089739	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.183810	0	0	59.00
60.00	06000 LABORATORY	0.132626	820,287	108,791	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.472063	10,223	4,826	62.00
64.00	06400 INTRAVENOUS THERAPY	0.344762	27,054	9,327	64.00
65.00	06500 RESPIRATORY THERAPY	0.268075	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.399175	0	0	66.00
66.01	06601 CLINICAL NUTRITION	3.300560	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.303757	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.404150	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.107403	0	0	69.00
69.01	06901 CARDIAC REHAB	1.048239	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.216597	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.277400	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.075900	155,093	321,958	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.736736	46,348	34,146	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217729	675,116	146,992	73.00
74.00	07400 RENAL DIALYSIS	0.344755	0	0	74.00
76.00	03330 ENDOSCOPY	0.237570	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.132089	0	0	90.00
91.00	09100 EMERGENCY	0.198596	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.350329	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,502,188	729,360	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,502,188		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/28/2020 1:15 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		11,815,224		30.00
31.00	03100	INTENSIVE CARE UNIT		5,434,178		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		3,171,068		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		10,495,389		31.02
31.03	02400	INTERMEDIATE CARE UNIT		7,426,759		31.03
40.00	04000	SUBPROVIDER - IPF		126,320		40.00
43.00	04300	NURSERY		682,118		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.174792	6,284,670	1,098,510	50.00
51.00	05100	RECOVERY ROOM	0.309827	433,167	134,207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343461	1,015,234	348,693	52.00
53.00	05300	ANESTHESIOLOGY	0.046131	1,508,787	69,602	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242664	2,538,678	616,046	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167306	197,504	33,044	55.00
56.00	05600	RADIOISOTOPE	0.431642	151,355	65,331	56.00
57.00	05700	CT SCAN	0.052646	2,914,296	153,426	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089739	1,112,259	99,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.183810	906,400	166,605	59.00
60.00	06000	LABORATORY	0.132626	11,568,373	1,534,267	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.472063	1,002,533	473,259	62.00
64.00	06400	INTRAVENOUS THERAPY	0.344762	20,049	6,912	64.00
65.00	06500	RESPIRATORY THERAPY	0.268075	4,423,983	1,185,959	65.00
66.00	06600	PHYSICAL THERAPY	0.399175	639,860	255,416	66.00
66.01	06601	CLINICAL NUTRITION	3.300560	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.303757	378,466	114,962	67.00
68.00	06800	SPEECH PATHOLOGY	0.404150	204,947	82,829	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107403	2,318,808	249,047	69.00
69.01	06901	CARDIAC REHAB	1.048239	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216597	281,955	61,071	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.277400	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.075900	2,173,986	4,512,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.736736	732,862	539,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217729	9,921,528	2,160,204	73.00
74.00	07400	RENAL DIALYSIS	0.344755	437,630	150,875	74.00
76.00	03330	ENDOSCOPY	0.237570	329,471	78,272	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.132089	0	0	90.00
91.00	09100	EMERGENCY	0.198596	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.350329	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		51,496,801	14,191,254	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)		51,496,801		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/28/2020 1:15 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
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		0		31.02
31.03	02400 INTERMEDIATE CARE UNIT		0		31.03
40.00	04000 SUBPROVIDER - IPF		5,911,530		40.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.174792	0	0	50.00
51.00	05100 RECOVERY ROOM	0.309827	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.343461	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.046131	9,432	435	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.242664	36,745	8,917	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.167306	0	0	55.00
56.00	05600 RADIOISOTOPE	0.431642	2,607	1,125	56.00
57.00	05700 CT SCAN	0.052646	57,800	3,043	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.089739	21,200	1,902	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.183810	0	0	59.00
60.00	06000 LABORATORY	0.132626	618,513	82,031	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.472063	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.344762	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.268075	24,118	6,465	65.00
66.00	06600 PHYSICAL THERAPY	0.399175	34,717	13,858	66.00
66.01	06601 CLINICAL NUTRITION	3.300560	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.303757	1,617	491	67.00
68.00	06800 SPEECH PATHOLOGY	0.404150	9,020	3,645	68.00
69.00	06900 ELECTROCARDIOLOGY	0.107403	24,261	2,606	69.00
69.01	06901 CARDIAC REHAB	1.048239	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.216597	1,384	300	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.277400	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.075900	2,222	4,613	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.736736	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217729	714,863	155,646	73.00
74.00	07400 RENAL DIALYSIS	0.344755	24,224	8,351	74.00
76.00	03330 ENDOSCOPY	0.237570	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.132089	0	0	90.00
91.00	09100 EMERGENCY	0.198596	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.350329	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,582,723	293,428	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)		1,582,723		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 8/28/2020 1:15 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	6,556	1,104.92	4	4,420	1.00
2.00	INTENSIVE CARE UNIT	43.00	10,406	1,683.34	1	1,683	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,966.15	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,443.03	0	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,442.71	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		16,962		5	6,103	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	0.174792	4,826	844	8.00
9.00	RECOVERY ROOM		51.00	0.309827	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.343461	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.046131	331	15	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.242664	19,684	4,777	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.167306	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.431642	0	0	14.00
15.00	CT SCAN		57.00	0.052646	9,600	505	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.089739	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.183810	0	0	17.00
18.00	LABORATORY		60.00	0.132626	143,619	19,048	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.472063	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.344762	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.268075	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.399175	0	0	24.00
24.01	CLINICAL NUTRITION		66.01	3.300560	0	0	24.01
25.00	OCCUPATIONAL THERAPY		67.00	0.303757	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.404150	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.107403	8,168	877	27.00
27.01	CARDIAC REHAB		69.01	1.048239	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.216597	0	0	28.00
28.01	ELECTROSHOCK THERAPY		70.01	0.277400	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	2.075900	1,200	2,491	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.736736	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.217729	2,112	460	31.00
32.00	RENAL DIALYSIS		74.00	0.344755	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.237570	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.132089	513	581	37.00
38.00	EMERGENCY		91.00	0.198596	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.350329	166	58	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				190,219	29,656	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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 8/28/2020 1:15 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	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	4	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0 43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0 43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0 43.02
43.03	INTERMEDIATE CARE UNIT	3.03	0.00	0	0 43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0 44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0 45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0 46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0 47.00
48.00	TOTAL (sum of lines 42 through 47)			5	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	513	0.000000	0 51.00
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	166	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)		679		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	35,759		207,181	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)	489,236		1,251,435	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)	524,995		1,458,616	61.00
62.00	Total Usable Organs (see instructions)		9		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)		0.666667		64.00
65.00	Medicare Cost/Charges (see instructions)	349,997		972,411	65.00
66.00	Revenue for Organs Sold	10,729		10,729	66.00
67.00	Subtotal (line 65 minus line 66)	339,268		961,682	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	339,268	0	961,682	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	2	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		1	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs		0	6	73.00
74.00	Total (sum of lines 70 through 73)		1	8	74.00
75.00	Organs Transplanted		1	6	75.00
76.00	Organs Sold to Other Hospitals		0	0	76.00
77.00	Organs Sold to OPOs		0	2	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)		1	8	84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 8/28/2020 1:15 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	0	1,104.92	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,203	1,683.34	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,966.15	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,443.03	0	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,442.71	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		5,203		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.174792	1,222	214	8.00
