

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: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/27/2020 1:49 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.		
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 SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) 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)

SYSTEM VP OF 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	-2,654,056	4,132,485	0	45,468,510	1.00
2.00	Subprovider - IPF	0	-33,514	0		4,252,595	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	-2,687,570	4,132,485	0	49,721,105	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: 26-0105		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/27/2020 1:49 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3635 VISTA AVE			PO Box:				1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County:		
		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 SAINT LOUIS UNIVERSITY HOSPITAL	260105	41180	1	07/01/1966	O	P	O
4.00	Subprovider - IPF		SSM SAINT LOUIS UNIVERSITY PSYCH	26S105	41180	4	07/01/1984	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		SAINT LOUIS UNIV DIALYSIS	262310	41180		07/01/1966			
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
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MCRIF32 - 16.2.168.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
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		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

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Period:
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		10.98	202.30	0.051482	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)	INTERNAL MEDICINE	1400	2.61	56.20	0.044380
65.01		GERIATRIC MEDICINE	1408	0.41	1.75	0.189815
65.02		INTERNAL MEDICINE	1450	0.64	5.67	0.101426
		PEDIATRICS				
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	215.85	0.000000	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 - GENERAL	1350	0.00	0.78	0.000000
67.01		INTERNAL MEDICINE - GENERAL	1400	0.00	58.10	0.000000

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		V 1.00		XIX 2.00			
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	
		1.00		2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00		2.00		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.	1				118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	663,694		1,769		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.	N				122.00	

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					1.00	2.00				
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.				07/06/1977			126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				03/15/1995			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.				07/01/1999			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00		
133.00	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 numbers. (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.				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.				Y	07/29/2019		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	Title XIX		
					1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital				N	N	N	N	155.00	
156.00	Subprovider - IPF				N	N	N	N	156.00	
157.00	Subprovider - IRF				N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF				N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY				N	N	N	N	160.00	
161.00	CMHC					N	N	N	161.00	
					1.00					
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N			165.00		
					Name	County	State	Zip Code	CBSA	FTE/Campus
					0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	166.00

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			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.			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)			9.99169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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)			0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/27/2020 1:49 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	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)	Y			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.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		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	04/29/2020
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: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/27/2020 1:49 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/27/2020 1:49 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR GOV'T REIMB	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: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/27/2020 1:49 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	158	57,670	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)		158	57,670	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	65	23,725	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	69	25,185	0.00	0	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)		292	106,580	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	40	14,600		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)		332			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/27/2020 1:49 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)	11,988	5,229	48,356			1.00
2.00	HMO and other (see instructions)	13,889	18,083				2.00
3.00	HMO IPF Subprovider	0	149				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)	11,988	5,229	48,356			7.00
8.00	INTENSIVE CARE UNIT	5,960	3,038	21,133			8.00
9.00	CORONARY CARE UNIT	6,863	2,722	21,947			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)	24,811	10,989	91,436	262.75	1,424.82	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,032	4,006	10,627	4.28	65.99	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)				267.03	1,490.81	27.00
28.00	Observation Bed Days		344	4,814			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			299			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/27/2020 1:49 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	3,659	1,586	13,876	1.00
2.00 HMO and other (see instructions)			1,923	2,269		2.00
3.00 HMO IPF Subprovider				40		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,659	1,586	13,876	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	204	547	1,625	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: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/27/2020 1:49 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	133,589,153	0	133,589,153	3,115,844.00	42.87
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,328,259	0	3,328,259	30,707.00	108.39
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,873,991	0	1,873,991	37,049.00	50.58
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		26,807,907	0	26,807,907	577,670.00	46.41
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)		10,009,801	-1,100,308	8,909,493	229,714.00	38.79
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		47,696,778	0	47,696,778	883,224.67	54.00
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		1,399,417	0	1,399,417	7,911.00	176.90
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		29,275,471	0	29,275,471	810,648.13	36.11
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		25,971,129	0	25,971,129	156,048.00	166.43
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,234,136	0	26,234,136		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,839,904	0	2,839,904		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		902,112	0	902,112		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		349,729	0	349,729		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		10,333,326	0	10,333,326		
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: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
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		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	1,181,110	0	1,181,110	30,176.00	39.14	26.00
27.00	Administrative & General	5.00	13,856,217	-452,012	13,404,205	367,619.00	36.46	27.00
28.00	Administrative & General under contract (see inst.)		3,181,595	0	3,181,595	29,106.42	109.31	28.00
29.00	Maintenance & Repairs	6.00	469,407	0	469,407	12,316.00	38.11	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		418,764	0	418,764	14,210.00	29.47	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,183,564	0	1,183,564	39,770.00	29.76	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,115,995	0	3,115,995	66,641.00	46.76	38.00
39.00	Central Services and Supply	14.00	548,098	351,109	899,207	46,257.00	19.44	39.00
40.00	Pharmacy	15.00	5,615,328	-44,802	5,570,526	124,354.00	44.80	40.00
41.00	Medical Records & Medical Records Library	16.00	2,362,944	0	2,362,944	54,669.00	43.22	41.00
42.00	Social Service	17.00	1,058,734	0	1,058,734	36,113.00	29.32	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/27/2020 1:49 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)	106,362,919	0	106,362,919	2,553,504.42	41.65	1.00
2.00	Excluded area salaries (see instructions)	10,009,801	-1,100,308	8,909,493	229,714.00	38.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,353,118	1,100,308	97,453,426	2,323,790.42	41.94	3.00
4.00	Subtotal other wages & related costs (see inst.)	78,371,666	0	78,371,666	1,701,783.80	46.05	4.00
5.00	Subtotal wage-related costs (see inst.)	36,567,462	0	36,567,462	0.00	37.52	5.00
6.00	Total (sum of lines 3 thru 5)	211,292,246	1,100,308	212,392,554	4,025,574.22	52.76	6.00
7.00	Total overhead cost (see instructions)	32,991,756	-145,705	32,846,051	821,231.42	40.00	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
8/27/2020 1:49 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,911,062	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	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)	0	8.02
8.03	Health Insurance (Purchased)	15,250,120	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	329,213	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	556,409	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,308,154	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	9,513,259	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	92,910	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	462,642	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	29,423,769	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: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/27/2020 1:49 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	48,269,142	29,423,769	1.00
2.00	Hospital	47,696,778	26,583,865	2.00
3.00	Subprovider - IPF	572,364	115,665	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	2,724,239	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/27/2020 1:49 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)			0.184527 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	100,679,425		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	65,516,229		5.00
6.00	Medicaid charges	657,604,953		6.00
7.00	Medicaid cost (line 1 times line 6)	121,345,869		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)	128,938,295	4,428,177	133,366,472 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	23,792,597	4,428,177	28,220,774 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	23,792,597	4,428,177	28,220,774 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	54,380,631		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,177,884		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,812,131		27.01
28.00	Non-Medicare bad debt expense (see instructions)	52,568,500		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	10,334,555		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	38,555,329		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	38,555,329		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A

Date/Time Prepared:
8/27/2020 1:49 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		12,325,285		12,325,285	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,774,583		7,774,583	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,181,110	30,738,327		31,919,437	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,856,217	125,008,063		138,864,280	5.00
6.00	00600	MAINTENANCE & REPAIRS	469,407	2,039,348		2,508,755	6.00
7.00	00700	OPERATION OF PLANT	0	10,766,597		10,766,597	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,179,655		1,179,655	8.00
9.00	00900	HOUSEKEEPING	0	4,931,020		4,931,020	9.00
10.00	01000	DIETARY	0	9,036,439		9,036,439	10.00
11.00	01100	CAFETERIA	0	0		6,715,785	11.00
13.00	01300	NURSING ADMINISTRATION	3,115,995	398,280		3,514,275	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	548,098	2,086,760		2,634,858	14.00
15.00	01500	PHARMACY	5,615,328	30,478,745		36,094,073	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,362,944	291,968		2,654,912	16.00
17.00	01700	SOCIAL SERVICE	1,058,734	286,025		1,344,759	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	91,387	51,559,480		51,650,867	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	203,749	22,817		226,566	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0		104,304	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,583,714	19,713,474		44,297,188	30.00
31.00	03100	INTENSIVE CARE UNIT	14,058,908	7,859,222		21,918,130	31.00
32.00	03200	CORONARY CARE UNIT	5,222,094	2,395,547		7,617,641	32.00
40.00	04000	SUBPROVIDER - IPF	5,440,891	3,332,015		8,772,906	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,908,871	35,404,356		44,313,227	50.00
51.00	05100	RECOVERY ROOM	1,946,741	193,046		2,139,787	51.00
53.00	05300	ANESTHESIOLOGY	4,468,295	10,558,575		15,026,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,047,682	7,653,271		12,700,953	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	758,529	1,033,461		1,791,990	55.00
56.00	05600	RADIOISOTOPE	428,384	2,429,932		2,858,316	56.00
57.00	05700	CT SCAN	1,334,622	2,043,027		3,377,649	57.00
58.00	05800	MRI	961,840	279,139		1,240,979	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,295,785	10,776,577		12,072,362	59.00
60.00	06000	LABORATORY	3,893,015	11,697,878		15,590,893	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,332,427	4,898,846		6,231,273	62.00
64.00	06400	INTRAVENOUS THERAPY	386,060	20,043,292		20,429,352	64.00
65.00	06500	RESPIRATORY THERAPY	3,232,617	1,329,146		4,561,763	65.00
66.00	06600	PHYSICAL THERAPY	2,335,312	188,880		2,524,192	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,186,544	0		1,186,544	67.00
68.00	06800	SPEECH PATHOLOGY	268,665	151		268,816	68.00
69.00	06900	ELECTROCARDIOLOGY	1,798,529	445,234		2,243,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	510,622	317,459		828,081	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		35,251,405	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		21,895,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		42,818,030	73.00
74.00	07400	RENAL DIALYSIS	0	2,026,138		2,026,138	74.00
76.00	03330	ENDOSCOPY	1,570,842	3,107,261		4,678,103	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,838,466	4,347,666		7,186,132	90.00
91.00	09100	EMERGENCY	6,911,568	17,153,797		24,065,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				-2,125,964	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,990,419	3,220,455		6,210,874	105.00
107.00	10700	LIVER ACQUISITION	0	1,323,351		1,323,351	107.00
109.00	10900	PANCREAS ACQUISITION	0	162,739		162,739	109.00
113.00	11300	INTEREST EXPENSE		0		0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	132,214,411	462,857,327		595,071,738	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	544		544	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	907,915	1,499,756		2,407,671	192.00
194.00	07950	OTHER NON-REIMBURSABLE	334,947	1,037,078		1,372,025	194.00
194.03	07953	RETAIL PHARMACY	131,880	6,886,669		7,018,549	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	133,589,153	472,281,374		605,870,527	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	688,873	13,014,158	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,813,928	12,833,242	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	436,658	32,355,755	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,191,439	114,008,552	5.00
6.00	00600	MAINTENANCE & REPAIRS	-112,239	2,396,314	6.00
7.00	00700	OPERATION OF PLANT	-2,619,993	8,335,364	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-204	1,152,641	8.00
9.00	00900	HOUSEKEEPING	0	4,928,577	9.00
10.00	01000	DIETARY	-1,944,270	375,807	10.00
11.00	01100	CAFETERIA	0	6,715,785	11.00
13.00	01300	NURSING ADMINISTRATION	-3,200	3,504,867	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,774,741	14.00
15.00	01500	PHARMACY	-84,821	6,781,459	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,762	2,645,573	16.00
17.00	01700	SOCIAL SERVICE	-104,466	1,239,716	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-475	67,452,934	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	307,965	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	104,304	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,558,828	19,477,823	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,058	18,025,914	31.00
32.00	03200	CORONARY CARE UNIT	-114	17,963,261	32.00
40.00	04000	SUBPROVIDER - IPF	-1,630,015	7,069,640	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,465,611	15,780,050	50.00
51.00	05100	RECOVERY ROOM	-93	2,005,240	51.00
53.00	05300	ANESTHESIOLOGY	-12,574,732	1,230,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-64,567	7,633,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-629,815	1,164,432	55.00
56.00	05600	RADIOISOTOPE	-10,888	2,754,685	56.00
57.00	05700	CT SCAN	-7,176	2,737,979	57.00
58.00	05800	MRI	-13,842	1,150,532	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,263,966	59.00
60.00	06000	LABORATORY	1,916,694	14,940,422	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-19,190	10,341,464	62.00
64.00	06400	INTRAVENOUS THERAPY	-93,701	1,304,282	64.00
65.00	06500	RESPIRATORY THERAPY	-29,985	3,615,715	65.00
66.00	06600	PHYSICAL THERAPY	-11,487	2,461,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,186,544	67.00
68.00	06800	SPEECH PATHOLOGY	0	268,816	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,934	2,201,832	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-368	749,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,274,526	33,976,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,895,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,818,030	73.00
74.00	07400	RENAL DIALYSIS	-6,055	1,999,360	74.00
76.00	03330	ENDOSCOPY	-793	2,209,120	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-7,845,782	4,296,322	90.00
91.00	09100	EMERGENCY	-12,739,693	9,199,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-164	7,499,143	105.00
107.00	10700	LIVER ACQUISITION	0	4,470,581	107.00
109.00	10900	PANCREAS ACQUISITION	0	256,212	109.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-48,195,133	546,876,605	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	544	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,407,671	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	1,372,025	194.00
194.03	07953	RETAIL PHARMACY	0	7,018,549	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-48,195,133	557,675,394	200.00

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
8/27/2020 1:49 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 CELL	62.00	0	4,536,193		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35,251,405		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	21,895,336		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	42,818,030		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
	TOTALS		0	104,500,964		
B - DIETARY						
1.00	CAFETERIA	11.00	0	6,715,785		1.00
	TOTALS		0	6,715,785		
C - EQUIPMENT LEASE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,244,731		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	TOTALS		0	2,244,731		
D - HLA TESTING						
1.00	ADULTS & PEDIATRICS	30.00	0	658,587		1.00
2.00	CLINIC	90.00	0	81,490		2.00
3.00	KIDNEY ACQUISITION	105.00	0	1,520,294		3.00
4.00	LIVER ACQUISITION	107.00	0	12,776		4.00
	TOTALS		0	2,273,147		

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
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To 12/31/2019Worksheet A-6
Date/Time Prepared:
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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	E - ORGAN TRANSPLANT				
1.00	CLINIC	90.00	1,233,037	3,753,296	1.00
2.00	LIVER ACQUISITION	107.00	965,109	2,169,345	2.00
3.00	PANCREAS ACQUISITION	109.00	3,838	89,635	3.00
4.00	KIDNEY ACQUISITION	105.00	0	1,970,123	4.00
	TOTALS		2,201,984	7,982,399	
	F - CLINICAL PASTORAL EDUCATION				
1.00	PARAMED ED-CLINICAL PASTORAL ED	23.01	100,903	3,401	1.00
	TOTALS		100,903	3,401	
	G - PARKING LOT LEASE				
1.00	OPERATION OF PLANT	7.00	0	189,100	1.00
	TOTALS		0	189,100	
	H - DIRECTORSHIP FEES				
1.00	ADULTS & PEDIATRICS	30.00	0	1,009,428	1.00
2.00	OPERATING ROOM	50.00	0	58,088	2.00
3.00	LABORATORY	60.00	0	46,800	3.00
4.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	11,550	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	9,150	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,113	6.00
7.00	RENAL DIALYSIS	74.00	0	16,500	7.00
8.00	EMERGENCY	91.00	0	11,250	8.00
	TOTALS		0	1,165,879	
	I - NUCLEAR MEDICINE				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	26,458	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	26,458	0	2.00
3.00	CT SCAN	57.00	26,458	0	3.00
	TOTALS		79,374	0	
	J - PHARMACY RESIDENCY				
1.00	PARAMED ED-PHARMACY RESIDENCY	23.00	44,802	36,597	1.00
	TOTALS		44,802	36,597	
	K - CENTRAL DISTRIBUTION				
1.00	CENTRAL SERVICES & SUPPLY	14.00	351,109	788,774	1.00
	TOTALS		351,109	788,774	
	L - INPATIENT				
1.00	ADULTS & PEDIATRICS	30.00	1,632,756	658,735	1.00
2.00	INTENSIVE CARE UNIT	31.00	271,837	131,726	2.00
3.00	CORONARY CARE UNIT	32.00	8,840,837	4,328,113	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
	TOTALS		10,745,430	5,118,574	
	M - RESIDENCY ANCILLARY				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	15,802,542	1.00
	TOTALS		0	15,802,542	
500.00	Grand Total: Increases		13,523,602	146,821,893	500.00

RECLASSIFICATIONS

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Period:
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Worksheet A-6

