

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: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/22/2020 9:27 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 6/22/2020	Time: 9:27 am
	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. 05901 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 CHRISTIAN HOSPITAL NORTHEAST (26-0180) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title 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	881,120	-51,003	0	-7,228,848	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	15,174	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	896,294	-51,003	0	-7,228,848	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: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/21/2020 5:26 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 11133 DUNN ROAD			PO Box:				1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63136-		County: ST. LOUIS		
		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		CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		REHAB	26T180	41180	5	12/08/1983	N	P	O
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									
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)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			7,910	2,876	119	223	1,339	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	218	82	25	7	17		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.				Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1	60.01

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1	60.02	
			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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			0.00	0.99	0.000000	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)			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.37	2.50	0.128920	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.01	0.00	1.000000
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/21/2020 5:26 pm
		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		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	938,950	2,318,000 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		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.			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.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1804	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/21/2020 5:26 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301				141.00	
142.00	Street: 4901 FOREST PARK BLVD	PO Box:						142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		N	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER								
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC			N		N		N	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	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		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/21/2020 5:26 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/20/2020	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/21/2020 5:26 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	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.		Y	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.		Y	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAUL	BRADSHAW	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419	PAUL.BRADSHAW@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/21/2020 5:26 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part IX Date/Time Prepared: 6/21/2020 5:26 pm	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	Y		1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y		2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y		3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N		3.01
			Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		5.00
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y		6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	N		7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		9.00
			State 1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/21/2020 5:26 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	187	68,255	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)		187	68,255	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		205	74,825	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	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)		223			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: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/21/2020 5:26 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)	20,267	7,953	58,140			1.00
2.00	HMO and other (see instructions)	17,384	3,771				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,014	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)	20,267	7,953	58,140			7.00
8.00	INTENSIVE CARE UNIT	1,841	743	4,971			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)	22,108	8,696	63,111	0.00	1,572.60	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,449	342	3,467	0.00	15.10	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)				0.00	1,587.70	27.00