9.00	RECOVERY ROOM		51.00	0.309827	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.343461	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.046131	438	20	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.242664	1,939	471	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.167306	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.431642	0	0	14.00
15.00	CT SCAN		57.00	0.052646	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.089739	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.183810	0	0	17.00
18.00	LABORATORY		60.00	0.132626	22,967	3,046	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.472063	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.344762	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.268075	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.399175	0	0	24.00
24.01	CLINICAL NUTRITION		66.01	3.300560	0	0	24.01
25.00	OCCUPATIONAL THERAPY		67.00	0.303757	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.404150	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.107403	11,644	1,251	27.00
27.01	CARDIAC REHAB		69.01	1.048239	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.216597	0	0	28.00
28.01	ELECTROSHOCK THERAPY		70.01	0.277400	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	2.075900	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.736736	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.217729	33	7	31.00
32.00	RENAL DIALYSIS		74.00	0.344755	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.237570	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.132089	586	663	37.00
38.00	EMERGENCY		91.00	0.198596	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.350329	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				38,829	5,672	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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 8/28/2020 1:15 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	Organ Acquisition Costs (col. 1 x col. 2)
		0	1.00	2.00	3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0 43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0 43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0 43.02
43.03	INTERMEDIATE CARE UNIT	3.03	0.00	0	0 43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0 44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0 45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0 46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0 47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0 48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)
		0	1.00	2.00	3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	586	0.000000	0 51.00
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0 53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		586		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	5,672		44,032	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)	145,421		100,227	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)	151,093		144,259	61.00
62.00	Total Usable Organs (see instructions)		4		62.00
63.00	Medicare Usable Organs (see instructions)		1		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.250000		64.00
65.00	Medicare Cost/Charges (see instructions)	37,773		36,065	65.00
66.00	Revenue for Organs Sold	5,290		5,290	66.00
67.00	Subtotal (line 65 minus line 66)	32,483		30,775	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	32,483	0	30,775	69.00
Cost Center Description		Living Related		Cadaveric	Revenue
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		0	1	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs		0	3	73.00
74.00	Total (sum of lines 70 through 73)		0	4	74.00
75.00	Organs Transplanted		0	3	75.00
76.00	Organs Sold to Other Hospitals		0	0	300,907 76.00
77.00	Organs Sold to OPOs		0	1	5,290 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	4	84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 8/28/2020 1:15 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Heart		Hospital	PPS	
			Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,104.92	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,683.34	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,966.15	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,443.03	0	0	2.02
2.03	INTERMEDIATE CARE UNIT	43.03	0	1,442.71	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.174792	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.309827	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.343461	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.046131	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.242664	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.167306	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.431642	0	0	14.00
15.00	CT SCAN		57.00	0.052646	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.089739	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.183810	0	0	17.00
18.00	LABORATORY		60.00	0.132626	35,503	4,709	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.472063	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.344762	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.268075	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.399175	0	0	24.00
24.01	CLINICAL NUTRITION		66.01	3.300560	0	0	24.01
25.00	OCCUPATIONAL THERAPY		67.00	0.303757	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.404150	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.107403	2,477	266	27.00
27.01	CARDIAC REHAB		69.01	1.048239	0	0	27.01
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.216597	0	0	28.00
28.01	ELECTROSHOCK THERAPY		70.01	0.277400	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	2.075900	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.736736	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.217729	10	2	31.00
32.00	RENAL DIALYSIS		74.00	0.344755	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.237570	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.132089	0	0	37.00
38.00	EMERGENCY		91.00	0.198596	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.350329	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				37,990	4,977	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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 26-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 8/28/2020 1:15 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	0		0	42.00
43.00	INTENSIVE CARE UNIT				3.00	0.00	0		0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT				3.01	0.00	0		0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT				3.02	0.00	0		0	43.02
43.03	INTERMEDIATE CARE UNIT				3.03	0.00	0		0	43.03
44.00	CORONARY CARE UNIT				4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT				5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT				6.00	0.00	0		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)						0		0	48.00
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4		Organ Acquisition Costs (col. 1 x col. 2)	
					0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program										
49.00	RURAL HEALTH CLINIC				21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER				22.00	0	0.000000		0	50.00
51.00	CLINIC				23.00	0	0.000000		0	51.00
52.00	EMERGENCY				24.00	0	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)				25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER				26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)					0			0	55.00
Cost Center Description					Cost		Charges			
					Part A	Part B	Part A		Part B	
					1.00	2.00	3.00		4.00	
PART III - SUMMARY OF COSTS AND CHARGES										
56.00	Routine and Ancillary from Part I				4,977		37,990			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)				186,228		140,082			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)				191,205		178,072			61.00
62.00	Total Usable Organs (see instructions)					3				62.00
63.00	Medicare Usable Organs (see instructions)					0				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					0.000000				64.00
65.00	Medicare Cost/Charges (see instructions)				0		0			65.00
66.00	Revenue for Organs Sold				0		0			66.00
67.00	Subtotal (line 65 minus line 66)				0		0			67.00
68.00	Organs Furnished Part B				0	0	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)				0	0	0		0	69.00
Cost Center Description					Living Related		Cadaveric		Revenue	
					1.00		2.00		3.00	
PART IV - STATISTICS										
70.00	Organs Excised in Provider (1)					0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)					0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals					0	0			72.00
73.00	Organs Purchased from OPOs					0	3			73.00
74.00	Total (sum of lines 70 through 73)					0	3			74.00
75.00	Organs Transplanted					0	3		1,456,436	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	3			84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/28/2020 1:15 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)			21,077,584	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,188,518	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)			707,145	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			78,769	2.04
3.00	Managed Care Simulated Payments			22,451,283	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			506.05	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)			141.25	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			30.50	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)			171.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			193.65	10.00
11.00	FTE count for residents in dental and podiatric programs.			5.06	11.00
12.00	Current year allowable FTE (see instructions)			176.81	12.00
13.00	Total allowable FTE count for the prior year.			168.75	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.			173.58	14.00
15.00	Sum of lines 12 through 14 divided by 3.			173.05	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			173.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.341962	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.281040	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.281040	21.00
22.00	IME payment adjustment (see instructions)			4,026,224	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			3,197,961	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			21.90	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			1.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.001976	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000528	27.00
28.00	IME add-on adjustment amount (see instructions)			14,925	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			11,854	28.01
29.00	Total IME payment (sum of lines 22 and 28)			4,041,149	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,209,815	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			9.06	30.00
31.00	Percentage of Medicaid patient days (see instructions)			54.24	31.00
32.00	Sum of lines 30 and 31			63.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)			41.44	33.00