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	Decreases						8/27/2020 1:49 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	28,719,153	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,855,119	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,985,694	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	657,235	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	57,086	0		5.00
6.00	OPERATING ROOM	50.00	0	26,571,180	0		6.00
7.00	RECOVERY ROOM	51.00	0	119,728	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	1,221,167	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,023,146	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,624	0		10.00
11.00	RADIOISOTOPE	56.00	0	13,029	0		11.00
12.00	CT SCAN	57.00	0	658,750	0		12.00
13.00	MRI	58.00	0	76,420	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	9,783,012	0		14.00
15.00	LABORATORY	60.00	0	286,338	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	19,031,369	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	870,001	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	50,378	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	46,946	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	81,305	0		20.00
21.00	RENAL DIALYSIS	74.00	0	37,223	0		21.00
22.00	ENDOSCOPY	76.00	0	1,667,981	0		22.00
23.00	CLINIC	90.00	0	110,796	0		23.00
24.00	EMERGENCY	91.00	0	2,135,922	0		24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	418,362	0		25.00
	TOTALS		0	104,500,964			
	B - DIETARY						
1.00	DIETARY	10.00	0	6,715,785	0		1.00
	TOTALS		0	6,715,785			
	C - EQUIPMENT LEASE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	340	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	262,581	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	202	0		3.00
4.00	OPERATION OF PLANT	7.00	0	340	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	26,810	0		5.00
6.00	HOUSEKEEPING	9.00	0	2,443	0		6.00
7.00	DIETARY	10.00	0	577	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	6,208	0		8.00
9.00	PHARMACY	15.00	0	427,241	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	577	0		10.00
11.00	SOCIAL SERVICE	17.00	0	577	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	1,390	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	20,760	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	369	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	1,182	0		15.00
16.00	OPERATING ROOM	50.00	0	554,187	0		16.00
17.00	RECOVERY ROOM	51.00	0	6,058	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,089	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	577	0		19.00
20.00	RADIOISOTOPE	56.00	0	340	0		20.00
21.00	CT SCAN	57.00	0	202	0		21.00
22.00	MRI	58.00	0	185	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	24,152	0		23.00
24.00	LABORATORY	60.00	0	54,480	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	46,062	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	525	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	1,119	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	340	0		28.00
29.00	ENDOSCOPY	76.00	0	796,471	0		29.00
30.00	CLINIC	90.00	0	1,055	0		30.00
31.00	EMERGENCY	91.00	0	1,292	0		31.00
	TOTALS		0	2,244,731			
	D - HLA TESTING						
1.00	LABORATORY	60.00	0	2,273,147	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	2,273,147			
	E - ORGAN TRANSPLANT						
1.00	ADULTS & PEDIATRICS	30.00	0	7,982,399	0		1.00
2.00	KIDNEY ACQUISITION	105.00	2,201,984	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

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Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	_____	_____ 0.00	_____ 0	_____ 0	_____ 0		4.00
	TOTALS		2,201,984	7,982,399			
	F - CLINICAL PASTORAL EDUCATION						
1.00	ADMINISTRATIVE & GENERAL	_____ 5.00	_____ 100,903	_____ 3,401	_____ 0		1.00
	TOTALS		100,903	3,401			
	G - PARKING LOT LEASE						
1.00	ADMINISTRATIVE & GENERAL	_____ 5.00	_____ 0	_____ 189,100	_____ 0		1.00
	TOTALS		0	189,100			
	H - DIRECTORSHIP FEES						
1.00	ADMINISTRATIVE & GENERAL	_____ 5.00	_____ 0	_____ 1,165,879	_____ 0		1.00
2.00		_____ 0.00	_____ 0	_____ 0	_____ 0		2.00
3.00		_____ 0.00	_____ 0	_____ 0	_____ 0		3.00
4.00		_____ 0.00	_____ 0	_____ 0	_____ 0		4.00
5.00		_____ 0.00	_____ 0	_____ 0	_____ 0		5.00
6.00		_____ 0.00	_____ 0	_____ 0	_____ 0		6.00
7.00		_____ 0.00	_____ 0	_____ 0	_____ 0		7.00
8.00		_____ 0.00	_____ 0	_____ 0	_____ 0		8.00
	TOTALS		0	1,165,879			
	I - NUCLEAR MEDICINE						
1.00	RADIOISOTOPE	_____ 56.00	_____ 79,374	_____ 0	_____ 0		1.00
2.00		_____ 0.00	_____ 0	_____ 0	_____ 0		2.00
3.00		_____ 0.00	_____ 0	_____ 0	_____ 0		3.00
	TOTALS		79,374	0			
	J - PHARMACY RESIDENCY						
1.00	PHARMACY	_____ 15.00	_____ 44,802	_____ 36,597	_____ 0		1.00
	TOTALS		44,802	36,597			
	K - CENTRAL DISTRIBUTION						
1.00	ADMINISTRATIVE & GENERAL	_____ 5.00	_____ 351,109	_____ 788,774	_____ 0		1.00
	TOTALS		351,109	788,774			
	L - INPATIENT						
1.00	ADULTS & PEDIATRICS	_____ 30.00	_____ 8,989,682	_____ 4,391,453	_____ 0		1.00
2.00	INTENSIVE CARE UNIT	_____ 31.00	_____ 183,087	_____ 105,180	_____ 0		2.00
3.00	CORONARY CARE UNIT	_____ 32.00	_____ 1,550,407	_____ 615,205	_____ 0		3.00
4.00	SUBPROVIDER - IPF	_____ 40.00	_____ 12,976	_____ 2,007	_____ 0		4.00
5.00	OPERATING ROOM	_____ 50.00	_____ 43	_____ 244	_____ 0		5.00
6.00	RECOVERY ROOM	_____ 51.00	_____ 7,857	_____ 811	_____ 0		6.00
7.00	CARDIAC CATHETERIZATION	_____ 59.00	_____ 121	_____ 1,111	_____ 0		7.00
8.00	ELECTROCARDIOLOGY	_____ 69.00	_____ 76	_____ 6	_____ 0		8.00
9.00	ENDOSCOPY	_____ 76.00	_____ 1,181	_____ 2,557	_____ 0		9.00
	TOTALS		10,745,430	5,118,574			
	M - RESIDENCY ANCILLARY						
1.00	ADMINISTRATIVE & GENERAL	_____ 5.00	_____ 0	_____ 15,802,542	_____ 0		1.00
	TOTALS		0	15,802,542			
500.00	Grand Total: Decreases		13,523,602	146,821,893			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/27/2020 1:49 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	15,930,263	0	0	0	0	1.00	
2.00	Land Improvements	180,478	19,031	0	19,031	0	2.00	
3.00	Buildings and Fixtures	278,870,978	186,578,285	0	186,578,285	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	55,281,105	8,356,475	0	8,356,475	76,010	6.00	
7.00	HIT designated Assets	5,817,230	94,663	0	94,663	2,700	7.00	
8.00	Subtotal (sum of lines 1-7)	356,080,054	195,048,454	0	195,048,454	78,710	8.00	
9.00	Reconciling Items	209,222,585	184,008,952	0	184,008,952	0	9.00	
10.00	Total (line 8 minus line 9)	146,857,469	11,039,502	0	11,039,502	78,710	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,930,263	0				1.00	
2.00	Land Improvements	199,509	0				2.00	
3.00	Buildings and Fixtures	465,449,263	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	63,561,570	0				6.00	
7.00	HIT designated Assets	5,909,193	0				7.00	
8.00	Subtotal (sum of lines 1-7)	551,049,798	0				8.00	
9.00	Reconciling Items	393,231,537	0				9.00	
10.00	Total (line 8 minus line 9)	157,818,261	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	11,902,944	0	422,341	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,774,583	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,677,527	0	422,341	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	12,325,285				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,774,583				2.00
3.00	Total (sum of lines 1-2)	0	20,099,868				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	481,579,035	0	481,579,035	0.870385	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	71,715,494	0	71,715,494	0.129615	0	2.00
3.00	Total (sum of lines 1-2)	553,294,529	0	553,294,529	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,622,524	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,005,385	2,244,731	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,627,909	2,244,731	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	391,634	0	0	0	13,014,158	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-416,874	0	0	0	12,833,242	2.00
3.00	Total (sum of lines 1-2)	-25,240	0	0	0	25,847,400	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-30,707	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	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	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0	ADMINISTRATIVE & GENERAL	5.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-32,589,903			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	6,971,862			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	ADMINISTRATIVE & GENERAL	5.00	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	FRA	A	-5,107,668	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
8/27/2020 1:49 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	
33.01	BAD DEBT	A	-43,498	ADMINISTRATIVE & GENERAL		5.00	0	33.01
33.02	CRNA, AA	A	-4,230,371	ANESTHESIOLOGY		53.00	0	33.02
33.03	MID-LEVEL	A	-2,519,852	ADULTS & PEDIATRICS		30.00	0	33.03
33.04	NON-MEDICAL TRANSPORT	A	-548,898	ADMINISTRATIVE & GENERAL		5.00	0	33.04
33.05	NON-MEDICAL TRANSPORT	A	-225	NURSING ADMINISTRATION		13.00	0	33.05
33.06	NON-MEDICAL TRANSPORT	A	-4,039	SOCIAL SERVICE		17.00	0	33.06
33.07	NON-MEDICAL TRANSPORT	A	-226	ADULTS & PEDIATRICS		30.00	0	33.07
33.08	NON-MEDICAL TRANSPORT	A	-2,991	SUBPROVIDER - IPF		40.00	0	33.08
33.09	NON-PATIENT	A	-53,548	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.09
33.10	NON-PATIENT	A	-17,169	ADMINISTRATIVE & GENERAL		5.00	0	33.10
33.11	NON-PATIENT	A	-2,100	NURSING ADMINISTRATION		13.00	0	33.11
33.12	LOBBYING	A	-47,991	ADMINISTRATIVE & GENERAL		5.00	0	33.12
33.13	TELEPHONE	A	-13,520	ADMINISTRATIVE & GENERAL		5.00	0	33.13
33.14	TELEPHONE	A	-9	MAINTENANCE & REPAIRS		6.00	0	33.14
33.15	TELEPHONE	A	-138	NURSING ADMINISTRATION		13.00	0	33.15
33.16	TELEPHONE	A	-222	PHARMACY		15.00	0	33.16
33.17	TELEPHONE	A	-4	ADULTS & PEDIATRICS		30.00	0	33.17
33.18	TELEPHONE	A	-134	SUBPROVIDER - IPF		40.00	0	33.18
33.19	TELEPHONE	A	-74	OPERATING ROOM		50.00	0	33.19
33.20	TELEPHONE	A	-50	RADIOLOGY-DIAGNOSTIC		54.00	0	33.20
33.21	TELEPHONE	A	-184	EMERGENCY		91.00	0	33.21
33.22	TELEPHONE	A	-70	KIDNEY ACQUISITION		105.00	0	33.22
33.23	GIFT	A	-70	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.23
33.24	GIFT	A	-813,089	ADMINISTRATIVE & GENERAL		5.00	0	33.24
33.25	GIFT	A	-526	NURSING ADMINISTRATION		13.00	0	33.25
33.26	GIFT	A	-2,833	PHARMACY		15.00	0	33.26
33.27	GIFT	A	-231	SOCIAL SERVICE		17.00	0	33.27
33.28	GIFT	A	-475	I&R SERVICES-OTHER PRGM		22.00	0	33.28
				COSTS APPRV				
33.29	GIFT	A	-320	ADULTS & PEDIATRICS		30.00	0	33.29
33.30	GIFT	A	-415	INTENSIVE CARE UNIT		31.00	0	33.30
33.31	GIFT	A	-114	CORONARY CARE UNIT		32.00	0	33.31
33.32	GIFT	A	-420	SUBPROVIDER - IPF		40.00	0	33.32
33.33	GIFT	A	-422	OPERATING ROOM		50.00	0	33.33
33.34	GIFT	A	-93	RECOVERY ROOM		51.00	0	33.34
33.35	GIFT	A	-1,443	RADIOLOGY-DIAGNOSTIC		54.00	0	33.35
33.36	GIFT	A	-66	RADIOISOTOPE		56.00	0	33.36
33.37	GIFT	A	-172	LABORATORY		60.00	0	33.37
33.38	GIFT	A	-172	RESPIRATORY THERAPY		65.00	0	33.38
33.39	GIFT	A	-12	CLINIC		90.00	0	33.39
33.40	GIFT	A	-94	KIDNEY ACQUISITION		105.00	0	33.40
33.41	ENTERTAINMENT	A	-8,293	ADMINISTRATIVE & GENERAL		5.00	0	33.41
33.42	ENTERTAINMENT	A	-211	NURSING ADMINISTRATION		13.00	0	33.42
33.43	ENTERTAINMENT	A	-270	ADULTS & PEDIATRICS		30.00	0	33.43
33.44	ENTERTAINMENT	A	-643	INTENSIVE CARE UNIT		31.00	0	33.44
33.45	ENTERTAINMENT	A	-95	RADIOLOGY-DIAGNOSTIC		54.00	0	33.45
33.46	MISCELLANEOUS REVENUE	B	-80	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.46
33.47	MISCELLANEOUS REVENUE	B	-2,949,299	ADMINISTRATIVE & GENERAL		5.00	0	33.47
33.48	MISCELLANEOUS REVENUE	B	-2,619,993	OPERATION OF PLANT		7.00	0	33.48
33.49	MISCELLANEOUS REVENUE	B	-204	LAUNDRY & LINEN SERVICE		8.00	0	33.49
33.50	MISCELLANEOUS REVENUE	B	-1,944,270	DIETARY		10.00	0	33.50
33.51	MISCELLANEOUS REVENUE	B	-81,766	PHARMACY		15.00	0	33.51
33.52	MISCELLANEOUS REVENUE	B	-8,762	MEDICAL RECORDS & LIBRARY		16.00	0	33.52
33.53	MISCELLANEOUS REVENUE	B	-100,196	SOCIAL SERVICE		17.00	0	33.53
33.54	MISCELLANEOUS REVENUE	B	-3	SUBPROVIDER - IPF		40.00	0	33.54
33.55	MISCELLANEOUS REVENUE	B	-312,733	OPERATING ROOM		50.00	0	33.55
33.56	MISCELLANEOUS REVENUE	B	-62,979	RADIOLOGY-DIAGNOSTIC		54.00	0	33.56
33.57	MISCELLANEOUS REVENUE	B	-4,497	RADIOISOTOPE		56.00	0	33.57
33.58	MISCELLANEOUS REVENUE	B	-7,176	CT SCAN		57.00	0	33.58
33.59	MISCELLANEOUS REVENUE	B	-13,842	MRI		58.00	0	33.59
33.60	MISCELLANEOUS REVENUE	B	-348,526	LABORATORY		60.00	0	33.60
33.61	MISCELLANEOUS REVENUE	B	-17,276	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	33.61
33.62	MISCELLANEOUS REVENUE	B	-20,201	INTRAVENOUS THERAPY		64.00	0	33.62
33.63	MISCELLANEOUS REVENUE	B	-29,813	RESPIRATORY THERAPY		65.00	0	33.63
33.64	MISCELLANEOUS REVENUE	B	-7,637	PHYSICAL THERAPY		66.00	0	33.64
33.65	MISCELLANEOUS REVENUE	B	-1,758	ELECTROCARDIOLOGY		69.00	0	33.65
33.66	MISCELLANEOUS REVENUE	B	-793	ENDOSCOPY		76.00	0	33.66
33.67	MISCELLANEOUS REVENUE	B	-8,709	CLINIC		90.00	0	33.67

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.68	MISCELLANEOUS REVENUE	B	-201,673	EMERGENCY	91.00	0	33.68
33.69	CHAIFETZ ARENA	B	-380,716	ADMINISTRATIVE & GENERAL	5.00	0	33.69
33.70	TELEVISION	B	-23	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.70
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-48,195,133				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: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
8/27/2020 1:49 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	719,580	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3,230,825	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE - INTEREST	0	422,341	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	491,361	1,005	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	44,884,693	46,712,690	4.01
4.02	6.00	MAINTENANCE & REPAIRS	HOME OFFICE	0	112,230	4.02
4.03	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-1,274,526	0	4.03
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	NETWORK--CORP 130 - INTEREST	5,467	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	10,971,770	5,405,071	4.05
4.06	40.00	SUBPROVIDER - IPF	NETWORK--CORP 130	1,174,752	578,723	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			60,203,922	53,232,060	5.00

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

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

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

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

6.00	B	SSM HEALTH	100.00	SSM HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
8/27/2020 1:49 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	719,580	9		1.00
2.00	3,230,825	9		2.00
3.00	-422,341	11		3.00
4.00	490,356	0		4.00
4.01	-1,827,997	0		4.01
4.02	-112,230	0		4.02
4.03	-1,274,526	0		4.03
4.04	5,467	11		4.04
4.05	5,566,699	0		4.05
4.06	596,029	0		4.06
5.00	6,971,862			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			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0105