28.00	Observation Bed Days		0	2,871			28.00
29.00	Ambulance Trips	6,917					29.00
30.00	Employee discount days (see instruction)			410			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: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/21/2020 5:26 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	4,074	1,901	13,029	1.00
2.00 HMO and other (see instructions)			3,263	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,074	1,901	13,029	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	113	0	267	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: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/21/2020 5:26 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	99,318,122	0	99,318,122	3,265,581.00	30.41
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		365,670	0	365,670	2,361.00	154.88
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		186,198	0	186,198	2,000.00	93.10
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	139,365	139,365	6,033.00	23.10
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
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)		8,095,356	239,361	8,334,717	337,760.00	24.68
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,248,192	0	8,248,192	115,705.00	71.29
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		977,422	0	977,422	8,925.00	109.52
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		16,314,645	0	16,314,645	388,240.00	42.02
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		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		29,600,111	0	29,600,111		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,706,027	0	2,706,027		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		119,691	0	119,691		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		60,946	0	60,946		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		46,027	0	46,027		
25.50	Home office wage-related (core)		3,880,598	0	3,880,598		
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: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/21/2020 5:26 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,423,603	0	1,423,603	39,111.00	36.40	26.00
27.00	Administrative & General	5.00	9,867,954	-170,521	9,697,433	320,633.00	30.24	27.00
28.00	Administrative & General under contract (see inst.)		1,646,830	0	1,646,830	16,420.00	100.29	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,708,465	0	2,708,465	105,788.00	25.60	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,739,567	0	2,739,567	191,842.00	14.28	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,342,747	0	1,342,747	56,270.00	23.86	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	3,556,020	0	3,556,020	104,560.00	34.01	38.00
39.00	Central Services and Supply	14.00	563,060	0	563,060	25,865.00	21.77	39.00
40.00	Pharmacy	15.00	3,495,660	-153,868	3,341,792	75,678.00	44.16	40.00
41.00	Medical Records & Medical Records Library	16.00	2,624,285	0	2,624,285	73,934.00	35.49	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
6/21/2020 5:26 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)	102,121,501	-139,365	101,982,136	3,330,238.00	30.62	1.00
2.00	Excluded area salaries (see instructions)	8,095,356	239,361	8,334,717	337,760.00	24.68	2.00
3.00	Subtotal salaries (line 1 minus line 2)	94,026,145	-378,726	93,647,419	2,992,478.00	31.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,540,259	0	25,540,259	512,870.00	49.80	4.00
5.00	Subtotal wage-related costs (see inst.)	33,600,400	0	33,600,400	0.00	35.88	5.00
6.00	Total (sum of lines 3 thru 5)	153,166,804	-378,726	152,788,078	3,505,348.00	43.59	6.00
7.00	Total overhead cost (see instructions)	29,968,191	-324,389	29,643,802	1,010,101.00	29.35	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 6/21/2020 5:26 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,547,484 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)			9,311,059 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)			10,583,496 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			423,202 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			78,138 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)			1,030,220 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,411,113 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			7,130,914 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			51,190 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			451,823 22.00
23.00	Tuition Reimbursement			468,136 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			32,486,775 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: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
6/21/2020 5:26 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/21/2020 5:26 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)			0.233099	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			25,033,542	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			3,916,202	5.00