34.00	Disproportionate share adjustment (see instructions)			2,928,369	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/28/2020 1:15 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	35.00
35.01	Factor 3 (see instructions)		0.001183085	0.000818178	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		9,787,515	6,832,277	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		7,320,523	1,717,402	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,037,925		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		45,059,459		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			48,269,274	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,007,380	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).			2,934,693	52.00
53.00	Nursing and Allied Health Managed Care payment			107,966	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			371,751	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			177,088	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			13,352	58.00
59.00	Total (sum of amounts on lines 49 through 58)			54,881,504	59.00
60.00	Primary payer payments			42,288	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			54,839,216	61.00
62.00	Deductibles billed to program beneficiaries			2,806,344	62.00
63.00	Coinurance billed to program beneficiaries			240,091	63.00
64.00	Allowable bad debts (see instructions)			1,312,700	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			853,255	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,009,434	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			52,646,036	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)			-52,555	70.93
70.94	HRR adjustment amount (see instructions)			-25,294	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/28/2020 1:15 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		52,568,187	71.00
71.01	Sequestration adjustment (see instructions)		1,051,364	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		50,874,850	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		641,973	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,191,747	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/28/2020 1:15 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	21,077,584	0	21,077,584		21,077,584	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,188,518	0		7,188,518	7,188,518	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	707,145	0	707,145		707,145	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	78,769	0		78,769	78,769	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	22,451,283	0	16,829,946	5,621,337	22,451,283	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.281040	0.281040	0.281040	0.281040		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,026,224	0	3,002,291	1,023,933	4,026,224	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,197,961	0	2,397,258	800,703	3,197,961	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	0.000528	0.000528	0.000528	0.000528		7.00
8.00	IME adjustment (see instructions)	28.00	14,925	0	11,129	3,796	14,925	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	11,854	0	8,886	2,968	11,854	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,041,149	0	3,013,420	1,027,729	4,041,149	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,209,815	0	2,406,144	803,671	3,209,815	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4144	0.4144	0.4144	0.4144		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,928,369	0	2,183,638	744,731	2,928,369	11.00
11.01	Uncompensated care payments	36.00	9,037,925	0	7,320,520	6,091,021	13,411,541	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	45,059,459	0	29,928,691	15,130,768	45,059,459	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	48,269,274	0	32,334,835	15,934,439	48,269,274	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,007,380	0	2,261,009	746,371	3,007,380	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/28/2020 1:15 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	34,595,844	16,680,810	51,276,654	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,273,094	0	1,703,009	570,085	2,273,094	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	53,267	0	47,779	5,488	53,267	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1628	0.1628	0.1628	0.1628		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	370,060	0	277,250	92,810	370,060	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1368	0.1368	0.1368	0.1368		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	310,959	0	232,971	77,988	310,959	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,007,380	0	2,261,009	746,371	3,007,380	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/28/2020 1:15 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	21,077,584	21,077,584		21,077,584	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,188,518		7,188,518	7,188,518	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	707,145	707,145		707,145	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	78,769		78,769	78,769	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	22,451,283	16,829,946	5,621,337	22,451,283	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.281040	0.281040	0.281040		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,026,224	3,002,291	1,023,933	4,026,224	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,197,961	2,397,258	800,703	3,197,961	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	0.000528	0.000528	0.000528		7.00
8.00	IME adjustment (see instructions)	28.00	14,925	11,129	3,796	14,925	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	11,854	8,886	2,968	11,854	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,041,149	3,013,420	1,027,729	4,041,149	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,209,815	2,406,144	803,671	3,209,815	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4144	0.4144	0.4144		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,928,369	2,183,638	744,731	2,928,369	11.00
11.01	Uncompensated care payments	36.00	9,037,925	7,320,520	6,091,021	13,411,541	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	45,059,459	29,928,691	15,130,768	45,059,459	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	48,269,274	32,334,835	15,934,439	48,269,274	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,007,380	2,261,009	746,371	3,007,380	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			34,595,844	16,680,810	51,276,654	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/28/2020 1:15 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	2,273,094	1,703,009	570,085	2,273,094	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	53,267	47,779	5,488	53,267	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	0.1628	0.1628	0.1628		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	370,060	277,250	92,810	370,060	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1368	0.1368	0.1368		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	310,959	232,971	77,988	310,959	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,007,380	2,261,009	746,371	3,007,380	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	-52,555	-41,865	-10,690	-52,555	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	-25,294	-25,294	0	-25,294	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.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/28/2020 1:15 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		92,002	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		41,018,816	2.00
3.00	OPPS payments		28,239,152	3.00
4.00	Outlier payment (see instructions)		275,720	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		81,583	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		92,002	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		423,387	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)		423,387	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)		423,387	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		331,385	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)		92,002	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)		28,596,455	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,620	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,434,502	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)		23,249,335	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,364,509	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		25,613,844	30.00
31.00	Primary payer payments		6,025	31.00
32.00	Subtotal (line 30 minus line 31)		25,607,819	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		1,470	33.00
34.00	Allowable bad debts (see instructions)		670,237	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		435,654	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		356,843	36.00
37.00	Subtotal (see instructions)		26,044,943	37.00
38.00	MSP-LCC reconciliation amount from PS&R		110	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)		26,044,833	40.00
40.01	Sequestration adjustment (see instructions)		520,897	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		25,440,258	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)		83,678	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: 26-0091 Component CCN: 26-S091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/28/2020 1:15 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		7	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		199,567	2.00
3.00	OPPS payments		808,565	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39	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)		39	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)		39	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		32	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)		7	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)		808,565	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)		161,785	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)		646,787	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)		646,787	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		646,787	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		646,787	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)		646,787	40.00
40.01	Sequestration adjustment (see instructions)		12,936	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		633,869	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)		-18	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/28/2020 1:15 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		46,270,475		22,702,404	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,553,875		2,694,654	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	11/26/2019	50,500	11/26/2019	43,200	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		50,500		43,200	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)		50,874,850		25,440,258	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		641,973		83,678	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		51,516,823		25,523,936	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: 26-0091
 Component CCN: 26-S091