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

Worksheet A-8-2

Date/Time Prepared:
8/27/2020 1:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,503,863	1,570,896	932,967	211,500	4,580	1.00
2.00	40.00	SUBPROVIDER - IPF	2,222,496	2,222,496	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,198,227	1,140,139	58,088	246,400	387	3.00
4.00	53.00	ANESTHESIOLOGY	8,344,361	8,344,361	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	629,815	629,815	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	6,325	6,325	0	0	0	6.00
7.00	60.00	LABORATORY	-2,226,347	-2,273,147	46,800	260,300	312	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	11,550	0	11,550	260,300	77	8.00
9.00	64.00	INTRAVENOUS THERAPY	285,000	0	285,000	211,500	2,080	9.00
10.00	66.00	PHYSICAL THERAPY	25,000	0	25,000	211,500	208	10.00
11.00	69.00	ELECTROCARDIOLOGY	9,150	0	9,150	271,900	61	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	3,113	0	3,113	271,900	21	12.00
13.00	74.00	RENAL DIALYSIS	16,500	0	16,500	197,500	110	13.00
14.00	90.00	CLINIC	7,837,061	7,837,061	0	0	0	14.00
15.00	91.00	EMERGENCY	12,545,462	12,534,212	11,250	211,500	75	15.00
200.00			33,411,576	32,012,158	1,399,418		7,911	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	30.00	ADULTS & PEDIATRICS	465,707	23,285	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	45,845	2,292	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	39,045	1,952	0	0	0	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	9,636	482	0	0	0	8.00
9.00	64.00	INTRAVENOUS THERAPY	211,500	10,575	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	21,150	1,058	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	7,974	399	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	2,745	137	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	10,445	522	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	7,626	381	0	0	0	15.00
200.00			821,673	41,083	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	30.00	ADULTS & PEDIATRICS	0	465,707	467,260	2,038,156		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	2,222,496		2.00
3.00	50.00	OPERATING ROOM	0	45,845	12,243	1,152,382		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	8,344,361		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	629,815		5.00
6.00	56.00	RADIOISOTOPE	0	0	0	6,325		6.00
7.00	60.00	LABORATORY	0	39,045	7,755	-2,265,392		7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,636	1,914	1,914		8.00
9.00	64.00	INTRAVENOUS THERAPY	0	211,500	73,500	73,500		9.00
10.00	66.00	PHYSICAL THERAPY	0	21,150	3,850	3,850		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	7,974	1,176	1,176		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	2,745	368	368		12.00
13.00	74.00	RENAL DIALYSIS	0	10,445	6,055	6,055		13.00
14.00	90.00	CLINIC	0	0	0	7,837,061		14.00
15.00	91.00	EMERGENCY	0	7,626	3,624	12,537,836		15.00
200.00			0	821,673	577,745	32,589,903		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,014,158	13,014,158			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,833,242	12,833,242			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	32,355,755	115,614	114,007	32,585,376	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	114,008,552	1,165,109	1,148,912	3,307,055	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,396,314	35,080	34,592	114,547	6.00
7.00	00700	OPERATION OF PLANT	8,335,364	1,885,745	1,859,531	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,152,641	35,717	35,220	0	8.00
9.00	00900	HOUSEKEEPING	4,928,577	148,968	146,897	0	9.00
10.00	01000	DIETARY	375,807	226,100	222,957	0	10.00
11.00	01100	CAFETERIA	6,715,785	68,148	67,201	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,504,867	20,498	20,213	760,381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,774,741	247,067	243,633	183,335	14.00
15.00	01500	PHARMACY	6,781,459	99,122	97,744	1,359,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,645,573	108,944	107,429	576,617	16.00
17.00	01700	SOCIAL SERVICE	1,239,716	7,643	7,537	258,358	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	67,452,934	0	0	22,301	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	307,965	3,939	3,884	60,653	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	104,304	5,900	5,818	24,623	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,477,823	1,607,386	1,585,041	4,441,054	30.00
31.00	03100	INTENSIVE CARE UNIT	18,025,914	555,143	547,425	3,452,382	31.00
32.00	03200	CORONARY CARE UNIT	17,963,261	0	0	3,053,369	32.00
40.00	04000	SUBPROVIDER - IPF	7,069,640	309,534	305,231	1,324,547	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,780,050	802,679	791,521	2,187,959	50.00
51.00	05100	RECOVERY ROOM	2,005,240	158,990	156,780	473,136	51.00
53.00	05300	ANESTHESIOLOGY	1,230,971	110,485	108,950	1,090,376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,633,609	335,261	330,600	1,238,217	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,164,432	113,905	112,321	191,556	55.00
56.00	05600	RADIOISOTOPE	2,754,685	86,267	85,067	85,167	56.00
57.00	05700	CT SCAN	2,737,979	61,964	61,102	332,138	57.00
58.00	05800	MRI	1,150,532	95,585	94,257	234,713	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,263,966	149,806	147,723	316,174	59.00
60.00	06000	LABORATORY	14,940,422	345,669	340,864	961,194	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,341,464	50,684	49,979	327,854	62.00
64.00	06400	INTRAVENOUS THERAPY	1,304,282	4,743	4,677	94,208	64.00
65.00	06500	RESPIRATORY THERAPY	3,615,715	75,339	74,291	788,839	65.00
66.00	06600	PHYSICAL THERAPY	2,461,802	126,877	125,114	569,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,186,544	27,672	27,287	289,546	67.00
68.00	06800	SPEECH PATHOLOGY	268,816	0	0	65,561	68.00
69.00	06900	ELECTROCARDIOLOGY	2,201,832	81,071	79,944	440,991	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	749,181	0	0	125,364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,976,879	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,895,336	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,818,030	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,999,360	61,260	60,408	3,917	74.00
76.00	03330	ENDOSCOPY	2,209,120	98,552	97,182	383,037	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,296,322	562,082	554,268	993,516	90.00
91.00	09100	EMERGENCY	9,199,708	316,690	312,288	1,689,121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	7,499,143	33,555	33,088	194,261	105.00
107.00	10700	LIVER ACQUISITION	4,470,581	24,973	24,626	233,363	107.00
109.00	10900	PANCREAS ACQUISITION	256,212	117	116	1,252	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	546,876,605	10,369,883	10,225,725	32,249,905	541,289,342
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	544	33,119	32,658	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,407,671	0	0	221,554	192.00
194.00	07950	OTHER NON-REIMBURSABLE	1,372,025	2,611,156	2,574,859	81,735	194.00
194.03	07953	RETAIL PHARMACY	7,018,549	0	0	32,182	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	557,675,394	13,014,158	12,833,242	32,585,376	557,675,394