6.00	Medicaid charges			164,973,209	6.00
7.00	Medicaid cost (line 1 times line 6)			38,455,090	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)			9,505,346	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)			9,505,346	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)	114,478,604	7,518,792	121,997,396	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	26,684,848	7,518,792	34,203,640	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)	26,684,848	7,518,792	34,203,640	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)			48,780,616	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,579,305	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,429,701	27.01
28.00	Non-Medicare bad debt expense (see instructions)			46,350,915	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			11,654,748	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			45,858,388	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			55,363,734	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 6/21/2020 5:26 pm
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	3,143,897	3,143,897
1.01	00101 NEW CAP REL COSTS-WHSE		0	0	5,482	5,482
1.02	00102 NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292
1.03	00103 NEW CAP REL COSTS-PFD		0	0	41,652	41,652
1.05	00105 NEW CAP REL COSTS-POB I		0	0	342,578	342,578
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		0	0	411,031	411,031
1.07	00107 NEW CAP REL COSTS-NW BUILDING		0	0	303,339	303,339
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	12,167,500	12,167,500
3.00	00300 OTHER CAPITAL RELATED COSTS		0	0	0	0
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1,423,603	2,342,637	3,766,240	-11,192	3,755,048
5.01	00570 ADMITTING	2,499,947	939,032	3,438,979	-9,731	3,429,248
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	95,955	95,955	-1,588	94,367
5.03	00590 MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591 ADMINISTRATIVE AND GENERAL	7,368,007	62,799,996	70,168,003	-11,619,454	58,548,549
7.00	00700 OPERATION OF PLANT	2,388,093	4,323,185	6,711,278	-42,583	6,668,695
7.01	00701 OPERATION OF PLANT- POB I	0	3,732	3,732	263,271	267,003
7.02	00702 OPERATION OF PLANT NW	320,372	633,165	953,537	-8,223	945,314
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,075,202	1,075,202	0	1,075,202
9.00	00900 HOUSEKEEPING	2,366,917	2,051,846	4,418,763	-6,116	4,412,647
9.01	00901 HOUSEKEEPING-POB I	101,200	89,136	190,336	0	190,336
9.02	00902 HOUSEKEEPING NW	271,450	240,886	512,336	-1,622	510,714
10.00	01000 DIETARY	0	5,918,264	5,918,264	254,824	6,173,088
11.00	01100 CAFETERIA	0	81,194	81,194	-864	80,330
13.00	01300 NURSING ADMINISTRATION	3,556,020	2,897,996	6,454,016	-189,085	6,264,931
14.00	01400 CENTRAL SERVICES & SUPPLY	563,060	979,651	1,542,711	-510,837	1,031,874
15.00	01500 PHARMACY	3,495,660	9,692,156	13,187,816	-8,323,663	4,864,153
16.00	01600 MEDICAL RECORDS & LIBRARY	2,624,285	1,785,370	4,409,655	-2,922	4,406,733
17.00	01700 SOCIAL SERVICE	0	0	0	0	0
17.01	01850 RESEARCH ADMIN	0	0	0	0	0
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	173,365	173,365
23.00	02300 PARAMED ED PRGM PASTORAL CARE	0	0	0	38,439	38,439
23.01	02301 PARAMED ED PRGM PHARMACY	0	0	0	206,747	206,747
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	20,022,909	18,765,375	38,788,284	-1,196,540	37,591,744
31.00	03100 INTENSIVE CARE UNIT	4,490,798	2,206,020	6,696,818	-515,258	6,181,560
41.00	04100 SUBPROVIDER - IRF	944,610	498,883	1,443,493	21,325	1,464,818
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,480,194	19,997,575	26,477,769	-14,017,830	12,459,939
51.00	05100 RECOVERY ROOM	818,841	387,999	1,206,840	-28,733	1,178,107
53.00	05300 ANESTHESIOLOGY	0	3,098,244	3,098,244	-363,905	2,734,339
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,498,828	5,577,814	10,076,642	-1,274,687	8,801,955
57.00	05700 CT SCAN	1,033,429	813,604	1,847,033	-150,880	1,696,153
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	328,592	133,278	461,870	-20,994	440,876
59.00	05900 CARDIAC CATHETERIZATION	1,178,002	7,929,919	9,107,921	-7,046,891	2,061,030
60.00	06000 LABORATORY	3,954,089	7,054,599	11,008,688	-716,567	10,292,121
60.01	06001 G.I. LAB	771,374	925,320	1,696,694	-329,841	1,366,853
60.02	06002 VASCULAR LAB	284,556	129,544	414,100	-28,288	385,812
60.03	06003 LABORATORY-PATHOLOGY	521,453	793,132	1,314,585	176,004	1,490,589
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	407,359	1,801,625	2,208,984	357,039	2,566,023
65.00	06500 RESPIRATORY THERAPY	3,354,400	1,636,693	4,991,093	-51,624	4,939,469
66.00	06600 PHYSICAL THERAPY	2,863,804	1,116,290	3,980,094	-244,542	3,735,552
67.00	06700 OCCUPATIONAL THERAPY	1,062,528	293,599	1,356,127	186,234	1,542,361
68.00	06800 SPEECH PATHOLOGY	258,769	85,046	343,815	47,722	391,537
69.00	06900 ELECTROCARDIOLOGY	626,314	376,956	1,003,270	-37,302	965,968
70.00	07000 ELECTROENCEPHALOGRAPHY	312,854	162,751	475,605	-20,192	455,413
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,023,865	10,023,865