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 8/28/2020 1:15 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		5,439,823		633,869		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)		49,493		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,489,316		633,869		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		48,296		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		18		6.02
7.00	Total Medicare program liability (see instructions)		5,537,612		633,851		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: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
8/28/2020 1:15 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 8/28/2020 1:15 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	6,118,685		
2.00	Net IPF PPS Outlier Payments	3,794		
3.00	Net IPF PPS ECT Payments	39,050		
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.82		
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		
5.00	New Teaching program adjustment. (see instructions)	0.00		
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	1.20		
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00		
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.82		
9.00	Average Daily Census (see instructions)	37.084932		
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.011327		
11.00	Teaching Adjustment (line 1 multiplied by line 10).	69,306		
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,230,835		
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0		
14.00	Organ acquisition (DO NOT USE THIS LINE)	0		
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0		
16.00	Subtotal (see instructions)	6,230,835		
17.00	Primary payer payments	0		
18.00	Subtotal (line 16 less line 17).	6,230,835		
19.00	Deductibles	362,656		
20.00	Subtotal (line 18 minus line 19)	5,868,179		
21.00	Coinsurance	309,185		
22.00	Subtotal (line 20 minus line 21)	5,558,994		
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	140,969		
24.00	Adjusted reimbursable bad debts (see instructions)	91,630		
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	98,137		
26.00	Subtotal (sum of lines 22 and 24)	5,650,624		
27.00	Direct graduate medical education payments (see instructions)	0		
28.00	Other pass through costs (see instructions)	0		
29.00	Outlier payments reconciliation	0		
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		
30.99	Demonstration payment adjustment amount before sequestration	0		
31.00	Total amount payable to the provider (see instructions)	5,650,624		
31.01	Sequestration adjustment (see instructions)	113,012		
31.02	Demonstration payment adjustment amount after sequestration	0		
32.00	Interim payments	5,489,316		
33.00	Tentative settlement (for contractor use only)	0		
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	48,296		
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	3,794		
51.00	Outlier reconciliation adjustment amount (see instructions)	0		
52.00	The rate used to calculate the Time Value of Money	0.00		
53.00	Time Value of Money (see instructions)	0		