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	119,629,628					5.00
6.00	00600	MAINTENANCE & REPAIRS	833,063	3,413,596				6.00
7.00	00700	OPERATION OF PLANT	3,899,945	550,263	16,530,848			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	395,003	10,422	60,170	1,689,173		8.00
9.00	00900	HOUSEKEEPING	1,686,586	43,469	250,959	0	7,205,456	9.00
10.00	01000	DIETARY	266,288	65,976	380,900	0	169,211	10.00
11.00	01100	CAFETERIA	2,211,724	19,886	114,806	0	51,002	11.00
13.00	01300	NURSING ADMINISTRATION	1,390,076	5,981	34,532	0	15,341	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,436,181	72,095	416,223	0	184,903	14.00
15.00	01500	PHARMACY	2,691,618	28,924	166,986	0	74,182	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,110,058	31,790	183,532	0	81,532	16.00
17.00	01700	SOCIAL SERVICE	488,518	2,230	12,875	0	5,720	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	121,525	1,149	6,635	0	2,948	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	45,404	1,722	9,939	0	4,415	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,752,234	469,038	2,707,889	800,081	1,202,954	30.00
31.00	03100	INTENSIVE CARE UNIT	7,289,690	161,991	935,223	349,841	415,464	31.00
32.00	03200	CORONARY CARE UNIT	6,784,715	0	0	363,555	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,908,324	90,322	521,457	175,696	231,652	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,315,190	234,223	1,352,236	0	600,718	50.00
51.00	05100	RECOVERY ROOM	902,023	46,394	267,844	0	118,987	51.00
53.00	05300	ANESTHESIOLOGY	820,230	32,240	186,130	0	82,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,079,013	97,830	564,799	0	250,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	510,780	33,238	191,890	0	85,245	55.00
56.00	05600	RADIOISOTOPE	972,089	25,173	145,329	0	64,561	56.00
57.00	05700	CT SCAN	1,030,842	18,081	104,387	0	46,373	57.00
58.00	05800	MRI	508,479	27,892	161,028	0	71,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	928,986	43,714	252,371	0	112,113	59.00
60.00	06000	LABORATORY	5,355,086	100,867	582,333	0	258,696	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,476,830	14,790	85,385	0	37,931	62.00
64.00	06400	INTRAVENOUS THERAPY	454,510	1,384	7,991	0	3,550	64.00
65.00	06500	RESPIRATORY THERAPY	1,470,209	21,984	126,919	0	56,383	65.00
66.00	06600	PHYSICAL THERAPY	1,060,053	37,023	213,744	0	94,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	494,262	8,075	46,617	0	20,709	67.00
68.00	06800	SPEECH PATHOLOGY	107,946	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	905,152	23,657	136,576	0	60,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	282,326	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,968,620	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,068,384	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,822,597	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	685,987	17,876	103,202	0	45,846	74.00
76.00	03330	ENDOSCOPY	900,004	28,758	166,026	0	73,755	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,068,084	164,016	946,913	0	420,657	90.00
91.00	09100	EMERGENCY	3,718,248	92,411	533,514	0	237,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,505,145	9,791	56,528	0	25,112	105.00
107.00	10700	LIVER ACQUISITION	1,534,567	7,287	42,071	0	18,690	107.00
109.00	10900	PANCREAS ACQUISITION	83,191	34	198	0	88	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,339,785	2,641,996	12,076,157	1,689,173	5,226,501	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,410	9,664	55,794	0	24,786	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	848,782	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	2,143,492	761,936	4,398,897	0	1,954,169	194.00
194.03	07953	RETAIL PHARMACY	2,276,159	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	119,629,628	3,413,596	16,530,848	1,689,173	7,205,456	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,707,239					10.00
11.00	01100	CAFETERIA	0	9,248,552				11.00
13.00	01300	NURSING ADMINISTRATION	0	241,134	5,993,023			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	58,140	0	6,616,318		14.00
15.00	01500	PHARMACY	0	431,081	0	28,949	11,759,413	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	182,859	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	81,931	0	7,328	37,329	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,072	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	19,234	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	7,808	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	808,638	1,408,404	1,597,138	1,758	2,073	30.00
31.00	03100	INTENSIVE CARE UNIT	353,583	1,094,831	1,601,750	2,497	1,906	31.00
32.00	03200	CORONARY CARE UNIT	367,443	968,294	411,574	316	610	32.00
40.00	04000	SUBPROVIDER - IPF	177,575	420,045	419,552	77	5,169	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	693,853	493,619	1,221	450	50.00
51.00	05100	RECOVERY ROOM	0	150,042	177,144	104	33	51.00
53.00	05300	ANESTHESIOLOGY	0	345,783	145,448	719	28	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	392,667	81,326	44,252	2,060	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	60,747	28,793	354	0	55.00
56.00	05600	RADIOISOTOPE	0	27,008	0	122,404	0	56.00
57.00	05700	CT SCAN	0	105,329	0	24,216	2	57.00
58.00	05800	MRI	0	74,433	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	100,266	64,250	22,503	204	59.00
60.00	06000	LABORATORY	0	304,817	0	141,155	18	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	103,970	42,583	477,803	609	62.00
64.00	06400	INTRAVENOUS THERAPY	0	29,876	0	347	5,104,725	64.00
65.00	06500	RESPIRATORY THERAPY	0	250,159	0	7,607	34	65.00
66.00	06600	PHYSICAL THERAPY	0	180,720	0	8	2,460	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	91,822	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	20,791	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	139,848	22,570	342	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	39,756	0	2	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,926,348	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,196,493	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,339,793	6,599,437	73.00
74.00	07400	RENAL DIALYSIS	0	1,242	0	16	0	74.00
76.00	03330	ENDOSCOPY	0	121,470	152,691	14,863	68	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	315,067	83,566	301	1,066	90.00
91.00	09100	EMERGENCY	0	535,660	572,761	3,791	1,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	61,605	98,258	1,080	0	105.00
107.00	10700	LIVER ACQUISITION	0	74,005	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	397	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,707,239	9,142,166	5,993,023	6,366,648	11,759,413	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	70,260	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	25,920	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	10,206	0	249,670	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,707,239	9,248,552	5,993,023	6,616,318	11,759,413	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,028,335					16.00
17.00	01700	SOCIAL SERVICE	0	2,149,185				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	189,818	1,017,966	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	204,863	445,114	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	188,437	462,561	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	46,940	223,544	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	329,335	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	27,635	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	61,410	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	212,188	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	48,109	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	23,295	0	0	0	0	56.00
57.00	05700	CT SCAN	361,847	0	0	0	0	57.00
58.00	05800	MRI	95,359	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	83,380	0	0	0	0	59.00
60.00	06000	LABORATORY	499,520	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	80,448	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	18,430	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	103,997	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	29,051	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,036	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,437	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	71,186	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,511	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	195,516	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	237,204	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,321,792	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,685	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	57,356	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68,477	0	0	0	0	90.00
91.00	09100	EMERGENCY	389,505	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	18,226	0	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	9,631	0	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	711	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,028,335	2,149,185	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,028,335	2,149,185	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	67,482,307					22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		527,932				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			209,933			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,066,062	125,698	88,172	78,349,227	-32,066,062	30.00
31.00	03100	INTENSIVE CARE UNIT	4,546,680	75,419	92,370	40,152,086	-4,546,680	31.00
32.00	03200	CORONARY CARE UNIT	0	0	4,199	30,568,334	0	32.00
40.00	04000	SUBPROVIDER - IPF	4,068,082	0	4,199	18,301,586	-4,068,082	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,529,154	0	0	40,112,208	-10,529,154	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,484,352	0	51.00
53.00	05300	ANESTHESIOLOGY	6,461,072	0	0	10,676,528	-6,461,072	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,068,082	0	0	18,330,811	-4,068,082	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,541,370	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,391,045	0	56.00
57.00	05700	CT SCAN	0	0	0	4,884,260	0	57.00
58.00	05800	MRI	0	0	0	2,513,813	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,485,456	0	59.00
60.00	06000	LABORATORY	2,153,691	50,279	0	26,034,611	-2,153,691	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	239,299	0	0	15,329,629	-239,299	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,028,723	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,591,476	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,901,681	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,213,570	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	467,551	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,163,842	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,213,140	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,067,363	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,397,417	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,901,649	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,991,799	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	4,302,882	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	100,558	0	10,574,893	0	90.00
91.00	09100	EMERGENCY	3,350,185	150,838	20,993	21,123,853	-3,350,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	25,140	0	10,560,932	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	0	6,439,794	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	342,316	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,482,307	527,932	209,933	528,438,197	-67,482,307	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	177,975	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,548,267	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	15,924,189	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	9,586,766	0	194.03
200.00		Cross Foot Adjustments	0	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)	67,482,307	527,932	209,933	557,675,394	-67,482,307	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
107.00	10700	LIVER ACQUISITION	107.00
109.00	10900	PANCREAS ACQUISITION	109.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NON-REIMBURSABLE	194.00
194.03	07953	RETAIL PHARMACY	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	115,614	114,007	229,621	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,165,109	1,148,912	2,314,021	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	35,080	34,592	69,672	6.00
7.00	00700	OPERATION OF PLANT	0	1,885,745	1,859,531	3,745,276	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	35,717	35,220	70,937	8.00
9.00	00900	HOUSEKEEPING	118	148,968	146,897	295,865	9.00
10.00	01000	DIETARY	0	226,100	222,957	449,057	10.00
11.00	01100	CAFETERIA	0	68,148	67,201	135,349	11.00
13.00	01300	NURSING ADMINISTRATION	0	20,498	20,213	40,711	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	247,067	243,633	490,700	14.00
15.00	01500	PHARMACY	0	99,122	97,744	196,866	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	108,944	107,429	216,373	16.00
17.00	01700	SOCIAL SERVICE	0	7,643	7,537	15,180	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	157	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	3,939	3,884	7,823	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	5,900	5,818	11,718	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,607,386	1,585,041	3,192,427	30.00
31.00	03100	INTENSIVE CARE UNIT	0	555,143	547,425	1,102,568	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	309,534	305,231	614,765	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	802,679	791,521	1,594,200	50.00
51.00	05100	RECOVERY ROOM	0	158,990	156,780	315,770	51.00
53.00	05300	ANESTHESIOLOGY	0	110,485	108,950	219,435	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	335,261	330,600	665,861	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113,905	112,321	226,226	55.00
56.00	05600	RADIOISOTOPE	0	86,267	85,067	171,334	56.00
57.00	05700	CT SCAN	0	61,964	61,102	123,066	57.00
58.00	05800	MRI	0	95,585	94,257	189,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	149,806	147,723	297,529	59.00
60.00	06000	LABORATORY	1,414	345,669	340,864	687,533	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	50,684	49,979	100,663	62.00
64.00	06400	INTRAVENOUS THERAPY	0	4,743	4,677	9,420	64.00
65.00	06500	RESPIRATORY THERAPY	0	75,339	74,291	149,630	65.00
66.00	06600	PHYSICAL THERAPY	0	126,877	125,114	251,991	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,672	27,287	54,959	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	81,071	79,944	161,015	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	61,260	60,408	121,668	74.00
76.00	03330	ENDOSCOPY	0	98,552	97,182	195,734	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	67,081	562,082	554,268	1,183,431	90.00
91.00	09100	EMERGENCY	0	316,690	312,288	628,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	24,625	33,555	33,088	91,268	105.00
107.00	10700	LIVER ACQUISITION	55,699	24,973	24,626	105,298	107.00
109.00	10900	PANCREAS ACQUISITION	2	117	116	235	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	148,939	10,369,883	10,225,725	20,744,547	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,119	32,658	65,777	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	2,611,156	2,574,859	5,186,015	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	227	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	148,939	13,014,158	12,833,242	25,996,339	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,337,331					5.00
6.00	00600	MAINTENANCE & REPAIRS	16,275	86,754				6.00
7.00	00700	OPERATION OF PLANT	76,193	13,985	3,835,454			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,717	265	13,961	92,880		8.00
9.00	00900	HOUSEKEEPING	32,951	1,105	58,227	0	388,266	9.00
10.00	01000	DIETARY	5,202	1,677	88,376	0	9,118	10.00
11.00	01100	CAFETERIA	43,210	505	26,637	0	2,748	11.00
13.00	01300	NURSING ADMINISTRATION	27,158	152	8,012	0	827	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,058	1,832	96,571	0	9,963	14.00
15.00	01500	PHARMACY	52,586	735	38,744	0	3,997	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,687	808	42,583	0	4,393	16.00
17.00	01700	SOCIAL SERVICE	9,544	57	2,987	0	308	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	2,374	29	1,540	0	159	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	887	44	2,306	0	238	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	170,991	11,920	628,279	43,993	64,821	30.00
31.00	03100	INTENSIVE CARE UNIT	142,418	4,117	216,989	19,236	22,387	31.00
32.00	03200	CORONARY CARE UNIT	132,552	0	0	19,990	0	32.00
40.00	04000	SUBPROVIDER - IPF	56,819	2,295	120,987	9,661	12,483	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	123,379	5,953	313,743	0	32,370	50.00
51.00	05100	RECOVERY ROOM	17,623	1,179	62,145	0	6,412	51.00
53.00	05300	ANESTHESIOLOGY	16,025	819	43,185	0	4,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,154	2,486	131,043	0	13,520	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,979	845	44,522	0	4,593	55.00
56.00	05600	RADIOISOTOPE	18,992	640	33,719	0	3,479	56.00
57.00	05700	CT SCAN	20,139	460	24,220	0	2,499	57.00
58.00	05800	MRI	9,934	709	37,361	0	3,855	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,149	1,111	58,555	0	6,041	59.00
60.00	06000	LABORATORY	104,621	2,563	135,112	0	13,940	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	67,926	376	19,811	0	2,044	62.00
64.00	06400	INTRAVENOUS THERAPY	8,880	35	1,854	0	191	64.00
65.00	06500	RESPIRATORY THERAPY	28,723	559	29,448	0	3,038	65.00
66.00	06600	PHYSICAL THERAPY	20,710	941	49,593	0	5,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,656	205	10,816	0	1,116	67.00
68.00	06800	SPEECH PATHOLOGY	2,109	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,684	601	31,688	0	3,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,516	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	214,292	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	138,094	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	270,196	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,402	454	23,945	0	2,470	74.00
76.00	03330	ENDOSCOPY	17,583	731	38,521	0	3,974	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,404	4,168	219,701	0	22,667	90.00
91.00	09100	EMERGENCY	72,643	2,349	123,785	0	12,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	48,943	249	13,115	0	1,353	105.00
107.00	10700	LIVER ACQUISITION	29,981	185	9,761	0	1,007	107.00
109.00	10900	PANCREAS ACQUISITION	1,625	1	46	0	5	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,233,984	67,145	2,801,888	92,880	281,629	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	418	246	12,945	0	1,336	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,583	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	41,877	19,363	1,020,621	0	105,301	194.00
194.03	07953	RETAIL PHARMACY	44,469	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,337,331	86,754	3,835,454	92,880	388,266	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	553,430					10.00
11.00	01100	CAFETERIA	0	208,449				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,434	87,654			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,310	0	629,726		14.00
15.00	01500	PHARMACY	0	9,715	0	2,755	314,979	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,121	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,846	0	697	1,000	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	159	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	433	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	176	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	262,133	31,763	23,360	167	56	30.00
31.00	03100	INTENSIVE CARE UNIT	114,620	24,674	23,428	238	51	31.00
32.00	03200	CORONARY CARE UNIT	119,113	21,822	6,020	30	16	32.00
40.00	04000	SUBPROVIDER - IPF	57,564	9,466	6,136	7	138	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,637	7,220	116	12	50.00
51.00	05100	RECOVERY ROOM	0	3,381	2,591	10	1	51.00
53.00	05300	ANESTHESIOLOGY	0	7,793	2,127	68	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,849	1,189	4,212	55	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,369	421	34	0	55.00
56.00	05600	RADIOISOTOPE	0	609	0	11,650	0	56.00
57.00	05700	CT SCAN	0	2,374	0	2,305	0	57.00
58.00	05800	MRI	0	1,677	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,260	940	2,142	5	59.00
60.00	06000	LABORATORY	0	6,869	0	13,435	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,343	623	45,475	16	62.00
64.00	06400	INTRAVENOUS THERAPY	0	673	0	33	136,736	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,638	0	724	1	65.00
66.00	06600	PHYSICAL THERAPY	0	4,073	0	1	66	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,069	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	469	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,152	330	33	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	896	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	183,343	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	113,878	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	222,700	176,764	73.00
74.00	07400	RENAL DIALYSIS	0	28	0	2	0	74.00
76.00	03330	ENDOSCOPY	0	2,737	2,233	1,415	2	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,100	1,222	29	29	90.00
91.00	09100	EMERGENCY	0	12,072	8,377	361	30	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,388	1,437	103	0	105.00
107.00	10700	LIVER ACQUISITION	0	1,668	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	9	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	553,430	206,052	87,654	605,963	314,979	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,583	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	584	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	230	0	23,763	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	553,430	208,449	87,654	629,726	314,979	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	294,029					16.00
17.00	01700	SOCIAL SERVICE	0	33,440				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,127	15,839				30.00
31.00	03100	INTENSIVE CARE UNIT	12,009	6,926				31.00
32.00	03200	CORONARY CARE UNIT	11,046	7,197				32.00
40.00	04000	SUBPROVIDER - IPF	2,752	3,478				40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,305	0				50.00
51.00	05100	RECOVERY ROOM	1,620	0				51.00
53.00	05300	ANESTHESIOLOGY	3,600	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,438	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,820	0				55.00
56.00	05600	RADIOISOTOPE	1,366	0				56.00
57.00	05700	CT SCAN	21,211	0				57.00
58.00	05800	MRI	5,590	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	4,888	0				59.00
60.00	06000	LABORATORY	29,281	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,716	0				62.00
64.00	06400	INTRAVENOUS THERAPY	1,080	0				64.00
65.00	06500	RESPIRATORY THERAPY	6,096	0				65.00
66.00	06600	PHYSICAL THERAPY	1,703	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	1,233	0				67.00
68.00	06800	SPEECH PATHOLOGY	260	0				68.00
69.00	06900	ELECTROCARDIOLOGY	4,173	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	968	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,461	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,905	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,754	0				73.00
74.00	07400	RENAL DIALYSIS	744	0				74.00
76.00	03330	ENDOSCOPY	3,362	0				76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,014	0				90.00
91.00	09100	EMERGENCY	22,832	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,068	0				105.00
107.00	10700	LIVER ACQUISITION	565	0				107.00
109.00	10900	PANCREAS ACQUISITION	42	0				109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	294,029	33,440	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0				194.00
194.03	07953	RETAIL PHARMACY	0	0				194.03
200.00		Cross Foot Adjustments			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)	294,029	33,440	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
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Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	316					22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		12,786				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			15,543			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				4,488,120	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,713,995	0	31.00
32.00	03200	CORONARY CARE UNIT				339,308	0	32.00
40.00	04000	SUBPROVIDER - IPF				905,887	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,127,357	0	50.00
51.00	05100	RECOVERY ROOM				414,067	0	51.00
53.00	05300	ANESTHESIOLOGY				305,194	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				908,535	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				292,159	0	55.00
56.00	05600	RADIOISOTOPE				242,389	0	56.00
57.00	05700	CT SCAN				198,615	0	57.00
58.00	05800	MRI				250,622	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				393,849	0	59.00
60.00	06000	LABORATORY				1,000,543	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				246,304	0	62.00
64.00	06400	INTRAVENOUS THERAPY				159,566	0	64.00
65.00	06500	RESPIRATORY THERAPY				229,417	0	65.00
66.00	06600	PHYSICAL THERAPY				338,212	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				82,095	0	67.00
68.00	06800	SPEECH PATHOLOGY				3,300	0	68.00
69.00	06900	ELECTROCARDIOLOGY				225,053	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				8,264	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				409,096	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				265,877	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				746,414	0	73.00
74.00	07400	RENAL DIALYSIS				162,741	0	74.00
76.00	03330	ENDOSCOPY				268,992	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				1,489,768	0	90.00
91.00	09100	EMERGENCY				896,104	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				160,293	0	105.00
107.00	10700	LIVER ACQUISITION				150,110	0	107.00
109.00	10900	PANCREAS ACQUISITION				1,972	0	109.00
113.00	11300	INTEREST EXPENSE					0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	19,424,218	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				80,722	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				19,728	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE				6,374,337	0	194.00
194.03	07953	RETAIL PHARMACY				68,689	0	194.03
200.00		Cross Foot Adjustments	316	12,786	15,543	28,645	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	316	12,786	15,543	25,996,339	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
107.00	10700	LIVER ACQUISITION	107.00
109.00	10900	PANCREAS ACQUISITION	109.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NON-REIMBURSABLE	194.00
194.03	07953	RETAIL PHARMACY	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	776,476					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		776,476				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,898	6,898	133,533,011			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	69,515	69,515	13,552,116	-119,629,628	370,570,531	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,093	2,093	469,407	0	2,580,533	6.00
7.00	00700	OPERATION OF PLANT	112,511	112,511	0	0	12,080,640	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,131	2,131	0	0	1,223,578	8.00
9.00	00900	HOUSEKEEPING	8,888	8,888	0	0	5,224,442	9.00
10.00	01000	DIETARY	13,490	13,490	0	0	824,864	10.00
11.00	01100	CAFETERIA	4,066	4,066	0	0	6,851,134	11.00
13.00	01300	NURSING ADMINISTRATION	1,223	1,223	3,115,995	0	4,305,959	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,741	14,741	751,296	0	4,448,776	14.00
15.00	01500	PHARMACY	5,914	5,914	5,570,526	0	8,337,673	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	2,362,944	0	3,438,563	16.00
17.00	01700	SOCIAL SERVICE	456	456	1,058,734	0	1,513,254	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	91,387	-67,475,235	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	235	235	248,551	0	376,441	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	352	352	100,903	0	140,645	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,903	95,903	18,199,246	0	27,111,304	30.00
31.00	03100	INTENSIVE CARE UNIT	33,122	33,122	14,147,658	0	22,580,864	31.00
32.00	03200	CORONARY CARE UNIT	0	0	12,512,524	0	21,016,630	32.00
40.00	04000	SUBPROVIDER - IPF	18,468	18,468	5,427,915	0	9,008,952	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,891	47,891	8,966,127	0	19,562,209	50.00
51.00	05100	RECOVERY ROOM	9,486	9,486	1,938,884	0	2,794,146	51.00
53.00	05300	ANESTHESIOLOGY	6,592	6,592	4,468,295	0	2,540,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,003	20,003	5,074,140	0	9,537,687	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,796	6,796	784,987	0	1,582,214	55.00
56.00	05600	RADIOISOTOPE	5,147	5,147	349,010	0	3,011,186	56.00
57.00	05700	CT SCAN	3,697	3,697	1,361,080	0	3,193,183	57.00
58.00	05800	MRI	5,703	5,703	961,840	0	1,575,087	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,938	8,938	1,295,664	0	2,877,669	59.00
60.00	06000	LABORATORY	20,624	20,624	3,938,915	0	16,588,149	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,024	3,024	1,343,527	0	10,769,981	62.00
64.00	06400	INTRAVENOUS THERAPY	283	283	386,060	0	1,407,910	64.00
65.00	06500	RESPIRATORY THERAPY	4,495	4,495	3,232,617	0	4,554,184	65.00
66.00	06600	PHYSICAL THERAPY	7,570	7,570	2,335,312	0	3,283,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,651	1,651	1,186,544	0	1,531,049	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	268,665	0	334,377	68.00
69.00	06900	ELECTROCARDIOLOGY	4,837	4,837	1,807,153	0	2,803,838	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	513,735	0	874,545	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	33,976,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	21,895,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	42,818,030	73.00
74.00	07400	RENAL DIALYSIS	3,655	3,655	16,050	0	2,124,945	74.00
76.00	03330	ENDOSCOPY	5,880	5,880	1,569,661	0	2,787,891	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,536	33,536	4,071,371	0	6,406,188	90.00
91.00	09100	EMERGENCY	18,895	18,895	6,921,918	0	11,517,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,002	2,002	796,072	0	7,760,047	105.00
107.00	10700	LIVER ACQUISITION	1,490	1,490	956,308	0	4,753,543	107.00
109.00	10900	PANCREAS ACQUISITION	7	7	5,132	0	257,697	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	618,708	618,708	132,158,269	-187,104,863	354,184,479	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,976	1,976	0	0	66,321	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	907,915	0	2,629,225	192.00
194.00	07950	OTHER NON-REIMBURSABLE	155,792	155,792	334,947	0	6,639,775	194.00
194.03	07953	RETAIL PHARMACY	0	0	131,880	0	7,050,731	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	13,014,158	12,833,242	32,585,376		119,629,628	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.760541	16.527545	0.244025		0.322826	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			229,621		2,337,331	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001720		0.006307	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: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	697,970					6.00
7.00	00700	OPERATION OF PLANT	112,511	585,459				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,131	2,131	102,362			8.00
9.00	00900	HOUSEKEEPING	8,888	8,888	0	574,440		9.00
10.00	01000	DIETARY	13,490	13,490	0	13,490	102,362	10.00
11.00	01100	CAFETERIA	4,066	4,066	0	4,066	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,223	1,223	0	1,223	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,741	14,741	0	14,741	0	14.00
15.00	01500	PHARMACY	5,914	5,914	0	5,914	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	0	6,500	0	16.00
17.00	01700	SOCIAL SERVICE	456	456	0	456	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	235	235	0	235	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	352	352	0	352	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,903	95,903	48,484	95,903	48,484	30.00
31.00	03100	INTENSIVE CARE UNIT	33,122	33,122	21,200	33,122	21,200	31.00
32.00	03200	CORONARY CARE UNIT	0	0	22,031	0	22,031	32.00
40.00	04000	SUBPROVIDER - IPF	18,468	18,468	10,647	18,468	10,647	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,891	47,891	0	47,891	0	50.00
51.00	05100	RECOVERY ROOM	9,486	9,486	0	9,486	0	51.00
53.00	05300	ANESTHESIOLOGY	6,592	6,592	0	6,592	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,003	20,003	0	20,003	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,796	6,796	0	6,796	0	55.00
56.00	05600	RADIOISOTOPE	5,147	5,147	0	5,147	0	56.00
57.00	05700	CT SCAN	3,697	3,697	0	3,697	0	57.00
58.00	05800	MRI	5,703	5,703	0	5,703	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,938	8,938	0	8,938	0	59.00
60.00	06000	LABORATORY	20,624	20,624	0	20,624	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,024	3,024	0	3,024	0	62.00
64.00	06400	INTRAVENOUS THERAPY	283	283	0	283	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,495	4,495	0	4,495	0	65.00
66.00	06600	PHYSICAL THERAPY	7,570	7,570	0	7,570	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,651	1,651	0	1,651	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,837	4,837	0	4,837	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,655	3,655	0	3,655	0	74.00
76.00	03330	ENDOSCOPY	5,880	5,880	0	5,880	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,536	33,536	0	33,536	0	90.00
91.00	09100	EMERGENCY	18,895	18,895	0	18,895	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,002	2,002	0	2,002	0	105.00
107.00	10700	LIVER ACQUISITION	1,490	1,490	0	1,490	0	107.00
109.00	10900	PANCREAS ACQUISITION	7	7	0	7	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	540,202	427,691	102,362	416,672	102,362	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,976	1,976	0	1,976	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	155,792	155,792	0	155,792	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,413,596	16,530,848	1,689,173	7,205,456	1,707,239	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.890749	28.235706	16.501954	12.543444	16.678445	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	86,754	3,835,454	92,880	388,266	553,430	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.124295	6.551191	0.907368	0.675903	5.406596	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: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	119,511,488					11.00
13.00	01300	NURSING ADMINISTRATION	3,115,995	1,075,668				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	751,296	0	121,076,792			14.00
15.00	01500	PHARMACY	5,570,526	0	529,759	42,246,576		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,362,944	0	16	0	2,497,946,119	16.00
17.00	01700	SOCIAL SERVICE	1,058,734	0	134,107	134,107	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	91,387	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	248,551	0	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	100,903	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,199,246	286,665	32,175	7,449	94,295,976	30.00
31.00	03100	INTENSIVE CARE UNIT	14,147,658	287,493	45,687	6,847	101,769,928	31.00
32.00	03200	CORONARY CARE UNIT	12,512,524	73,872	5,781	2,193	93,610,217	32.00
40.00	04000	SUBPROVIDER - IPF	5,427,915	75,304	1,401	18,571	23,318,486	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,966,127	88,598	22,348	1,616	163,604,087	50.00
51.00	05100	RECOVERY ROOM	1,938,884	31,795	1,911	117	13,728,044	51.00
53.00	05300	ANESTHESIOLOGY	4,468,295	26,106	13,164	101	30,506,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,074,140	14,597	809,798	7,401	105,408,598	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	784,987	5,168	6,483	0	23,899,216	55.00
56.00	05600	RADIOISOTOPE	349,010	0	2,239,938	0	11,572,166	56.00
57.00	05700	CT SCAN	1,361,080	0	443,146	8	179,755,222	57.00
58.00	05800	MRI	961,840	0	0	0	47,371,569	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,295,664	11,532	411,794	732	41,420,804	59.00
60.00	06000	LABORATORY	3,938,915	0	2,583,088	64	248,147,009	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,343,527	7,643	8,743,602	2,187	39,964,094	62.00
64.00	06400	INTRAVENOUS THERAPY	386,060	0	6,358	18,339,098	9,155,534	64.00
65.00	06500	RESPIRATORY THERAPY	3,232,617	0	139,211	121	51,662,920	65.00
66.00	06600	PHYSICAL THERAPY	2,335,312	0	152	8,837	14,431,693	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,186,544	0	0	0	10,450,016	67.00
68.00	06800	SPEECH PATHOLOGY	268,665	0	0	0	2,204,216	68.00
69.00	06900	ELECTROCARDIOLOGY	1,807,153	4,051	6,262	0	35,363,181	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	513,735	0	39	0	8,202,060	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	35,251,405	0	97,126,535	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	21,895,336	0	117,836,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	42,818,030	23,708,984	656,643,783	73.00
74.00	07400	RENAL DIALYSIS	16,050	0	301	0	6,301,335	74.00
76.00	03330	ENDOSCOPY	1,569,661	27,406	271,982	246	28,492,853	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,071,371	14,999	5,514	3,829	34,017,165	90.00
91.00	09100	EMERGENCY	6,921,918	102,803	69,379	4,068	193,494,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	796,072	17,636	19,765	0	9,054,191	105.00
107.00	10700	LIVER ACQUISITION	956,308	0	0	0	4,784,251	107.00
109.00	10900	PANCREAS ACQUISITION	5,132	0	0	0	353,197	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,136,746	1,075,668	116,507,932	42,246,576	2,497,946,119	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	907,915	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	334,947	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	131,880	0	4,568,860	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,248,552	5,993,023	6,616,318	11,759,413	5,028,335	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.077386	5.571443	0.054646	0.278352	0.002013	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	208,449	87,654	629,726	314,979	294,029	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001744	0.081488	0.005201	0.007456	0.000118	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: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES		SERVICES-OTHER
			(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	Y & FRINGES APPRV (ASSIGNED TIME)		PRGM COSTS APPRV (ASSIGNED TIME)
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	102,362					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
20.00	02000	NURSING SCHOOL		0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0		282		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			282	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		0				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED		0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,484	0	0	134	134	30.00
31.00	03100	INTENSIVE CARE UNIT	21,200	0	0	19	19	31.00
32.00	03200	CORONARY CARE UNIT	22,031	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	10,647	0	0	17	17	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	44	44	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27	27	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17	17	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	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	9	9	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1	1	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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	14	14	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
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	102,362	0	0	282	282	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
						17.00	22.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,149,185	0	0	0	67,482,307	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.995926	0.000000	0.000000	0.000000	239,298.960993	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	33,440	0	0	0	316	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.326684	0.000000	0.000000	0.000000	1.120567	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	630	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	150	30.00
31.00	03100	INTENSIVE CARE UNIT	90	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
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	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	60	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	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	120	90.00
91.00	09100	EMERGENCY	180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10	92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	30	105.00
107.00	10700	LIVER ACQUISITION	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	630	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	194.00
194.03	07953	RETAIL PHARMACY	0	194.03
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	527,932	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	837.987302	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (ASSIGNED TIME)	
		23.00	23.01	
204.00	Cost to be allocated (per Wkst. B, Part II)	12,786	15,543	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	20.295238	155.430000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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				Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,283,165		46,283,165	467,260	46,750,425
31.00	03100	INTENSIVE CARE UNIT	35,605,406		35,605,406	0	35,605,406
32.00	03200	CORONARY CARE UNIT	30,568,334		30,568,334	0	30,568,334
40.00	04000	SUBPROVIDER - IPF	14,233,504		14,233,504	0	14,233,504
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,583,054		29,583,054	12,243	29,595,297
51.00	05100	RECOVERY ROOM	4,484,352		4,484,352	0	4,484,352
53.00	05300	ANESTHESIOLOGY	4,215,456		4,215,456	0	4,215,456
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,262,729		14,262,729	0	14,262,729
55.00	05500	RADIOLOGY-THERAPEUTIC	2,541,370		2,541,370	0	2,541,370
56.00	05600	RADIOISOTOPE	4,391,045		4,391,045	0	4,391,045
57.00	05700	CT SCAN	4,884,260		4,884,260	0	4,884,260
58.00	05800	MRI	2,513,813		2,513,813	0	2,513,813
59.00	05900	CARDIAC CATHETERIZATION	4,485,456		4,485,456	0	4,485,456
60.00	06000	LABORATORY	23,880,920		23,880,920	7,755	23,888,675
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,090,330		15,090,330	1,914	15,092,244
64.00	06400	INTRAVENOUS THERAPY	7,028,723		7,028,723	73,500	7,102,223
65.00	06500	RESPIRATORY THERAPY	6,591,476	0	6,591,476	0	6,591,476
66.00	06600	PHYSICAL THERAPY	4,901,681	0	4,901,681	3,850	4,905,531
67.00	06700	OCCUPATIONAL THERAPY	2,213,570	0	2,213,570	0	2,213,570
68.00	06800	SPEECH PATHOLOGY	467,551	0	467,551	0	467,551
69.00	06900	ELECTROCARDIOLOGY	4,163,842		4,163,842	1,176	4,165,018
70.00	07000	ELECTROENCEPHALOGRAPHY	1,213,140		1,213,140	368	1,213,508
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,067,363		47,067,363	0	47,067,363
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,397,417		30,397,417	0	30,397,417
73.00	07300	DRUGS CHARGED TO PATIENTS	66,901,649		66,901,649	0	66,901,649
74.00	07400	RENAL DIALYSIS	2,991,799		2,991,799	6,055	2,997,854
76.00	03330	ENDOSCOPY	4,302,882		4,302,882	0	4,302,882
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,574,893		10,574,893	0	10,574,893
91.00	09100	EMERGENCY	17,773,668		17,773,668	3,624	17,777,292
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,232,758		4,232,758		4,232,758
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	10,560,932		10,560,932		10,560,932
107.00	10700	LIVER ACQUISITION	6,439,794		6,439,794		6,439,794
109.00	10900	PANCREAS ACQUISITION	342,316		342,316		342,316
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	465,188,648	0	465,188,648	577,745	465,766,393
201.00		Less Observation Beds	4,232,758		4,232,758		4,232,758
202.00		Total (see instructions)	460,955,890	0	460,955,890	577,745	461,533,635