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,727,824	13,727,824
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	7,548,718	7,548,718
74.00	07400 RENAL DIALYSIS	0	1,786,237	1,786,237	-22,797	1,763,440
76.00	03320 SHOCK THERAPY	0	0	0	0	0
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	607,190	1,620,791	2,227,981	-11,399	2,216,582
76.03	03550 OP PSYCH	508,542	313,106	821,648	-2,648	819,000
76.04	03020 CARDIAC REHAB	205,116	68,258	273,374	-625	272,749
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	125,132	125,132
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	9,654,211	5,707,647	15,361,858	-1,265,261	14,096,597
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	5,979,415	4,233,022	10,212,437	-492,444	9,719,993
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	98,146,791	183,462,730	281,609,521	1,015,152	282,624,673

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 6/21/2020 5:26 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00		4.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45,987	858,121	904,108	0	904,108	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	148,682	148,682	-1,441	147,241	190.09
190.10	19010	RETAIL PHARMACY	275,528	1,281,196	1,556,724	-866	1,555,858	190.10
190.11	19011	PUBLIC RELATIONS	270,054	668,903	938,957	0	938,957	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	279,086	311,579	590,665	-800	589,865	190.12
190.13	19013	PHYSICIAN PRACTICE	67,490	358,830	426,320	0	426,320	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,795	653,764	709,559	-605,849	103,710	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	177,391	688,205	865,596	-406,196	459,400	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	99,318,122	188,432,010	287,750,132	0	287,750,132	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,872,901	6,016,798	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	41,652	1.03
1.05	00105	NEW CAP REL COSTS-POB I	53,870	396,448	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	4,043	415,074	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	449,218	752,557	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,043,110	13,210,610	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,376,053	5,131,101	4.00
5.01	00570	ADMITTING	-144,035	3,285,213	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	94,367	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	-3,591,576	54,956,973	5.04
7.00	00700	OPERATION OF PLANT	-137,790	6,530,905	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	267,003	7.01
7.02	00702	OPERATION OF PLANT NW	-18,432	926,882	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,075,202	8.00
9.00	00900	HOUSEKEEPING	-136,370	4,276,277	9.00
9.01	00901	HOUSEKEEPING-POB I	-5,831	184,505	9.01
9.02	00902	HOUSEKEEPING NW	-15,640	495,074	9.02
10.00	01000	DIETARY	-392	6,172,696	10.00
11.00	01100	CAFETERIA	-1,308,201	-1,227,871	11.00
13.00	01300	NURSING ADMINISTRATION	-211,961	6,052,970	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-32,441	999,433	14.00
15.00	01500	PHARMACY	-225,579	4,638,574	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-176,965	4,229,768	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01850	RESEARCH ADMIN	4,335	4,335	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	173,365	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	-1,851	36,588	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	-8,865	197,882	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,603,037	31,988,707	30.00
31.00	03100	INTENSIVE CARE UNIT	-258,738	5,922,822	31.00
41.00	04100	SUBPROVIDER - IRF	-54,424	1,410,394	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-621,584	11,838,355	50.00
51.00	05100	RECOVERY ROOM	-47,178	1,130,929	51.00
53.00	05300	ANESTHESIOLOGY	-2,316,652	417,687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,692,484	7,109,471	54.00
57.00	05700	CT SCAN	-59,541	1,636,612	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-18,932	421,944	58.00
59.00	05900	CARDIAC CATHETERIZATION	-67,871	1,993,159	59.00
60.00	06000	LABORATORY	268,583	10,560,704	60.00
60.01	06001	G.I. LAB	-44,443	1,322,410	60.01
60.02	06002	VASCULAR LAB	-16,395	369,417	60.02
60.03	06003	LABORATORY-PATHOLOGY	-47,313	1,443,276	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-60,027	2,505,996	63.00
65.00	06500	RESPIRATORY THERAPY	-193,289	4,746,180	65.00
66.00	06600	PHYSICAL THERAPY	-174,904	3,560,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	-69,909	1,472,452	67.00
68.00	06800	SPEECH PATHOLOGY	-17,026	374,511	68.00
69.00	06900	ELECTROCARDIOLOGY	-36,085	929,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-18,025	437,388	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,023,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,727,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,548,718	73.00
74.00	07400	RENAL DIALYSIS	0	1,763,440	74.00
76.00	03320	SHOCK THERAPY	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	-449,530	1,767,052	76.01