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/28/2020 1:15 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.			141.30	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			52.25	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)			193.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			195.08	6.00
7.00	Enter the lesser of line 5 or line 6			193.55	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.	122.43	60.09	182.52	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.	121.47	59.62	181.09	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.06		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	121.47	64.68		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	113.28	61.86		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	109.44	57.13		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	114.73	61.22		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	114.73	61.22		17.00
18.00	Per resident amount	109,828.70	109,828.70		18.00
19.00	Approved amount for resident costs	12,600,647	6,723,713	19,324,360	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)			1.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.53	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.94	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			108,515.57	23.00
24.00	Multiply line 22 time line 23			102,005	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			19,426,365	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)	23,296	13,295		26.00
27.00	Total Inpatient Days (see instructions)	130,727	130,727		27.00
28.00	Ratio of inpatient days to total inpatient days	0.178203	0.101700		28.00
29.00	Program direct GME amount	3,461,837	1,975,661	5,437,498	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		138,296	138,296	30.00
31.00	Net Program direct GME amount			5,299,202	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/28/2020 1:15 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,393,044	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		51,036,433	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		371,751	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		42,288	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		51,365,896	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		41,391,975	42.00
43.00	Primary payer payments (see instructions)		6,025	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		41,385,950	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		92,751,846	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.553799	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.446201	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,299,202	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,934,693	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,364,509	50.00