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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			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	94,106,713		94,106,713		30.00
31.00	03100	INTENSIVE CARE UNIT	101,473,716		101,473,716		31.00
32.00	03200	CORONARY CARE UNIT	93,338,851		93,338,851		32.00
40.00	04000	SUBPROVIDER - IPF	23,250,607		23,250,607		40.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	101,702,745	62,219,642	163,922,387	0.180470	0.000000
51.00	05100	RECOVERY ROOM	8,964,965	4,763,526	13,728,491	0.326646	0.000000
53.00	05300	ANESTHESIOLOGY	22,234,824	8,297,027	30,531,851	0.138067	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,625,675	55,872,340	105,498,015	0.135194	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	673,407	23,082,488	23,755,895	0.106978	0.000000
56.00	05600	RADIOISOTOPE	1,749,726	10,124,981	11,874,707	0.369781	0.000000
57.00	05700	CT SCAN	78,490,752	101,653,292	180,144,044	0.027113	0.000000
58.00	05800	MRI	15,740,646	31,567,389	47,308,035	0.053137	0.000000
59.00	05900	CARDIAC CATHETERIZATION	24,171,349	17,438,526	41,609,875	0.107798	0.000000
60.00	06000	LABORATORY	147,235,253	95,381,915	242,617,168	0.098430	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	33,790,688	6,116,868	39,907,556	0.378132	0.000000
64.00	06400	INTRAVENOUS THERAPY	93,711	9,075,589	9,169,300	0.766550	0.000000
65.00	06500	RESPIRATORY THERAPY	44,021,405	7,536,604	51,558,009	0.127846	0.000000
66.00	06600	PHYSICAL THERAPY	10,029,662	4,382,530	14,412,192	0.340107	0.000000
67.00	06700	OCCUPATIONAL THERAPY	8,607,427	1,814,138	10,421,565	0.212403	0.000000
68.00	06800	SPEECH PATHOLOGY	2,012,725	185,074	2,197,799	0.212736	0.000000
69.00	06900	ELECTROCARDIOLOGY	21,672,886	14,416,006	36,088,892	0.115377	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	5,091,168	3,087,015	8,178,183	0.148339	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,984,809	32,858,996	96,843,805	0.486013	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,121,486	44,371,785	117,493,271	0.258716	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	327,053,616	327,678,711	654,732,327	0.102182	0.000000
74.00	07400	RENAL DIALYSIS	5,772,763	518,658	6,291,421	0.475536	0.000000
76.00	03330	ENDOSCOPY	6,420,655	22,155,674	28,576,329	0.150575	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,703,841	31,881,943	34,585,784	0.305758	0.000000
91.00	09100	EMERGENCY	85,455,391	107,486,703	192,942,094	0.092119	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,055,470	4,215,921	7,271,391	0.582111	0.000000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,985,330	3,104,549	9,089,879		105.00
107.00	10700	LIVER ACQUISITION	2,853,151	1,917,173	4,770,324		107.00
109.00	10900	PANCREAS ACQUISITION	352,169	0	352,169		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,464,837,582	1,033,205,063	2,498,042,645		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,464,837,582	1,033,205,063	2,498,042,645		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.180545			50.00
51.00	05100	RECOVERY ROOM	0.326646			51.00
53.00	05300	ANESTHESIOLOGY	0.138067			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135194			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106978			55.00
56.00	05600	RADIOISOTOPE	0.369781			56.00
57.00	05700	CT SCAN	0.027113			57.00
58.00	05800	MRI	0.053137			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107798			59.00
60.00	06000	LABORATORY	0.098462			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.378180			62.00
64.00	06400	INTRAVENOUS THERAPY	0.774565			64.00
65.00	06500	RESPIRATORY THERAPY	0.127846			65.00
66.00	06600	PHYSICAL THERAPY	0.340374			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212403			67.00
68.00	06800	SPEECH PATHOLOGY	0.212736			68.00
69.00	06900	ELECTROCARDIOLOGY	0.115410			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.148384			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.486013			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.258716			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.102182			73.00
74.00	07400	RENAL DIALYSIS	0.476499			74.00
76.00	03330	ENDOSCOPY	0.150575			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.305758			90.00
91.00	09100	EMERGENCY	0.092138			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.582111			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	46,283,165		46,283,165		467,260	46,750,425	30.00
31.00	03100	INTENSIVE CARE UNIT	35,605,406		35,605,406		0	35,605,406	31.00
32.00	03200	CORONARY CARE UNIT	30,568,334		30,568,334		0	30,568,334	32.00
40.00	04000	SUBPROVIDER - IPF	14,233,504		14,233,504		0	14,233,504	40.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	29,583,054		29,583,054		12,243	29,595,297	50.00
51.00	05100	RECOVERY ROOM	4,484,352		4,484,352		0	4,484,352	51.00
53.00	05300	ANESTHESIOLOGY	4,215,456		4,215,456		0	4,215,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,262,729		14,262,729		0	14,262,729	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,541,370		2,541,370		0	2,541,370	55.00
56.00	05600	RADIOISOTOPE	4,391,045		4,391,045		0	4,391,045	56.00
57.00	05700	CT SCAN	4,884,260		4,884,260		0	4,884,260	57.00
58.00	05800	MRI	2,513,813		2,513,813		0	2,513,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,485,456		4,485,456		0	4,485,456	59.00
60.00	06000	LABORATORY	23,880,920		23,880,920		7,755	23,888,675	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,090,330		15,090,330		1,914	15,092,244	62.00
64.00	06400	INTRAVENOUS THERAPY	7,028,723		7,028,723		73,500	7,102,223	64.00
65.00	06500	RESPIRATORY THERAPY	6,591,476	0	6,591,476		0	6,591,476	65.00
66.00	06600	PHYSICAL THERAPY	4,901,681	0	4,901,681		3,850	4,905,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,213,570	0	2,213,570		0	2,213,570	67.00
68.00	06800	SPEECH PATHOLOGY	467,551	0	467,551		0	467,551	68.00
69.00	06900	ELECTROCARDIOLOGY	4,163,842		4,163,842		1,176	4,165,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,213,140		1,213,140		368	1,213,508	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,067,363		47,067,363		0	47,067,363	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,397,417		30,397,417		0	30,397,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,901,649		66,901,649		0	66,901,649	73.00
74.00	07400	RENAL DIALYSIS	2,991,799		2,991,799		6,055	2,997,854	74.00
76.00	03330	ENDOSCOPY	4,302,882		4,302,882		0	4,302,882	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	10,574,893		10,574,893		0	10,574,893	90.00
91.00	09100	EMERGENCY	17,773,668		17,773,668		3,624	17,777,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,232,758		4,232,758			4,232,758	92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	10,560,932		10,560,932			10,560,932	105.00
107.00	10700	LIVER ACQUISITION	6,439,794		6,439,794			6,439,794	107.00
109.00	10900	PANCREAS ACQUISITION	342,316		342,316			342,316	109.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	465,188,648	0	465,188,648		577,745	465,766,393	200.00
201.00		Less Observation Beds	4,232,758		4,232,758			4,232,758	201.00
202.00		Total (see instructions)	460,955,890	0	460,955,890		577,745	461,533,635	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	94,106,713		94,106,713			30.00	
31.00	03100	INTENSIVE CARE UNIT	101,473,716		101,473,716			31.00	
32.00	03200	CORONARY CARE UNIT	93,338,851		93,338,851			32.00	
40.00	04000	SUBPROVIDER - IPF	23,250,607		23,250,607			40.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	101,702,745	62,219,642	163,922,387	0.180470	0.000000	50.00	
51.00	05100	RECOVERY ROOM	8,964,965	4,763,526	13,728,491	0.326646	0.000000	51.00	
53.00	05300	ANESTHESIOLOGY	22,234,824	8,297,027	30,531,851	0.138067	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,625,675	55,872,340	105,498,015	0.135194	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	673,407	23,082,488	23,755,895	0.106978	0.000000	55.00	
56.00	05600	RADIOISOTOPE	1,749,726	10,124,981	11,874,707	0.369781	0.000000	56.00	
57.00	05700	CT SCAN	78,490,752	101,653,292	180,144,044	0.027113	0.000000	57.00	
58.00	05800	MRI	15,740,646	31,567,389	47,308,035	0.053137	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	24,171,349	17,438,526	41,609,875	0.107798	0.000000	59.00	
60.00	06000	LABORATORY	147,235,253	95,381,915	242,617,168	0.098430	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	33,790,688	6,116,868	39,907,556	0.378132	0.000000	62.00	
64.00	06400	INTRAVENOUS THERAPY	93,711	9,075,589	9,169,300	0.766550	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	44,021,405	7,536,604	51,558,009	0.127846	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	10,029,662	4,382,530	14,412,192	0.340107	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	8,607,427	1,814,138	10,421,565	0.212403	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	2,012,725	185,074	2,197,799	0.212736	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	21,672,886	14,416,006	36,088,892	0.115377	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	5,091,168	3,087,015	8,178,183	0.148339	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,984,809	32,858,996	96,843,805	0.486013	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,121,486	44,371,785	117,493,271	0.258716	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	327,053,616	327,678,711	654,732,327	0.102182	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	5,772,763	518,658	6,291,421	0.475536	0.000000	74.00	
76.00	03330	ENDOSCOPY	6,420,655	22,155,674	28,576,329	0.150575	0.000000	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,703,841	31,881,943	34,585,784	0.305758	0.000000	90.00	
91.00	09100	EMERGENCY	85,455,391	107,486,703	192,942,094	0.092119	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,055,470	4,215,921	7,271,391	0.582111	0.000000	92.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	5,985,330	3,104,549	9,089,879			105.00	
107.00	10700	LIVER ACQUISITION	2,853,151	1,917,173	4,770,324			107.00	
109.00	10900	PANCREAS ACQUISITION	352,169	0	352,169			109.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	1,464,837,582	1,033,205,063	2,498,042,645			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,464,837,582	1,033,205,063	2,498,042,645			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	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 CELL	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
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
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
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

				Title V	Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,283,165		46,283,165	467,260	46,750,425	30.00
31.00	03100	INTENSIVE CARE UNIT	35,605,406		35,605,406	0	35,605,406	31.00
32.00	03200	CORONARY CARE UNIT	30,568,334		30,568,334	0	30,568,334	32.00
40.00	04000	SUBPROVIDER - IPF	14,233,504		14,233,504	0	14,233,504	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,583,054		29,583,054	12,243	29,595,297	50.00
51.00	05100	RECOVERY ROOM	4,484,352		4,484,352	0	4,484,352	51.00
53.00	05300	ANESTHESIOLOGY	4,215,456		4,215,456	0	4,215,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,262,729		14,262,729	0	14,262,729	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,541,370		2,541,370	0	2,541,370	55.00
56.00	05600	RADIOISOTOPE	4,391,045		4,391,045	0	4,391,045	56.00
57.00	05700	CT SCAN	4,884,260		4,884,260	0	4,884,260	57.00
58.00	05800	MRI	2,513,813		2,513,813	0	2,513,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,485,456		4,485,456	0	4,485,456	59.00
60.00	06000	LABORATORY	23,880,920		23,880,920	7,755	23,888,675	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,090,330		15,090,330	1,914	15,092,244	62.00
64.00	06400	INTRAVENOUS THERAPY	7,028,723		7,028,723	73,500	7,102,223	64.00
65.00	06500	RESPIRATORY THERAPY	6,591,476	0	6,591,476	0	6,591,476	65.00
66.00	06600	PHYSICAL THERAPY	4,901,681	0	4,901,681	3,850	4,905,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,213,570	0	2,213,570	0	2,213,570	67.00
68.00	06800	SPEECH PATHOLOGY	467,551	0	467,551	0	467,551	68.00
69.00	06900	ELECTROCARDIOLOGY	4,163,842		4,163,842	1,176	4,165,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,213,140		1,213,140	368	1,213,508	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,067,363		47,067,363	0	47,067,363	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,397,417		30,397,417	0	30,397,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,901,649		66,901,649	0	66,901,649	73.00
74.00	07400	RENAL DIALYSIS	2,991,799		2,991,799	6,055	2,997,854	74.00
76.00	03330	ENDOSCOPY	4,302,882		4,302,882	0	4,302,882	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,574,893		10,574,893	0	10,574,893	90.00
91.00	09100	EMERGENCY	17,773,668		17,773,668	3,624	17,777,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,232,758		4,232,758		4,232,758	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,560,932		10,560,932		10,560,932	105.00
107.00	10700	LIVER ACQUISITION	6,439,794		6,439,794		6,439,794	107.00
109.00	10900	PANCREAS ACQUISITION	342,316		342,316		342,316	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	465,188,648	0	465,188,648	577,745	465,766,393	200.00
201.00		Less Observation Beds	4,232,758		4,232,758		4,232,758	201.00
202.00		Total (see instructions)	460,955,890	0	460,955,890	577,745	461,533,635	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