76.03	03550	OP PSYCH	-29,381	789,619	76.03
76.04	03020	CARDIAC REHAB	-11,818	260,931	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	-2,207	122,925	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-556,229	13,540,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-647,967	9,072,026	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,058,805	269,565,868	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-2,650	901,458	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.01	19001	VISITOR MEALS	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	190.08
190.09	19009	CATERING	0	147,241	190.09
190.10	19010	RETAIL PHARMACY	-15,875	1,539,983	190.10
190.11	19011	PUBLIC RELATIONS	-15,559	923,398	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	-16,080	573,785	190.12
190.13	19013	PHYSICIAN PRACTICE	0	426,320	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-3,215	100,495	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	-10,220	449,180	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,122,404	274,627,728	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet Non-CMS W
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMITTING	00570	ADMITTING	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	00590		5.03
5.04	ADMINISTRATIVE AND GENERAL	00591		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	RESEARCH ADMIN	01850		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMED ED PRGM PASTORAL CARE	02300		23.00
23.01	PARAMED ED PRGM PHARMACY	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.00
76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	03480	ONCOLOGY	76.01
76.03	OP PSYCH	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03
76.04	CARDIAC REHAB	03020	ACUPUNCTURE	76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet Non-CMS W
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	VISITOR MEALS	19001		190.01
190.02	NON REIMBURSABLE B BLDG	19002		190.02
190.03	NON REIMB NW BUILDING	19003		190.03
190.04	NON REIMBURSABLE CHIP	19004		190.04
190.05	NON REIMBURSABLE PFD	19005		190.05
190.06	NON REIMBURSABLE HOSPITAL	19006		190.06
190.07	NON REIMBURSABLE POB I	19007		190.07
190.08	MEALS ON WHEELS	19008		190.08
190.09	CATERING	19009		190.09
190.10	RETAIL PHARMACY	19010		190.10
190.11	PUBLIC RELATIONS	19011		190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	19012		190.12
190.13	PHYSICIAN PRACTICE	19013		190.13
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	19201		192.01
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
6/21/2020 5:26 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS PHARMACY RESIDENT PROGRAM					
1.00	PARAMED ED PRGM PHARMACY	23.01	153,868	52,879		1.00
	0		153,868	52,879		
	B - TO RECLASS PROPERTY INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	288,627		1.00
	0		0	288,627		
	C - TO RECLASS PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,548,718		1.00
	0		0	7,548,718		
	D - TO RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,774,957		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
	0		0	23,774,957		
	E - TO RECLASS PROF FEES FOR REHAB DIR					
1.00	SUBPROVIDER - IRF	41.00	53,361	0		1.00
	0		53,361	0		
	F - TO RECLASS HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	38,300	86,832		1.00
	0		38,300	86,832		
	G - TO RECLASS GI MEDICAL DIRECTOR					
1.00	G.I. LAB	60.01	9,691	0		1.00
	0		9,691	0		
	H - TO RECLASS CARDIOTHORACIC SURG FEES					
1.00	OPERATING ROOM	50.00	0	55,000		1.00
	0		0	55,000		
	I - TO RECLASS POB 1 EXPENSES					
1.00	NEW CAP REL COSTS-POB I	1.05	0	342,578		1.00
2.00	OPERATION OF PLANT- POB I	7.01	0	263,271		2.00
	0		0	605,849		
	J - TO RECLASS PURCHASING VARIANCE					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,542		1.00
	0		0	1,542		
	K - TO RECLASS DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,015,733		1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292		3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	33,540		4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	4,835		5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	291,475		6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,027,013		7.00
	0		0	15,394,370		
	L - TO RECLASS INTERNS AND RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	139,365	34,000		1.00
	0		139,365	34,000		
	M - TO RECLASS CHIEF OF SURGERY					
1.00	OPERATING ROOM	50.00	40,891	0		1.00
	0		40,891	0		
	N - TO RECLASS IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,727,824		1.00
	0		0	13,727,824		
	O - TO RECLASS LAB ADMIN COSTS					
1.00	LABORATORY-PATHOLOGY	60.03	76,016	136,507		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	59,372	310,081		2.00
	0		135,388	446,588		

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	P - TO RECLASS REHAB ADMIN FEES				
1.00	OCCUPATIONAL THERAPY	67.00	150,845	39,278	1.00
2.00	SPEECH PATHOLOGY	68.00	36,737	11,378	2.00
	0		187,582	50,656	
	Q - TO RECLASS ADMISSION KITS				