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

Provider CCN: 26-0091

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

Worksheet G

Date/Time Prepared:
8/28/2020 1:15 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	55,497,504	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	130,967,616	0	0	0	4.00
5.00 Other receivable	11,905,283	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	11,862,731	0	0	0	7.00
8.00 Prepaid expenses	7,238,346	0	0	0	8.00
9.00 Other current assets	69,948,541	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	287,420,021	0	0	0	11.00
FIXED ASSETS					
12.00 Land	22,484,768	0	0	0	12.00
13.00 Land improvements	10,418,858	0	0	0	13.00
14.00 Accumulated depreciation	-8,694,657	0	0	0	14.00
15.00 Buildings	480,405,703	0	0	0	15.00
16.00 Accumulated depreciation	-300,728,894	0	0	0	16.00
17.00 Leasehold improvements	5,471,779	0	0	0	17.00
18.00 Accumulated depreciation	-3,472,110	0	0	0	18.00
19.00 Fixed equipment	57,837,082	0	0	0	19.00
20.00 Accumulated depreciation	-43,044,559	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	184,559,015	0	0	0	23.00
24.00 Accumulated depreciation	-132,803,195	0	0	0	24.00
25.00 Minor equipment depreciable	1,398,984	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	273,832,774	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	112,823,025	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	-30,338,742	19,284,246	22,738,569	0	34.00
35.00 Total other assets (sum of lines 31-34)	82,484,283	19,284,246	22,738,569	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	643,737,078	19,284,246	22,738,569	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	55,220,136	0	0	0	37.00
38.00 Salaries, wages, and fees payable	19,497,471	0	0	0	38.00
39.00 Payroll taxes payable	699,576	0	0	0	39.00
40.00 Notes and loans payable (short term)	1,627,661	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	3,610,948	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	80,655,792	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	41,666,777	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	41,666,777	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	122,322,569	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	521,414,509				52.00
53.00 Specific purpose fund		19,284,246			53.00
54.00 Donor created - endowment fund balance - restricted			22,738,569		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	521,414,509	19,284,246	22,738,569	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	643,737,078	19,284,246	22,738,569	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0091