			Title V		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	94,106,713		94,106,713			30.00
31.00	03100	INTENSIVE CARE UNIT	101,473,716		101,473,716			31.00
32.00	03200	CORONARY CARE UNIT	93,338,851		93,338,851			32.00
40.00	04000	SUBPROVIDER - IPF	23,250,607		23,250,607			40.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	101,702,745	62,219,642	163,922,387	0.180470	0.000000	50.00
51.00	05100	RECOVERY ROOM	8,964,965	4,763,526	13,728,491	0.326646	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	22,234,824	8,297,027	30,531,851	0.138067	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,625,675	55,872,340	105,498,015	0.135194	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	673,407	23,082,488	23,755,895	0.106978	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,749,726	10,124,981	11,874,707	0.369781	0.000000	56.00
57.00	05700	CT SCAN	78,490,752	101,653,292	180,144,044	0.027113	0.000000	57.00
58.00	05800	MRI	15,740,646	31,567,389	47,308,035	0.053137	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,171,349	17,438,526	41,609,875	0.107798	0.000000	59.00
60.00	06000	LABORATORY	147,235,253	95,381,915	242,617,168	0.098430	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	33,790,688	6,116,868	39,907,556	0.378132	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	93,711	9,075,589	9,169,300	0.766550	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	44,021,405	7,536,604	51,558,009	0.127846	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,029,662	4,382,530	14,412,192	0.340107	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,607,427	1,814,138	10,421,565	0.212403	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,012,725	185,074	2,197,799	0.212736	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,672,886	14,416,006	36,088,892	0.115377	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,091,168	3,087,015	8,178,183	0.148339	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,984,809	32,858,996	96,843,805	0.486013	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,121,486	44,371,785	117,493,271	0.258716	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,053,616	327,678,711	654,732,327	0.102182	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,772,763	518,658	6,291,421	0.475536	0.000000	74.00
76.00	03330	ENDOSCOPY	6,420,655	22,155,674	28,576,329	0.150575	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,703,841	31,881,943	34,585,784	0.305758	0.000000	90.00
91.00	09100	EMERGENCY	85,455,391	107,486,703	192,942,094	0.092119	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,055,470	4,215,921	7,271,391	0.582111	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	5,985,330	3,104,549	9,089,879			105.00
107.00	10700	LIVER ACQUISITION	2,853,151	1,917,173	4,770,324			107.00
109.00	10900	PANCREAS ACQUISITION	352,169	0	352,169			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,464,837,582	1,033,205,063	2,498,042,645			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,464,837,582	1,033,205,063	2,498,042,645			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	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 CELL	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
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
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
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
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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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		4,488,120	0	4,488,120	53,170	84.41	30.00
31.00	INTENSIVE CARE UNIT		1,713,995		1,713,995	21,133	81.11	31.00
32.00	CORONARY CARE UNIT		339,308		339,308	21,947	15.46	32.00
40.00	SUBPROVIDER - IPF		905,887	0	905,887	10,627	85.24	40.00
200.00	Total (lines 30 through 199)		7,447,310		7,447,310	106,877		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		11,988	1,011,907				
31.00	INTENSIVE CARE UNIT		5,960	483,416				
32.00	CORONARY CARE UNIT		6,863	106,102				
40.00	SUBPROVIDER - IPF		2,032	173,208				
200.00	Total (lines 30 through 199)		26,843	1,774,633				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/27/2020 1:49 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	2,127,357	163,922,387	0.012978	37,400,148	485,379	50.00
51.00	05100	RECOVERY ROOM	414,067	13,728,491	0.030161	7,828,085	236,103	51.00
53.00	05300	ANESTHESIOLOGY	305,194	30,531,851	0.009996	5,469,250	54,671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	908,535	105,498,015	0.008612	8,911,691	76,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	292,159	23,755,895	0.012298	485,425	5,970	55.00
56.00	05600	RADIOISOTOPE	242,389	11,874,707	0.020412	344,853	7,039	56.00
57.00	05700	CT SCAN	198,615	180,144,044	0.001103	19,258,856	21,243	57.00
58.00	05800	MRI	250,622	47,308,035	0.005298	4,256,650	22,552	58.00
59.00	05900	CARDIAC CATHETERIZATION	393,849	41,609,875	0.009465	6,304,067	59,668	59.00
60.00	06000	LABORATORY	1,000,543	242,617,168	0.004124	42,334,469	174,587	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	246,304	39,907,556	0.006172	4,941,780	30,501	62.00
64.00	06400	INTRAVENOUS THERAPY	159,566	9,169,300	0.017402	22,668	394	64.00
65.00	06500	RESPIRATORY THERAPY	229,417	51,558,009	0.004450	11,720,583	52,157	65.00
66.00	06600	PHYSICAL THERAPY	338,212	14,412,192	0.023467	2,912,258	68,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	82,095	10,421,565	0.007877	2,597,164	20,458	67.00
68.00	06800	SPEECH PATHOLOGY	3,300	2,197,799	0.001502	680,886	1,023	68.00
69.00	06900	ELECTROCARDIOLOGY	225,053	36,088,892	0.006236	5,669,538	35,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,264	8,178,183	0.001010	1,359,347	1,373	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	409,096	96,843,805	0.004224	17,295,837	73,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	265,877	117,493,271	0.002263	21,167,951	47,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	746,414	654,732,327	0.001140	82,810,622	94,404	73.00
74.00	07400	RENAL DIALYSIS	162,741	6,291,421	0.025867	2,601,989	67,306	74.00
76.00	03330	ENDOSCOPY	268,992	28,576,329	0.009413	1,714,857	16,142	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,489,768	34,585,784	0.043075	7,728	333	90.00
91.00	09100	EMERGENCY	896,104	192,942,094	0.004644	17,805,129	82,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	406,353	7,271,391	0.055884	579,478	32,384	92.00
200.00	Total (lines 50 through 199)		12,070,886	2,171,660,386		306,481,309	1,767,779	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0105		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/27/2020 1:49 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	213,870	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	167,789	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	4,199	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	4,199	0	40.00		
200.00		Total (lines 30 through 199)	0	0	0	390,057	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	213,870	53,170	4.02	11,988	30.00		
31.00	03100	INTENSIVE CARE UNIT		167,789	21,133	7.94	5,960	31.00		
32.00	03200	CORONARY CARE UNIT		4,199	21,947	0.19	6,863	32.00		
40.00	04000	SUBPROVIDER - IPF	0	4,199	10,627	0.40	2,032	40.00		
200.00		Total (lines 30 through 199)		390,057	106,877		26,843	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	48,192						30.00	
31.00	03100	INTENSIVE CARE UNIT	47,322						31.00	
32.00	03200	CORONARY CARE UNIT	1,304						32.00	
40.00	04000	SUBPROVIDER - IPF	813						40.00	
200.00		Total (lines 30 through 199)	97,631						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

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

Worksheet D
Part IV
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	50,279	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	100,558	90.00
91.00	09100	EMERGENCY	0	0	0	171,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	19,365	92.00
200.00		Total (lines 50 through 199)	0	0	0	342,033	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

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

Worksheet D
Part IV
Date/Time Prepared:
8/27/2020 1:49 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	163,922,387	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,728,491	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,531,851	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	105,498,015	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	23,755,895	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,874,707	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	180,144,044	0.000000	57.00
58.00	05800	MRI	0	0	0	47,308,035	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,609,875	0.000000	59.00
60.00	06000	LABORATORY	0	50,279	50,279	242,617,168	0.000207	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	39,907,556	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	9,169,300	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	51,558,009	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,412,192	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,421,565	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,197,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,088,892	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,178,183	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	96,843,805	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,493,271	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	654,732,327	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,291,421	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	28,576,329	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	100,558	100,558	34,585,784	0.002907	90.00
91.00	09100	EMERGENCY	0	171,831	171,831	192,942,094	0.000891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	19,365	19,365	7,271,391	0.002663	92.00
200.00		Total (lines 50 through 199)	0	342,033	342,033	2,171,660,386		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description			Title XVIII			Hospital	PPS
			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	37,400,148	0	21,165,631	0
51.00	05100	RECOVERY ROOM	0.000000	7,828,085	0	3,816,541	0
53.00	05300	ANESTHESIOLOGY	0.000000	5,469,250	0	2,696,130	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,911,691	0	11,814,093	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	485,425	0	6,312,682	0
56.00	05600	RADIOISOTOPE	0.000000	344,853	0	903,003	0
57.00	05700	CT SCAN	0.000000	19,258,856	0	15,343,562	0
58.00	05800	MRI	0.000000	4,256,650	0	6,224,852	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,304,067	0	4,221,201	0
60.00	06000	LABORATORY	0.000207	42,334,469	8,763	15,269,904	3,161
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,941,780	0	414,387	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	22,668	0	854,423	0
65.00	06500	RESPIRATORY THERAPY	0.000000	11,720,583	0	1,099,979	0
66.00	06600	PHYSICAL THERAPY	0.000000	2,912,258	0	30,260	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,597,164	0	19,583	0
68.00	06800	SPEECH PATHOLOGY	0.000000	680,886	0	14,828	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,669,538	0	2,317,194	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,359,347	0	100,166	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	17,295,837	0	8,205,586	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	21,167,951	0	13,093,547	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	82,810,622	0	107,138,574	0
74.00	07400	RENAL DIALYSIS	0.000000	2,601,989	0	293,384	0
76.00	03330	ENDOSCOPY	0.000000	1,714,857	0	4,303,045	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.002907	7,728	22	234,454	682
91.00	09100	EMERGENCY	0.000891	17,805,129	15,864	12,223,758	10,891
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.002663	579,478	1,543	1,130,863	3,011
200.00		Total (lines 50 through 199)		306,481,309	26,192	239,241,630	17,745

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/27/2020 1:49 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.180470	21,165,631	422	0	3,819,761	50.00
51.00	05100	RECOVERY ROOM	0.326646	3,816,541	0	0	1,246,658	51.00
53.00	05300	ANESTHESIOLOGY	0.138067	2,696,130	0	0	372,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135194	11,814,093	38,799	0	1,597,194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106978	6,312,682	0	0	675,318	55.00
56.00	05600	RADIOISOTOPE	0.369781	903,003	0	0	333,913	56.00
57.00	05700	CT SCAN	0.027113	15,343,562	0	0	416,010	57.00
58.00	05800	MRI	0.053137	6,224,852	0	0	330,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107798	4,221,201	0	0	455,037	59.00
60.00	06000	LABORATORY	0.098430	15,269,904	0	0	1,503,017	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.378132	414,387	0	0	156,693	62.00
64.00	06400	INTRAVENOUS THERAPY	0.766550	854,423	0	0	654,958	64.00
65.00	06500	RESPIRATORY THERAPY	0.127846	1,099,979	0	0	140,628	65.00
66.00	06600	PHYSICAL THERAPY	0.340107	30,260	0	0	10,292	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212403	19,583	0	0	4,159	67.00
68.00	06800	SPEECH PATHOLOGY	0.212736	14,828	0	0	3,154	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115377	2,317,194	0	0	267,351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.148339	100,166	0	0	14,859	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.486013	8,205,586	0	0	3,988,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.258716	13,093,547	0	0	3,387,510	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.102182	107,138,574	103	285,474	10,947,634	73.00
74.00	07400	RENAL DIALYSIS	0.475536	293,384	0	0	139,515	74.00
76.00	03330	ENDOSCOPY	0.150575	4,303,045	0	0	647,931	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.305758	234,454	0	15,180	71,686	90.00
91.00	09100	EMERGENCY	0.092119	12,223,758	0	0	1,126,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.582111	1,130,863	0	0	658,288	92.00
200.00		Subtotal (see instructions)		239,241,630	39,324	300,654	32,968,644	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		239,241,630	39,324	300,654	32,968,644	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/27/2020 1:49 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	76	0		
51.00	05100	RECOVERY ROOM	0	0		
53.00	05300	ANESTHESIOLOGY	0	0		
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,245	0		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		
56.00	05600	RADIOISOTOPE	0	0		
57.00	05700	CT SCAN	0	0		
58.00	05800	MRI	0	0		
59.00	05900	CARDIAC CATHETERIZATION	0	0		
60.00	06000	LABORATORY	0	0		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		
64.00	06400	INTRAVENOUS THERAPY	0	0		
65.00	06500	RESPIRATORY THERAPY	0	0		
66.00	06600	PHYSICAL THERAPY	0	0		
67.00	06700	OCCUPATIONAL THERAPY	0	0		
68.00	06800	SPEECH PATHOLOGY	0	0		
69.00	06900	ELECTROCARDIOLOGY	0	0		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		
73.00	07300	DRUGS CHARGED TO PATIENTS	11	29,170		
74.00	07400	RENAL DIALYSIS	0	0		
76.00	03330	ENDOSCOPY	0	0		
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,641		
91.00	09100	EMERGENCY	0	0		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		
200.00		Subtotal (see instructions)	5,332	33,811		
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			
202.00		Net Charges (line 200 - line 201)	5,332	33,811		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/27/2020 1:49 pm	
				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	2,127,357	163,922,387	0.012978	26,640	346	50.00	
51.00	05100	RECOVERY ROOM	414,067	13,728,491	0.030161	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	305,194	30,531,851	0.009996	12,212	122	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	908,535	105,498,015	0.008612	49,272	424	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	292,159	23,755,895	0.012298	198	2	55.00	
56.00	05600	RADIOISOTOPE	242,389	11,874,707	0.020412	0	0	56.00	
57.00	05700	CT SCAN	198,615	180,144,044	0.001103	124,499	137	57.00	
58.00	05800	MRI	250,622	47,308,035	0.005298	43,708	232	58.00	
59.00	05900	CARDIAC CATHETERIZATION	393,849	41,609,875	0.009465	0	0	59.00	
60.00	06000	LABORATORY	1,000,543	242,617,168	0.004124	369,154	1,522	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	246,304	39,907,556	0.006172	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	159,566	9,169,300	0.017402	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	229,417	51,558,009	0.004450	39,325	175	65.00	
66.00	06600	PHYSICAL THERAPY	338,212	14,412,192	0.023467	3,334	78	66.00	
67.00	06700	OCCUPATIONAL THERAPY	82,095	10,421,565	0.007877	783	6	67.00	
68.00	06800	SPEECH PATHOLOGY	3,300	2,197,799	0.001502	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	225,053	36,088,892	0.006236	58,155	363	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	8,264	8,178,183	0.001010	9,544	10	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	409,096	96,843,805	0.004224	11,628	49	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	265,877	117,493,271	0.002263	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	746,414	654,732,327	0.001140	858,478	979	73.00	
74.00	07400	RENAL DIALYSIS	162,741	6,291,421	0.025867	5,535	143	74.00	
76.00	03330	ENDOSCOPY	268,992	28,576,329	0.009413	0	0	76.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,489,768	34,585,784	0.043075	47,657	2,053	90.00	
91.00	09100	EMERGENCY	896,104	192,942,094	0.004644	517,512	2,403	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,271,391	0.000000	0	0	92.00	
200.00		Total (lines 50 through 199)	11,664,533	2,171,660,386		2,177,634	9,044	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

Period:

From 01/01/2019

To 12/31/2019

Worksheet D

Part IV

Date/Time Prepared:
8/27/2020 1:49 pm

Component CCN: 26-S105

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
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	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	50,279	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	100,558	90.00
91.00	09100	EMERGENCY	0	0	0	0	171,831	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	322,668	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/27/2020 1:49 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	163,922,387	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,728,491	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,531,851	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	105,498,015	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	23,755,895	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,874,707	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	180,144,044	0.000000	57.00
58.00	05800	MRI	0	0	0	47,308,035	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,609,875	0.000000	59.00
60.00	06000	LABORATORY	0	50,279	50,279	242,617,168	0.000207	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	39,907,556	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	9,169,300	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	51,558,009	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,412,192	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,421,565	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,197,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,088,892	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,178,183	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	96,843,805	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,493,271	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	654,732,327	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,291,421	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	28,576,329	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	100,558	100,558	34,585,784	0.002907	90.00
91.00	09100	EMERGENCY	0	171,831	171,831	192,942,094	0.000891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,271,391	0.000000	92.00
200.00		Total (lines 50 through 199)	0	322,668	322,668	2,171,660,386		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

Period:

From 01/01/2019

To 12/31/2019

Worksheet D

Part IV

Date/Time Prepared:
8/27/2020 1:49 pm

Component CCN: 26-S105

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	26,640	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	12,212	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	49,272	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	198	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	124,499	0	0	0	57.00
58.00	05800 MRI	0.000000	43,708	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000207	369,154	76	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	39,325	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,334	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	783	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	58,155	0	359	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	9,544	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,628	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	858,478	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	5,535	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	0.002907	47,657	139	0	0	90.00
91.00	09100 EMERGENCY	0.000891	517,512	461	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)		2,177,634	676	359	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/27/2020 1:49 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	0.180470	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.326646	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.138067	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135194	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106978	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.369781	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027113	0	0	0	0	0	57.00
58.00	05800	MRI	0.053137	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107798	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.098430	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.378132	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.766550	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.127846	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.340107	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212403	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.212736	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115377	359	0	0	0	41	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.148339	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.486013	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.258716	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.102182	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.475536	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.150575	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.305758	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.092119	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.582111	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)		359	0	0	0	41	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0	0		201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)		359	0	0	0	41	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:

Worksheet D

Component CCN: 26-S105

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
8/27/2020 1:49 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Costs			
		Cost	Cost		
		Reimbursed	Reimbursed		
		Services Subject To Ded. & Coins. (see inst.)	Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	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 CELL	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
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
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	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/27/2020 1:49 pm