1.00	ADULTS & PEDIATRICS	30.00	0	22,801	1.00
2.00	SUBPROVIDER - IRF	41.00	0	467	2.00
	0		0	23,268	
	R - TO RECLASS DEPARTMENTAL DEPRECIATION				
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,293,829	1.00
2.00	DIETARY	10.00	0	254,824	2.00
3.00	G.I. LAB	60.01	0	59,729	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	0		0	4,608,382	
	S - PASTORAL RESIDENT RECLASS				
1.00	PARAMED ED PRGM PASTORAL CARE	23.00	32,132	6,307	1.00
	0		32,132	6,307	
	T - RECLASS GRAHAM MOB				
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	406,196	1.00
	0		0	406,196	
	U - TO RECLASS CARDIOLOGY FEES				
1.00	ELECTROCARDIOLOGY	69.00	34,446	0	1.00
	0		34,446	0	
500.00	Grand Total: Increases		825,024	67,111,995	500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

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		Decreases				wkst. A-7 Ref.	
		Cost Center	Line #	Salary	Other		
		6.00	7.00	8.00	9.00	10.00	
A - RECLASS PHARMACY RESIDENT PROGRAM							
1.00	PHARMACY	15.00	153,868	52,879	0		1.00
	0		153,868	52,879			
B - TO RECLASS PROPERTY INSURANCE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	288,627	12		1.00
	0		0	288,627			
C - TO RECLASS PHARMACEUTICALS							
1.00	PHARMACY	15.00	0	7,548,718	0		1.00
	0		0	7,548,718			
D - TO RECLASS MEDICAL SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	1,021,111	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	461,051	0		2.00
3.00	G.I. LAB	60.01	0	399,261	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	21,727	0		4.00
5.00	EMERGENCY	91.00	0	668,171	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	461,499	0		6.00
7.00	PHARMACY	15.00	0	539,149	0		7.00
8.00	OPERATING ROOM	50.00	0	13,039,332	0		8.00
9.00	RECOVERY ROOM	51.00	0	21,154	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	312,980	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	430,056	0		11.00
12.00	CT SCAN	57.00	0	46,036	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	6,342,023	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	11,407	0		14.00
	0		0	23,774,957			
E - TO RECLASS PROF FEES FOR REHAB DIR							
1.00	ADMINISTRATIVE AND GENERAL	5.04	53,361	0	0		1.00
	0		53,361	0			
F - TO RECLASS HYPERBARIC OXYGEN							
1.00	OPERATING ROOM	50.00	38,300	86,832	0		1.00
	0		38,300	86,832			
G - TO RECLASS GI MEDICAL DIRECTOR							
1.00	ADMINISTRATIVE AND GENERAL	5.04	9,691	0	0		1.00
	0		9,691	0			
H - TO RECLASS CARDIOTHORACIC SURG FEES							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	0		1.00
	0		0	55,000			
I - TO RECLASS POB 1 EXPENSES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	605,849	9		1.00
2.00		0.00	0	0	0		2.00
	0		0	605,849			
J - TO RECLASS PURCHASING VARIANCE							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,542	0		1.00
	0		0	1,542			
K - TO RECLASS DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	15,394,370	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
	0		0	15,394,370			
L - TO RECLASS INTERNS AND RESIDENTS							
1.00	ADULTS & PEDIATRICS	30.00	139,365	34,000	0		1.00
	0		139,365	34,000			
M - TO RECLASS CHIEF OF SURGERY							
1.00	ADMINISTRATIVE AND GENERAL	5.04	40,891	0	0		1.00
	0		40,891	0			
N - TO RECLASS IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,727,824	0		1.00
	0		0	13,727,824			
O - TO RECLASS LAB ADMIN COSTS							
1.00	LABORATORY	60.00	135,388	446,588	0		1.00
2.00		0.00	0	0	0		2.00
	0		135,388	446,588			
P - TO RECLASS REHAB ADMIN FEES							
1.00	PHYSICAL THERAPY	66.00	187,582	50,656	0		1.00
2.00		0.00	0	0	0		2.00
	0		187,582	50,656			

RECLASSIFICATIONS

Provider CCN: 26-0180

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

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
Q - TO RECLASS ADMISSION KITS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,268	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	23,268		
R - TO RECLASS DEPARTMENTAL DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,192	0	1.00
2.00	ADMITTING	5.01	0	9,731	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,588	0	3.00
4.00	OPERATION OF PLANT	7.00	0	42,583	0	4.00
5.00	OPERATION OF PLANT NW	7.02	0	8,223	0	5.00
6.00	VASCULAR LAB	60.02	0	28,288	0	6.00
7.00	HOUSEKEEPING	9.00	0	6,116	0	7.00
8.00	HOUSEKEEPING NW	9.02	0	1,622	0	8.00
9.00	AMBULANCE SERVICES	95.00	0	492,444	0	9.00
10.00	CAFETERIA	11.00	0	864	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	189,085	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	47,796	0	12.00
13.00	PHARMACY	15.00	0	29,049	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,922	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	24,865	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	54,207	0	16.00
17.00	CATERING	190.09	0	1,441	0	17.00
18.00	SUBPROVIDER - IRF	41.00	0	10,776	0	18.00
19.00	OPERATING ROOM	50.00	0	949,257	0	19.00
20.00	RECOVERY ROOM	51.00	0	7,579	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	50,925	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	844,631	0	22.00