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

Worksheet G-1

Date/Time Prepared:
8/28/2020 1:15 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		495,412,283		17,958,576		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		48,019,053				2.00
3.00	Total (sum of line 1 and line 2)		543,431,336		17,958,576		3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)	44,597		1,370,317		245,787	4.00
5.00	CORPORATE OFFICE	0		0		0	5.00
6.00	GAIN ON INVESTMENTS	0		0		1,076,559	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		44,597		1,370,317		10.00
11.00	Subtotal (line 3 plus line 10)		543,475,933		19,328,893		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	0		44,647		0	12.00
13.00	CORPORATE OFFICE	22,061,424		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)		22,061,424		44,647		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		521,414,509		19,284,246		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	21,416,223		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)	21,416,223		0			3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)		0				4.00
5.00	CORPORATE OFFICE		0				5.00
6.00	GAIN ON INVESTMENTS		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	1,322,346		0			10.00
11.00	Subtotal (line 3 plus line 10)	22,738,569		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)		0				12.00
13.00	CORPORATE OFFICE		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)	22,738,569		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/28/2020 1:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	123,334,079		123,334,079	1.00
2.00	SUBPROVIDER - IPF	21,187,722		21,187,722	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)	144,521,801		144,521,801	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	35,055,941		35,055,941	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	56,399,263		56,399,263	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	135,878,464		135,878,464	11.02
11.03	INTERMEDIATE CARE UNIT	55,580,737		55,580,737	11.03
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	282,914,405		282,914,405	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	427,436,206		427,436,206	17.00
18.00	Ancillary services	502,547,537	882,197,735	1,384,745,272	18.00
19.00	Outpatient services	43,152,501	186,658,899	229,811,400	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	22,720	475,738	498,458	27.00
27.01	ORGAN ACQUISITION CHARGES	759,624	0	759,624	27.01
27.02	PROFESSIONAL FEES	6,312,629	33,665,344	39,977,973	27.02
27.03	EMPLOYEE CHARGES	12,970,611	27,131,313	40,101,924	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	993,201,828	1,130,129,029	2,123,330,857	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		742,390,405		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		742,390,405		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0091

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

Worksheet G-3

Date/Time Prepared:
8/28/2020 1:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,123,330,857	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,427,135,242	2.00
3.00	Net patient revenues (line 1 minus line 2)	696,195,615	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	742,390,405	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-46,194,790	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	25,550,967	6.00
7.00	Income from investments	1,199,451	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	244,658	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,777,409	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	620,829	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	16,247	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	24,903	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	346,707	20.00
21.00	Rental of vending machines	4,038	21.00
22.00	Rental of hospital space	2,055,574	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	60,373,241	24.00
25.00	Total other income (sum of lines 6-24)	94,214,024	25.00
26.00	Total (line 5 plus line 25)	48,019,234	26.00
27.00	OTHER EXPENSES	181	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	181	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	48,019,053	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-0091

Period:

Worksheet I-1

Component CCN: 26-2320

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/28/2020 1:15 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	499,790	HOURS OF SERVICE	3,879.14	1.86
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00
7.00	PHYSICIANS	0	ACCUMULATED COST		6.00
8.00	NON-PATIENT CARE SALARY	22,035	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	521,825			9.00
10.00	EMPLOYEE BENEFITS	0	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	10,803	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	9,626	REQUISITIONS		14.00
15.00	DRUGS	0	REQUISITIONS		15.00
16.00	OTHER	1,369,522	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,911,776			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	35,255	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	69,267	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	243,999	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	712,041	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	128,371	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	76,613	REQUISITIONS		24.00
25.00	PHARMACY	1,670	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	100,628	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	3,279,620			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	ENDOSCOPY	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	3,279,620			31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 26-0091

Period:

Worksheet I-2

Component CCN: 26-2320

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/28/2020 1:15 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	163,626	80,070	499,790	0	243,999	-39,654	1.00
MAINTENANCE								
2.00	Hemodialysis	48,622	23,793	106,065	0	51,781	-8,415	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	-1	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	64	31	139	0	68	-11	7.00
HOME								
8.00	Hemodialysis	0	0	27,751	0	13,549	-2,202	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	5,773	0	2,818	-458	10.00
11.00	CCPD	0	0	109,333	0	53,377	-8,674	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	114,557	56,059	249,894	0	121,999	-19,827	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						41,324	14.00
15.00								15.00
16.00	Other	383	187	835	0	407	-66	16.00
17.00	Total (sum of lines 2 through 16)	163,626	80,070	499,790	0	243,999	-39,654	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	86,239	0	1,034,070	2,204,226	3,238,296		1.00
MAINTENANCE								
2.00	Hemodialysis	18,302	0	240,148	511,900	752,048		2.00
2.01	AKI-Hemodialysis	0	0	-1	-2	-3		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	24	0	315	671	986		7.00
HOME								
8.00	Hemodialysis	4,788	0	43,886	93,547	137,433		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	996	0	9,129	19,459	28,588		10.00
11.00	CCPD	18,865	0	172,901	368,556	541,457		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	43,120	0	565,802	1,206,066	1,771,868		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	144	0	1,890	4,029	5,919		16.00
17.00	Total (sum of lines 2 through 16)	86,239	0	1,034,070	2,204,226	3,238,296		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					3,238,296		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091
Component CCN: 26-2320Period:
From 01/01/2019
To 12/31/2019Worksheet I-3
Date/Time Prepared:
8/28/2020 1:15 pm