			Title XIX		Hospital		Cost	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.180470	0	5,468,915	0	0	50.00
51.00	05100	RECOVERY ROOM	0.326646	0	562,730	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.138067	0	725,606	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135194	0	5,179,048	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106978	0	3,101,345	0	0	55.00
56.00	05600	RADIOISOTOPE	0.369781	0	262,753	0	0	56.00
57.00	05700	CT SCAN	0.027113	0	9,211,216	0	0	57.00
58.00	05800	MRI	0.053137	0	2,159,387	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107798	0	636,790	0	0	59.00
60.00	06000	LABORATORY	0.098430	0	9,131,963	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.378132	0	270,649	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.766550	0	1,935	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.127846	0	664,449	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.340107	0	141,133	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212403	0	58,679	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.212736	0	17,409	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115377	0	1,124,683	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.148339	0	84,504	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.486013	0	1,938,917	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.258716	0	2,071,330	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.102182	0	29,796,374	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.475536	0	46,845	0	0	74.00
76.00	03330	ENDOSCOPY	0.150575	0	1,580,679	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.305758	0	1,931,054	0	0	90.00
91.00	09100	EMERGENCY	0.092119	0	12,146,622	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.582111	0	375,194	0	0	92.00
200.00		Subtotal (see instructions)		0	88,690,209	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	88,690,209	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/27/2020 1:49 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	986,975	0		50.00
51.00	05100	RECOVERY ROOM	183,814	0		51.00
53.00	05300	ANESTHESIOLOGY	100,182	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	700,176	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	331,776	0		55.00
56.00	05600	RADIOISOTOPE	97,161	0		56.00
57.00	05700	CT SCAN	249,744	0		57.00
58.00	05800	MRI	114,743	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	68,645	0		59.00
60.00	06000	LABORATORY	898,859	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	102,341	0		62.00
64.00	06400	INTRAVENOUS THERAPY	1,483	0		64.00
65.00	06500	RESPIRATORY THERAPY	84,947	0		65.00
66.00	06600	PHYSICAL THERAPY	48,000	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	12,464	0		67.00
68.00	06800	SPEECH PATHOLOGY	3,704	0		68.00
69.00	06900	ELECTROCARDIOLOGY	129,763	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,535	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	942,339	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	535,886	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,044,653	0		73.00
74.00	07400	RENAL DIALYSIS	22,276	0		74.00
76.00	03330	ENDOSCOPY	238,011	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	590,435	0		90.00
91.00	09100	EMERGENCY	1,118,935	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	218,405	0		92.00
200.00		Subtotal (see instructions)	10,838,252	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	10,838,252	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/27/2020 1:49 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)		53,170	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,170	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.		25,442	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,914	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)		11,988	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)		46,750,425	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)		46,750,425	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		94,106,714	28.00
29.00	Private room charges (excluding swing-bed charges)		52,509,839	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		41,596,875	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.496781	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,063.90	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,815.35	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		248.55	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		123.47	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		3,141,324	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,609,101	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)		879.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,540,569	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)		10,540,569	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
8/27/2020 1:49 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	35,605,406	21,133	1,684.82	5,960	10,041,527
44.00	CORONARY CARE UNIT	30,568,334	21,947	1,392.83	6,863	9,558,992
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)					48,796,221
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					78,937,309
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,698,243
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,793,971
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,492,214
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					75,445,095
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					4,814
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					879.26
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,232,758

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,488,120	46,750,425	0.096002	4,232,758	406,353
91.00	Nursing School cost	0	46,750,425	0.000000	4,232,758	0
92.00	Allied health cost	213,870	46,750,425	0.004575	4,232,758	19,365
93.00	All other Medical Education	0	46,750,425	0.000000	4,232,758	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/27/2020 1:49 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)		10,627	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,627	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.		3,236	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,391	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,032	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)		14,233,504	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)		14,233,504	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		23,250,607	28.00
29.00	Private room charges (excluding swing-bed charges)		7,683,229	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,567,378	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.612178	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,374.30	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,106.26	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		268.04	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		164.09	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		530,995	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,702,509	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)		1,339.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,721,600	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,721,600	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/27/2020 1:49 pm	
			Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						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)					227,946	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,949,546	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)					174,021	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,720	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					183,741	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,765,805	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: 26-0105

Period:

Worksheet D-1

Component CCN: 26-S105

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/27/2020 1:49 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	905,887	14,233,504	0.063645	0	0	90.00
91.00	Nursing School cost	0	14,233,504	0.000000	0	0	91.00
92.00	Allied health cost	4,199	14,233,504	0.000295	0	0	92.00
93.00	All other Medical Education	0	14,233,504	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
8/27/2020 1:49 pm

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	53,170	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	53,170	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.	25,442	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	22,914	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)	5,229	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)	46,283,165	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)	46,283,165	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	94,106,714	28.00
29.00	Private room charges (excluding swing-bed charges)	52,509,839	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	41,596,875	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.491816	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,063.90	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,815.35	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	248.55	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	122.24	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	3,110,030	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	43,173,135	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)	811.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,245,843	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,245,843	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	35,605,406	21,133	1,684.82	3,038	5,118,483	43.00
44.00	CORONARY CARE UNIT	30,568,334	21,947	1,392.83	2,722	3,791,283	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)					21,474,649	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,630,258	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,814	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					870.48	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,190,491	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,488,120	46,283,165	0.096971	4,190,491	406,356	90.00
91.00	Nursing School cost	0	46,283,165	0.000000	4,190,491	0	91.00
92.00	Allied health cost	0	46,283,165	0.000000	4,190,491	0	92.00
93.00	All other Medical Education	0	46,283,165	0.000000	4,190,491	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/27/2020 1:49 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			10,627 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,627 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.			3,236 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,391 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			4,006 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)			14,233,504 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)			14,233,504 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			23,250,607 28.00
29.00	Private room charges (excluding swing-bed charges)			7,683,229 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			15,567,378 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.612178 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,374.30 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,106.26 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			268.04 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			164.09 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			530,995 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			13,702,509 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)			1,289.41 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,165,376 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			5,165,376 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/27/2020 1:49 pm	
				Title XIX		Subprovider - IPF	Cost
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)						42.00
		Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	43.00
44.00	CORONARY CARE UNIT		0	0	0.00	0	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)					404,084	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,569,460	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					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)						89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

Period:

Worksheet D-1

Component CCN: 26-S105

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/27/2020 1:49 pm

Title XIX

Subprovider -
IPF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	905,887	14,233,504	0.063645	0	0	90.00
91.00	Nursing School cost	0	14,233,504	0.000000	0	0	91.00
92.00	Allied health cost	0	14,233,504	0.000000	0	0	92.00
93.00	All other Medical Education	0	14,233,504	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/27/2020 1:49 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		19,238,387		30.00
31.00	03100	INTENSIVE CARE UNIT		24,893,132		31.00
32.00	03200	CORONARY CARE UNIT		28,187,487		32.00
40.00	04000	SUBPROVIDER - IPF		2,100		40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.180545	37,400,148	6,752,410	50.00
51.00	05100	RECOVERY ROOM	0.326646	7,828,085	2,557,013	51.00
53.00	05300	ANESTHESIOLOGY	0.138067	5,469,250	755,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135194	8,911,691	1,204,807	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106978	485,425	51,930	55.00
56.00	05600	RADIOISOTOPE	0.369781	344,853	127,520	56.00
57.00	05700	CT SCAN	0.027113	19,258,856	522,165	57.00
58.00	05800	MRI	0.053137	4,256,650	226,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107798	6,304,067	679,566	59.00
60.00	06000	LABORATORY	0.098462	42,334,469	4,168,336	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.378180	4,941,780	1,868,882	62.00
64.00	06400	INTRAVENOUS THERAPY	0.774565	22,668	17,558	64.00
65.00	06500	RESPIRATORY THERAPY	0.127846	11,720,583	1,498,430	65.00
66.00	06600	PHYSICAL THERAPY	0.340374	2,912,258	991,257	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212403	2,597,164	551,645	67.00
68.00	06800	SPEECH PATHOLOGY	0.212736	680,886	144,849	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115410	5,669,538	654,321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.148384	1,359,347	201,705	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.486013	17,295,837	8,406,002	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.258716	21,167,951	5,476,488	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.102182	82,810,622	8,461,755	73.00
74.00	07400	RENAL DIALYSIS	0.476499	2,601,989	1,239,845	74.00
76.00	03330	ENDOSCOPY	0.150575	1,714,857	258,215	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.305758	7,728	2,363	90.00
91.00	09100	EMERGENCY	0.092138	17,805,129	1,640,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.582111	579,478	337,321	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		306,481,309	48,796,221	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)		306,481,309		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/27/2020 1:49 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		4,493,329		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.180545	26,640	4,810	50.00
51.00	05100 RECOVERY ROOM	0.326646	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.138067	12,212	1,686	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135194	49,272	6,661	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.106978	198	21	55.00
56.00	05600 RADIOISOTOPE	0.369781	0	0	56.00
57.00	05700 CT SCAN	0.027113	124,499	3,376	57.00
58.00	05800 MRI	0.053137	43,708	2,323	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107798	0	0	59.00
60.00	06000 LABORATORY	0.098462	369,154	36,348	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.378180	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.774565	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.127846	39,325	5,028	65.00
66.00	06600 PHYSICAL THERAPY	0.340374	3,334	1,135	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212403	783	166	67.00
68.00	06800 SPEECH PATHOLOGY	0.212736	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115410	58,155	6,712	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.148384	9,544	1,416	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.486013	11,628	5,651	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.258716	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.102182	858,478	87,721	73.00
74.00	07400 RENAL DIALYSIS	0.476499	5,535	2,637	74.00
76.00	03330 ENDOSCOPY	0.150575	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.305758	47,657	14,572	90.00
91.00	09100 EMERGENCY	0.092138	517,512	47,683	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.582111	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,177,634	227,946	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,177,634		202.00

Health Financial Systems		SSM SAINT LOUIS UNIVERSITY HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/27/2020 1:49 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		9,719,131	30.00
31.00	03100	INTENSIVE CARE UNIT		12,608,768	31.00
32.00	03200	CORONARY CARE UNIT		11,120,583	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180470	13,454,739	50.00
51.00	05100	RECOVERY ROOM	0.326646	885,438	51.00
53.00	05300	ANESTHESIOLOGY	0.138067	2,298,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135194	4,229,921	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106978	187,784	55.00
56.00	05600	RADIOISOTOPE	0.369781	93,939	56.00
57.00	05700	CT SCAN	0.027113	9,083,264	57.00
58.00	05800	MRI	0.053137	1,882,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107798	2,331,093	59.00
60.00	06000	LABORATORY	0.098430	18,203,544	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.378132	1,995,149	62.00
64.00	06400	INTRAVENOUS THERAPY	0.766550	6,117	64.00
65.00	06500	RESPIRATORY THERAPY	0.127846	6,350,535	65.00
66.00	06600	PHYSICAL THERAPY	0.340107	1,097,779	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212403	940,495	67.00
68.00	06800	SPEECH PATHOLOGY	0.212736	288,181	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115377	2,222,802	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.148339	823,657	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.486013	6,924,056	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.258716	6,354,867	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.102182	48,797,071	73.00
74.00	07400	RENAL DIALYSIS	0.475536	757,171	74.00
76.00	03330	ENDOSCOPY	0.150575	603,273	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.305758	125,833	90.00
91.00	09100	EMERGENCY	0.092119	9,929,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.582111	2,473,974	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		142,342,219	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)		142,342,219	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/27/2020 1:49 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		8,597,868		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.180470	6,808	1,229	50.00
51.00	05100 RECOVERY ROOM	0.326646	4,454	1,455	51.00
53.00	05300 ANESTHESIOLOGY	0.138067	3,506	484	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135194	98,723	13,347	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.106978	0	0	55.00
56.00	05600 RADIOISOTOPE	0.369781	0	0	56.00
57.00	05700 CT SCAN	0.027113	420,776	11,408	57.00
58.00	05800 MRI	0.053137	44,130	2,345	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107798	0	0	59.00
60.00	06000 LABORATORY	0.098430	742,919	73,126	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.378132	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.766550	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.127846	14,658	1,874	65.00
66.00	06600 PHYSICAL THERAPY	0.340107	22,250	7,567	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212403	14,983	3,182	67.00
68.00	06800 SPEECH PATHOLOGY	0.212736	5,063	1,077	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115377	127,037	14,657	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.148339	5,553	824	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.486013	7,045	3,424	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.258716	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.102182	1,366,341	139,615	73.00
74.00	07400 RENAL DIALYSIS	0.475536	0	0	74.00
76.00	03330 ENDOSCOPY	0.150575	3,154	475	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.305758	5,833	1,783	90.00
91.00	09100 EMERGENCY	0.092119	1,357,344	125,037	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.582111	2,018	1,175	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,252,595	404,084	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		4,252,595		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 8/27/2020 1:49 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	94,908	879.26	38	33,412	1.00
2.00	INTENSIVE CARE UNIT	43.00	91,625	1,684.82	13	21,903	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,392.83	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)		186,533		51	55,315	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	0.180470	2,318,676	418,451	8.00
9.00	RECOVERY ROOM		51.00	0.326646	109,395	35,733	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.138067	237,635	32,810	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.135194	425,882	57,577	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.106978	1,099	118	13.00
14.00	RADIOISOTOPE		56.00	0.369781	198,422	73,373	14.00
15.00	CT SCAN		57.00	0.027113	728,713	19,758	15.00
16.00	MRI		58.00	0.053137	26,183	1,391	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.107798	779,819	84,063	17.00
18.00	LABORATORY		60.00	0.098430	1,891,391	186,170	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 CELL		62.00	0.378132	9,871	3,733	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.766550	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.127846	10,533	1,347	23.00
24.00	PHYSICAL THERAPY		66.00	0.340107	4,571	1,555	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.212403	2,624	557	25.00
26.00	SPEECH PATHOLOGY		68.00	0.212736	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.115377	105,766	12,203	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.148339	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.486013	421,964	205,080	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.258716	14,685	3,799	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.102182	1,133,146	115,787	31.00
32.00	RENAL DIALYSIS		74.00	0.475536	14,056	6,684	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.150575	10,077	1,517	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.305758	171,106	52,317	37.00
38.00	EMERGENCY		91.00	0.092119	10,126	933	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.582111	58,180	33,867	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				8,683,920	1,348,823	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	38	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	13	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				51	0	48.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-0105
Period: From 01/01/2019 To 12/31/2019
Worksheet D-4
Date/Time Prepared: 8/27/2020 1:49 pm

		Component CCN:	To	12/31/2019	Date/Time Prepared: 8/27/2020 1:49 pm		
		Kidney		Hospital		PPS	
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	171,106	0.000000	0	51.00	
52.00	EMERGENCY	24.00	10,126	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	58,180	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)		239,412		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,404,138		8,870,453		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	10,560,932		10,751,803		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)	11,965,070		19,622,256		61.00	
62.00	Total Usable Organs (see instructions)		103			62.00	
63.00	Medicare Usable Organs (see instructions)		80			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.776699			64.00	
65.00	Medicare Cost/Charges (see instructions)	9,293,258		15,240,587		65.00	
66.00	Revenue for Organs Sold	270,135		270,135		66.00	
67.00	Subtotal (line 65 minus line 66)	9,023,123		14,970,452		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	9,023,123	0	14,970,452	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)		17	25		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	64		73.00	
74.00	Total (sum of lines 70 through 73)		17	89		74.00	
75.00	Organs Transplanted		16	64	23,464,499	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	22	182,773	77.00	
78.00	Organs Sold to Transplant Hospitals		1	0	35,000	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	3		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		17	89		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: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 8/27/2020 1:49 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	43,572	879.26	24	21,102	1.00
2.00	INTENSIVE CARE UNIT	43.00	77,720	1,684.82	19	32,012	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,392.83	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)		121,292		43	53,114	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	0.180470	335,300	60,512	8.00
9.00	RECOVERY ROOM		51.00	0.326646	11,079	3,619	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.138067	68,179	9,413	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.135194	72,859	9,850	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.106978	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.369781	15,488	5,727	14.00
15.00	CT SCAN		57.00	0.027113	105,258	2,854	15.00
16.00	MRI		58.00	0.053137	43,708	2,323	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.107798	184,008	19,836	17.00
18.00	LABORATORY		60.00	0.098430	453,157	44,604	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 CELL		62.00	0.378132	37,796	14,292	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.766550	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.127846	4,262	545	23.00
24.00	PHYSICAL THERAPY		66.00	0.340107	19,906	6,770	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.212403	656	139	25.00
26.00	SPEECH PATHOLOGY		68.00	0.212736	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.115377	14,696	1,696	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.148339	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.486013	108,419	52,693	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.258716	11,647	3,013	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.102182	247,903	25,331	31.00
32.00	RENAL DIALYSIS		74.00	0.475536	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.150575	11,612	1,748	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.305758	47,158	14,419	37.00
38.00	EMERGENCY		91.00	0.092119	14,790	1,362	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.582111	7,589	4,418	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,815,470	285,164	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	24	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	19	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				43	0	48.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-0105
Period: From 01/01/2019 To 12/31/2019
Worksheet D-4
Date/Time Prepared: 8/27/2020 1:49 pm