23.00	CT SCAN	57.00	0	104,844	0	23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20,994	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	704,868	0	25.00
26.00	LABORATORY	60.00	0	134,591	0	26.00
27.00	RETAIL PHARMACY	190.10	0	866	0	27.00
28.00	LABORATORY-PATHOLOGY	60.03	0	36,519	0	28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	12,414	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	40,217	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	6,304	0	31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	3,889	0	32.00
33.00	SPEECH PATHOLOGY	68.00	0	393	0	33.00
34.00	ELECTROCARDIOLOGY	69.00	0	71,748	0	34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,192	0	35.00
36.00	RENAL DIALYSIS	74.00	0	22,797	0	36.00
37.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	11,399	0	37.00
38.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	800	0	38.00
39.00	OP PSYCH	76.03	0	2,648	0	39.00
40.00	CARDIAC REHAB	76.04	0	625	0	40.00
41.00	EMERGENCY	91.00	0	597,090	0	41.00
	0		0	4,608,382		
S - PASTORAL RESIDENT RECLASS						
1.00	ADMINISTRATIVE AND GENERAL	5.04	32,132	6,307	0	1.00
	0		32,132	6,307		
T - RECLASS GRAHAM MOB						
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	406,196	9	1.00
	0		0	406,196		
U - TO RECLASS CARDIOLOGY FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	34,446	0	0	1.00
	0		34,446	0		
500.00	Grand Total: Decreases		825,024	67,111,995		500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS PHARMACY RESIDENT PROGRAM									
1.00	PARAMED ED PRGM PHARMACY	23.01	153,868	52,879	PHARMACY	15.00	153,868	52,879	1.00
	0		153,868	52,879	0		153,868	52,879	
B - TO RECLASS PROPERTY INSURANCE									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	288,627	ADMINISTRATIVE AND GENERAL	5.04	0	288,627	1.00
	0		0	288,627	0		0	288,627	
C - TO RECLASS PHARMACEUTICALS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,548,718	PHARMACY	15.00	0	7,548,718	1.00
	0		0	7,548,718	0		0	7,548,718	
D - TO RECLASS MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,774,957	ADULTS & PEDIATRICS	30.00	0	1,021,111	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	461,051	2.00
3.00		0.00	0	0	G.I. LAB	60.01	0	399,261	3.00
4.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	21,727	4.00
5.00		0.00	0	0	EMERGENCY	91.00	0	668,171	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	461,499	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	539,149	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	13,039,332	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	21,154	9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	312,980	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	430,056	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	46,036	12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	6,342,023	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	11,407	14.00
	0		0	23,774,957	0		0	23,774,957	
E - TO RECLASS PROF FEES FOR REHAB DIR									
1.00	SUBPROVIDER - IRF	41.00	53,361	0	ADMINISTRATIVE AND GENERAL	5.04	53,361	0	1.00
	0		53,361	0	0		53,361	0	
F - TO RECLASS HYPERBARIC OXYGEN									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	38,300	86,832	OPERATING ROOM	50.00	38,300	86,832	1.00
	0		38,300	86,832	0		38,300	86,832	
G - TO RECLASS GI MEDICAL DIRECTOR									
1.00	G.I. LAB	60.01	9,691	0	ADMINISTRATIVE AND GENERAL	5.04	9,691	0	1.00
	0		9,691	0	0		9,691	0	
H - TO RECLASS CARDIOTHORACIC SURG FEES									
1.00	OPERATING ROOM	50.00	0	55,000	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	1.00
	0		0	55,000	0		0	55,000	
I - TO RECLASS POB 1 EXPENSES									
1.00	NEW CAP REL COSTS-POB I	1.05	0	342,578	PHYSICIANS' PRIVATE OFFICES	192.00	0	605,849	1.00
2.00	OPERATION OF PLANT- POB I	7.01	0	263,271		0.00	0	0	2.00
	0		0	605,849	0		0	605,849	
J - TO RECLASS PURCHASING VARIANCE									
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,542	CENTRAL SERVICES & SUPPLY	14.00	0	1,542	1.00
	0		0	1,542	0		0	1,542	
K - TO RECLASS DEPRECIATION EXPENSE									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,015,733	ADMINISTRATIVE AND GENERAL	5.04	0	15,394,370	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		0.00	0	0	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292		0.00	0	0	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	33,540		0.00	0	0	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	4,835		0.00	0	0	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	291,475		0.00	0	0	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,027,013		0.00	0	0	7.00
	0		0	15,394,370	0		0	15,394,370	

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
L - TO RECLASS INTERNS AND RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	139,365	34,000	ADULTS & PEDIATRICS	30.00	139,365	34,000	1.00
			139,365	34,000			139,365	34,000	
M - TO RECLASS CHIEF OF SURGERY									
1.00	OPERATING ROOM	50.00	40,891	0	ADMINISTRATIVE AND GENERAL	5.04	40,891	0	1.00
			40,891	0			40,891	0	