						Renal Dialysis			
			Capital Related Costs		Direct Patient Care Salary				
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	Total Renal Department Costs		163,626	80,070	499,790	0	243,999	1.00	
MAINTENANCE									
2.00	Hemodialysis		49,525	21,478.00	106,065.00	0.00	28,224	2.00	
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01	
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00	
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01	
TRAINING									
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00	
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00	
6.00	CAPD		0	0.00	0.00	0.00	0	6.00	
7.00	CCPD		65	28.00	139.00	0.00	37	7.00	
HOME									
8.00	Hemodialysis		0	0.00	27,751.00	0.00	7,385	8.00	
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00	
10.00	CAPD		0	0.00	5,773.00	0.00	1,536	10.00	
11.00	CCPD		0	0.00	109,333.00	0.00	29,094	11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments	416	116,685	50,604.00	249,895.00	0.00	66,498	12.00	
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00	
14.00	ESAs							14.00	
15.00								15.00	
16.00	Other		390	169.00	835.00	0.00	222	16.00	
17.00	Total Statistical Basis		166,665	72,279.00	499,791.00	0.00	132,996	17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.981766	1.107791	0.999998	0.000000	1.834634	18.00	
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)			
		6.00	7.00	8.00	9.00	10.00			
1.00	Total Renal Department Costs	-39,654	86,239	0	1,034,070	2,204,226		1.00	
MAINTENANCE									
2.00	Hemodialysis	-8,450	18,866	0				2.00	
2.01	AKI-Hemodialysis	0	0	0				2.01	
3.00	Intermittent Peritoneal	0	0	0				3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01	
TRAINING									
4.00	Hemodialysis	0	0	0				4.00	
5.00	Intermittent Peritoneal	0	0	0				5.00	
6.00	CAPD	0	0	0				6.00	
7.00	CCPD	-11	25	0				7.00	
HOME									
8.00	Hemodialysis	-2,211	4,936	0				8.00	
9.00	Intermittent Peritoneal	0	0	0				9.00	
10.00	CAPD	-460	1,027	0				10.00	
11.00	CCPD	-8,710	19,447	0				11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments	-19,909	44,449	0				12.00	
13.00	Method II Home Patient	0	0	0				13.00	
14.00	ESAs							14.00	
15.00								15.00	
16.00	Other	-66	148	0				16.00	
17.00	Total Statistical Basis	-39,817	88,898	0		1,034,070		17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.995906	0.970089	0.000000		2.131602		18.00	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-0091

Period:

Worksheet I-4

Component CCN: 26-2320

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/28/2020 1:15 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,525	752,045	493.14	642	316,596
2.00	Maintenance - Peritoneal Dialysis	2	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	986	0.00	0	0
7.00	Home Program - Hemodialysis	399	137,433	344.44	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	12	28,588	2,382.33	0	0
10.00	Home Program - CCPD	226	541,457	2,395.83	34	81,458
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,926	1,460,509		642	398,054
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,640				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	189,074	294.51			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	24,169	710.85			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	213,243				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet I-5 Date/Time Prepared: 8/28/2020 1:15 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	398,054		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	213,243	207,375	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	213,243	207,375	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	67	65	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	67	65	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	42,636	41,463	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	42,636	41,463	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	2,262	2,262	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	2,262	2,262	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	1,470		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,262		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	39,266	8.00
9.00	Program payment (see instructions)	0	165,848	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	1,470		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,501,833		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,460,509		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.972484		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/28/2020 1:15 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,273,094	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		53,267	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)		325.64	3.00
4.00	Number of interns & residents (see instructions)		174.05	4.00
5.00	Indirect medical education percentage (see instructions)		16.28	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)		370,060	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.06	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		54.24	8.00
9.00	Sum of lines 7 and 8		63.30	9.00
10.00	Allowable disproportionate share percentage (see instructions)		13.68	10.00
11.00	Disproportionate share adjustment (see instructions)		310,959	11.00
12.00	Total prospective capital payments (see instructions)		3,007,380	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