		Component CCN:	To	12/31/2019	Date/Time Prepared: 8/27/2020 1:49 pm	
		Liver	Hospital		PPS	
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	47,158	0.000000	0	51.00
52.00	EMERGENCY	24.00	14,790	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	7,589	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)		69,537		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	338,278		1,936,762		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)	6,439,794		6,627,642		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)	6,778,072		8,564,404		61.00
62.00	Total Usable Organs (see instructions)		33			62.00
63.00	Medicare Usable Organs (see instructions)		9			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.272727			64.00
65.00	Medicare Cost/Charges (see instructions)	1,848,563		2,335,744		65.00
66.00	Revenue for Organs Sold	55,490		55,490		66.00
67.00	Subtotal (line 65 minus line 66)	1,793,073		2,280,254		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,793,073	0	2,280,254	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	33		73.00
74.00	Total (sum of lines 70 through 73)		0	33		74.00
75.00	Organs Transplanted		0	33	10,664,942	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	33		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: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 8/27/2020 1:49 pm	
				Pancreas	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	2,775	879.26	2	1,759	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,684.82	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,392.83	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)		2,775		2	1,759	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	0.180470	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.326646	953	311	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.138067	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.135194	739	100	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.106978	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.369781	0	0	14.00
15.00	CT SCAN		57.00	0.027113	0	0	15.00
16.00	MRI		58.00	0.053137	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.107798	0	0	17.00
18.00	LABORATORY		60.00	0.098430	12,752	1,255	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 CELL		62.00	0.378132	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.766550	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.127846	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.340107	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.212403	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.212736	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.115377	718	83	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.148339	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.486013	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.258716	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.102182	1,451	148	31.00
32.00	RENAL DIALYSIS		74.00	0.475536	1,510	718	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.150575	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.305758	0	0	37.00
38.00	EMERGENCY		91.00	0.092119	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.582111	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				18,123	2,615	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	2	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				2	0	48.00

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

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

Provider CCN: 26-0105

Period:

From 01/01/2019

To 12/31/2019

Worksheet D-4

Date/Time Prepared:
8/27/2020 1:49 pm

		Pancreas		Hospital		PPS	
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	4,374		20,898		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)	342,316		260,390		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)	346,690		281,288		61.00	
62.00	Total Usable Organs (see instructions)		5			62.00	
63.00	Medicare Usable Organs (see instructions)		2			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.400000			64.00	
65.00	Medicare Cost/Charges (see instructions)	138,676		112,515		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	138,676		112,515		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	138,676	0	112,515	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	5		73.00	
74.00	Total (sum of lines 70 through 73)		0	5		74.00	
75.00	Organs Transplanted		0	5	1,260,474	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	5		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: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/27/2020 1:49 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)			34,337,282	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			12,524,084	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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			4,672,645	2.04
3.00	Managed Care Simulated Payments			24,309,116	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			278.81	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)			220.45	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).			39.62	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)			260.07	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			262.75	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			260.07	12.00
13.00	Total allowable FTE count for the prior year.			263.45	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.			255.45	14.00
15.00	Sum of lines 12 through 14 divided by 3.			259.66	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			259.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.931315	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.933208	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.931315	21.00
22.00	IME payment adjustment (see instructions)			19,325,580	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			10,025,055	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) .			1.73	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			2.68	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)			1.73	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.006205	26.00
27.00	IME payments adjustment factor. (see instructions)			0.001655	27.00
28.00	IME add-on adjustment amount (see instructions)			77,556	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			40,232	28.01
29.00	Total IME payment (sum of lines 22 and 28)			19,403,136	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			10,065,287	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			11.21	30.00
31.00	Percentage of Medicaid patient days (see instructions)			31.69	31.00
32.00	Sum of lines 30 and 31			42.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)			24.61	33.00
34.00	Disproportionate share adjustment (see instructions)			2,883,145	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/27/2020 1:49 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)		0.000650092	0.000573399	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		5,378,128	4,788,229	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,022,544	1,203,598	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,226,142		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 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)		79,046,434		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)			89,111,721	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			5,674,822	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).			10,682,799	52.00
53.00	Nursing and Allied Health Managed Care payment			128,034	53.00
54.00	Special add-on payments for new technologies			42,690	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)			10,954,872	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			96,818	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			26,192	58.00
59.00	Total (sum of amounts on lines 49 through 58)			116,717,948	59.00
60.00	Primary payer payments			271,339	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			116,446,609	61.00
62.00	Deductibles billed to program beneficiaries			2,932,932	62.00
63.00	Coinurance billed to program beneficiaries			596,883	63.00
64.00	Allowable bad debts (see instructions)			1,199,433	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			779,631	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			912,089	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			113,696,425	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)			-402,850	70.93
70.94	HRR adjustment amount (see instructions)			-84,779	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/27/2020 1:49 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			943,416	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			112,265,380	71.00
71.01	Sequestration adjustment (see instructions)			2,245,308	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			112,674,128	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)			-2,654,056	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			1,483,537	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/27/2020 1:49 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	34,337,282	0	34,337,282		34,337,282	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,524,084	0		12,524,084	12,524,084	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	0	0	3,736,583		3,736,583	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	4,672,645	0		936,061	936,061	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,309,116	0	0	24,309,116	24,309,116	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.931315	0.931315	0.931315	0.931315		5.00
6.00	IME payment adjustment (see instructions)	22.00	19,325,580	0	14,160,660	5,164,920	19,325,580	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	10,025,055	0	0	10,025,055	10,025,055	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	0.001655	0.001655	0.001655	0.001655		7.00
8.00	IME adjustment (see instructions)	28.00	77,556	0	56,829	20,727	77,556	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	40,232	0	0	40,232	40,232	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	19,403,136	0	14,217,489	5,185,647	19,403,136	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	10,065,287	0	0	10,065,287	10,065,287	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2461	0.2461	0.2461	0.2461		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,883,145	0	2,112,601	770,544	2,883,145	11.00
11.01	Uncompensated care payments	36.00	5,226,142	0	2,606,766	1,002,719	3,609,485	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	79,046,434	0	58,627,379	20,419,055	79,046,434	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	89,111,721	0	58,627,379	30,484,342	89,111,721	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,674,822	0	4,252,629	1,422,193	5,674,822	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/27/2020 1:49 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	42,690	0	39,050	3,640	42,690	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	62,919,058	31,910,175	94,829,233	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	3,767,576	0	2,774,355	993,221	3,767,576	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	280,030	0	280,030	0	280,030	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	0.3411	0.3411	0.3411	0.3411		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,285,120	0	946,332	338,788	1,285,120	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0908	0.0908	0.0908	0.0908		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	342,096	0	251,912	90,184	342,096	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,674,822	0	4,252,629	1,422,193	5,674,822	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/27/2020 1:49 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	34,337,282	34,337,282		34,337,282	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,524,084		12,524,084	12,524,084	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	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	4,672,645		4,672,645	4,672,645	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,309,116	0	24,309,116	24,309,116	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.931315	0.931315	0.931315		5.00
6.00	IME payment adjustment (see instructions)	22.00	19,325,580	14,160,660	5,164,920	19,325,580	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	10,025,055	0	10,025,055	10,025,055	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	0.001655	0.001655	0.001655		7.00
8.00	IME adjustment (see instructions)	28.00	77,556	56,829	20,727	77,556	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	40,232	0	40,232	40,232	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	19,403,136	14,217,489	5,185,647	19,403,136	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	10,065,287	0	10,065,287	10,065,287	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2461	0.2461	0.2461		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,883,145	2,112,601	770,544	2,883,145	11.00
11.01	Uncompensated care payments	36.00	5,226,142	4,022,544	1,203,598	5,226,142	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	79,046,434	54,689,916	24,356,518	79,046,434	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	89,111,721	54,689,916	34,421,805	89,111,721	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,674,822	4,252,629	1,422,193	5,674,822	16.00
17.00	Special add-on payments for new technologies	54.00	42,690	39,050	3,640	42,690	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			58,981,595	35,847,638	94,829,233	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/27/2020 1:49 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	3,767,576	2,774,355	993,221	3,767,576	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	280,030	280,030	0	280,030	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	0.3411	0.3411	0.3411		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,285,120	946,332	338,788	1,285,120	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0908	0.0908	0.0908		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	342,096	251,912	90,184	342,096	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,674,822	4,252,629	1,422,193	5,674,822	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	-402,850	-294,793	-108,057	-402,850	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	-84,779	-44,690	-40,089	-84,779	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		586,421	356,995	943,416	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/27/2020 1:49 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		39,143	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,950,899	2.00
3.00	OPPS payments		25,723,301	3.00
4.00	Outlier payment (see instructions)		376,957	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		17,745	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		39,143	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		339,978	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)		339,978	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)		339,978	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		300,835	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)		39,143	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)		26,118,003	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		84	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,351,741	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)		21,805,321	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,807,893	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)		25,613,214	30.00
31.00	Primary payer payments		11,259	31.00
32.00	Subtotal (line 30 minus line 31)		25,601,955	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)		588,859	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		382,758	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		389,275	36.00
37.00	Subtotal (see instructions)		25,984,713	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-306	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)		25,985,019	40.00
40.01	Sequestration adjustment (see instructions)		519,700	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		21,332,834	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)		4,132,485	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: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/27/2020 1:49 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		41	2.00
3.00	OPPS payments		53	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		53	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11	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)		42	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)		42	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		42	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)		42	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)		42	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		41	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			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: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/27/2020 1:49 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		86,746,733		21,332,834	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		24,185,810		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/03/2019	1,741,585		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)		1,741,585		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)		112,674,128		21,332,834	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		4,132,485	6.01
6.02	SETTLEMENT TO PROGRAM		2,654,056		0	6.02
7.00	Total Medicare program liability (see instructions)		110,020,072		25,465,319	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: 26-0105

Period:

Worksheet E-1

Component CCN: 26-S105

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/27/2020 1:49 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		1,498,869		41	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	11/14/2019	13,238		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)		13,238		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,512,107		41	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		33,514		0	6.02
7.00	Total Medicare program liability (see instructions)		1,478,593		41	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: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
8/27/2020 1:49 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: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 8/27/2020 1:49 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)		1,594,978	1.00
2.00	Net IPF PPS Outlier Payments		84,011	2.00
3.00	Net IPF PPS ECT Payments		11,748	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		6.12	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		4.28	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		4.28	8.00
9.00	Average Daily Census (see instructions)		29.115068	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.073188	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		116,733	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,807,470	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,807,470	16.00
17.00	Primary payer payments		626	17.00
18.00	Subtotal (line 16 less line 17).		1,806,844	18.00
19.00	Deductibles		143,196	19.00
20.00	Subtotal (line 18 minus line 19)		1,663,648	20.00
21.00	Coinurance		171,864	21.00
22.00	Subtotal (line 20 minus line 21)		1,491,784	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23,839	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		15,495	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		8,691	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,507,279	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		1,489	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,508,768	31.00
31.01	Sequestration adjustment (see instructions)		30,175	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,512,107	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		-33,514	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		84,011	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet E-3
Part VII
Date/Time Prepared:
8/27/2020 1:49 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		34,630,258		1.00
2.00	Medical and other services			10,838,252	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		34,630,258	10,838,252	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		34,630,258	10,838,252	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		142,342,219	88,690,209	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		142,342,219	88,690,209	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		142,342,219	88,690,209	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		107,711,961	77,851,957	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		34,630,258	10,838,252	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		34,630,258	10,838,252	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		34,630,258	10,838,252	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		34,630,258	10,838,252	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		34,630,258	10,838,252	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		34,630,258	10,838,252	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		34,630,258	10,838,252	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 8/27/2020 1:49 pm
		Title XIX	Subprovider - IPF	Cost
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		5,569,460	1.00
2.00	Medical and other services			0 2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,569,460	0 4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments			0 6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,569,460	0 7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		4,252,595	0 9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		4,252,595	0 12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0 13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0 14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000 15.00
16.00	Total customary charges (see instructions)		4,252,595	0 16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0 17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		1,316,865	0 18.00
19.00	Interns and Residents (see instructions)		0	0 19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0 20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		4,252,595	0 21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0 22.00
23.00	Outlier payments		0	0 23.00
24.00	Program capital payments		0	0 24.00
25.00	Capital exception payments (see instructions)		0	0 25.00
26.00	Routine and Ancillary service other pass through costs		0	0 26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0 27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0 28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		4,252,595	0 29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		1,316,865	0 30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4,252,595	0 31.00
32.00	Deductibles		0	0 32.00
33.00	Coinurance		0	0 33.00
34.00	Allowable bad debts (see instructions)		0	0 34.00
35.00	Utilization review		0	0 35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,252,595	0 36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 37.00
38.00	Subtotal (line 36 ± line 37)		4,252,595	0 38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0 39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		4,252,595	0 40.00
41.00	Interim payments		0	0 41.00
42.00	Balance due provider/program (line 40 minus line 41)		4,252,595	0 42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0 43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105		Period: From 01/01/2019 To 12/31/2019		Worksheet E-4 Date/Time Prepared: 8/27/2020 1:49 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.					226.61	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))					24.82	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)					251.43	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					275.32	6.00
7.00	Enter the lesser of line 5 or line 6					251.43	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.	59.73	186.82	246.55		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.	54.55	170.61	225.16		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	54.55	170.61	11.00		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.78	172.01	12.00		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	61.63	172.45	13.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.32	171.69	14.00		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	15.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	15.01		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	16.01		16.01	
17.00	Adjusted rolling average FTE count	58.32	171.69	17.00		17.00	
18.00	Per resident amount	151,217.25	151,699.28	18.00		18.00	
19.00	Approved amount for resident costs	8,818,990	26,045,249	34,864,239		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)			23.85		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			23.89		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			21.36		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			109,233.79		23.00	
24.00	Multiply line 22 time line 23			2,333,234		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			37,197,473		25.00	
		Inpatient Part	Managed Care	Total			
		A		3.00			
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	26,843	13,889			26.00	
27.00	Total Inpatient Days (see instructions)	102,063	102,063			27.00	
28.00	Ratio of inpatient days to total inpatient days	0.263004	0.136083			28.00	
29.00	Program direct GME amount	9,783,084	5,061,944	14,845,028		29.00	
29.01	Percent reduction for MA DGME		7.00			29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		354,336	354,336		30.00	
31.00	Net Program direct GME amount			14,490,692		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/27/2020 1:49 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)			6,291,421	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)			81,886,855	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			10,954,872	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			271,965	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			92,569,762	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			33,007,828	42.00
43.00	Primary payer payments (see instructions)			11,259	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			32,996,569	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			125,566,331	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.737218	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.262782	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			14,490,692	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			10,682,799	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			3,807,893	50.00

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

Provider CCN: 26-0105

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

Worksheet G

Date/Time Prepared:
8/27/2020 1:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-522,091,286	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	121,344,412	0	0	0	4.00
5.00	Other receivable	2,336,894	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,355,772	0	0	0	7.00
8.00	Prepaid expenses	4,386,786	0	0	0	8.00
9.00	Other current assets	0	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)	-383,667,422	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,930,263	0	0	0	12.00
13.00	Land improvements	199,509	0	0	0	13.00
14.00	Accumulated depreciation	-143,385	0	0	0	14.00
15.00	Buildings	464,487,554	0	0	0	15.00
16.00	Accumulated depreciation	-52,063,760	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	4,851,232	0	0	0	19.00
20.00	Accumulated depreciation	-1,937,934	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	63,561,569	0	0	0	23.00
24.00	Accumulated depreciation	-38,512,072	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	456,372,976	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	16,708,687	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	-1,827,784	5,610,424	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14,880,903	5,610,424	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	87,586,457	5,610,424	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	90,415,993	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,423,706	0	0	0	38.00
39.00	Payroll taxes payable	-19	0	0	0	39.00
40.00	Notes and loans payable (short term)	640,124	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	-47,133,725	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	53,346,079	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	2,322,941	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,322,941	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	55,669,020	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	31,917,437				52.00
53.00	Specific purpose fund		5,610,424			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	31,917,437	5,610,424	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	87,586,457	5,610,424	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0105

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

Worksheet G-1

Date/Time Prepared:
8/27/2020 1:49 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		35,920,312		2,361,926		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-4,002,875				2.00
3.00	Total (sum of line 1 and line 2)		31,917,437		2,361,926		3.00
4.00	NET ASSETS - FOUNDATION	0		3,248,498		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		3,248,498		10.00
11.00	Subtotal (line 3 plus line 10)		31,917,437		5,610,424		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		31,917,437		5,610,424		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	NET ASSETS - FOUNDATION		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0105

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/27/2020 1:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	94,106,714		94,106,714	1.00
2.00	SUBPROVIDER - IPF	23,250,607		23,250,607	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)	117,357,321		117,357,321	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	101,473,716		101,473,716	11.00
12.00	CORONARY CARE UNIT	93,338,851		93,338,851	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)	194,812,567		194,812,567	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	312,169,888		312,169,888	17.00
18.00	Ancillary services	1,052,256,290	884,580,715	1,936,837,005	18.00
19.00	Outpatient services	98,763,404	150,175,822	248,939,226	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 PRO FEES	359	82,822,610	82,822,969	27.00
27.01	EMPLOYEE HEALTH INSURANCE	5,025,596	9,900,070	14,925,666	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,468,215,537	1,127,479,217	2,595,694,754	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		605,870,527		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)		605,870,527		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0105

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

Worksheet G-3

Date/Time Prepared:
8/27/2020 1:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,595,694,754	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,019,407,601	2.00
3.00	Net patient revenues (line 1 minus line 2)	576,287,153	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	605,870,527	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-29,583,374	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,250,601	6.00
7.00	Income from investments	0	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	53,857	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	58,553	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,944,270	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	14,841,424	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	3,093,245	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	4,363,789	24.00
25.00	Total other income (sum of lines 6-24)	25,605,739	25.00
26.00	Total (line 5 plus line 25)	-3,977,635	26.00
27.00	OTHER EXPENSES	25,240	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	25,240	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,002,875	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0105	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/27/2020 1:49 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,767,576	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		280,030	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)		251.33	3.00
4.00	Number of interns & residents (see instructions)		261.39	4.00
5.00	Indirect medical education percentage (see instructions)		34.11	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)		1,285,120	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.21	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.69	8.00
9.00	Sum of lines 7 and 8		42.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.08	10.00
11.00	Disproportionate share adjustment (see instructions)		342,096	11.00
12.00	Total prospective capital payments (see instructions)		5,674,822	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