N - TO RECLASS IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,727,824	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,727,824	1.00
			0	13,727,824			0	13,727,824	
O - TO RECLASS LAB ADMIN COSTS									
1.00	LABORATORY-PATHOLOGY	60.03	76,016	136,507	LABORATORY	60.00	135,388	446,588	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	59,372	310,081		0.00	0	0	2.00
			135,388	446,588			135,388	446,588	
P - TO RECLASS REHAB ADMIN FEES									
1.00	OCCUPATIONAL THERAPY	67.00	150,845	39,278	PHYSICAL THERAPY	66.00	187,582	50,656	1.00
2.00	SPEECH PATHOLOGY	68.00	36,737	11,378		0.00	0	0	2.00
			187,582	50,656			187,582	50,656	
Q - TO RECLASS ADMISSION KITS									
1.00	ADULTS & PEDIATRICS	30.00	0	22,801	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,268	1.00
2.00	SUBPROVIDER - IRF	41.00	0	467		0.00	0	0	2.00
			0	23,268			0	23,268	
R - TO RECLASS DEPARTMENTAL DEPRECIATION									
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,293,829	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,192	1.00
2.00	DIETARY	10.00	0	254,824	ADMITTING	5.01	0	9,731	2.00
3.00	G.I. LAB	60.01	0	59,729	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,588	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	42,583	4.00
5.00		0.00	0	0	OPERATION OF PLANT NW	7.02	0	8,223	5.00
6.00		0.00	0	0	VASCULAR LAB	60.02	0	28,288	6.00
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	6,116	7.00
8.00		0.00	0	0	HOUSEKEEPING NW	9.02	0	1,622	8.00
9.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	492,444	9.00
10.00		0.00	0	0	CAFETERIA	11.00	0	864	10.00
11.00		0.00	0	0	NURSING	13.00	0	189,085	11.00
12.00		0.00	0	0	ADMINISTRATION				
					CENTRAL SERVICES & SUPPLY	14.00	0	47,796	12.00
13.00		0.00	0	0	PHARMACY	15.00	0	29,049	13.00
14.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	2,922	14.00
15.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	24,865	15.00
16.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	54,207	16.00
17.00		0.00	0	0	CATERING	190.09	0	1,441	17.00
18.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	10,776	18.00
19.00		0.00	0	0	OPERATING ROOM	50.00	0	949,257	19.00
20.00		0.00	0	0	RECOVERY ROOM	51.00	0	7,579	20.00
21.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	50,925	21.00
22.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	844,631	22.00
23.00		0.00	0	0	CT SCAN	57.00	0	104,844	23.00
24.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20,994	24.00
25.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	704,868	25.00
26.00		0.00	0	0	LABORATORY	60.00	0	134,591	26.00
27.00		0.00	0	0	RETAIL PHARMACY	190.10	0	866	27.00
28.00		0.00	0	0	LABORATORY-PATHOLOGY	60.03	0	36,519	28.00
29.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	12,414	29.00
30.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	40,217	30.00
31.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	6,304	31.00
32.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	3,889	32.00
33.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	393	33.00
34.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	71,748	34.00
35.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	20,192	35.00
36.00		0.00	0	0	RENAL DIALYSIS	74.00	0	22,797	36.00
37.00		0.00	0	0	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	11,399	37.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/21/2020 5:26 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
38.00		0.00	0	0	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	800	38.00
39.00		0.00	0	0	OP PSYCH	76.03	0	2,648	39.00
40.00		0.00	0	0	CARDIAC REHAB	76.04	0	625	40.00
41.00		0.00	0	0	EMERGENCY	91.00	0	597,090	41.00
0			0	4,608,382	0		0	4,608,382	
S - PASTORAL RESIDENT RECLASS									
1.00	PARAMED ED PRGM	23.00	32,132	6,307	ADMINISTRATIVE AND GENERAL	5.04	32,132	6,307	1.00
	PASTORAL CARE								
0			32,132	6,307	0		32,132	6,307	
T - RECLASS GRAHAM MOB									
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	406,196	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	406,196	1.00
0			0	406,196	0		0	406,196	
U - TO RECLASS CARDIOLOGY FEES									
1.00	ELECTROCARDIOLOGY	69.00	34,446	0	ADMINISTRATIVE AND GENERAL	5.04	34,446	0	1.00
0			34,446	0	0		34,446	0	
500.00	Grand Total: Increases		825,024	67,111,995	Grand Total: Decreases		825,024	67,111,995	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
6/21/2020 5:26 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	2,240,325	0	0	0	0	1.00	
2.00	Land Improvements	6,293,044	475,685	0	475,685	0	2.00	
3.00	Buildings and Fixtures	34,331,150	168,514	0	168,514	0	3.00	
4.00	Building Improvements	43,508,351	1,755,679	0	1,755,679	13,615	4.00	
5.00	Fixed Equipment	77,027,951	3,028,686	0	3,028,686	0	5.00	
6.00	Movable Equipment	107,108,773	15,478,392	0	15,478,392	10,269,185	6.00	
7.00	HIT designated Assets	3,461,392	0	0	0	85,419	7.00	
8.00	Subtotal (sum of lines 1-7)	273,970,986	20,906,956	0	20,906,956	10,368,219	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	273,970,986	20,906,956	0	20,906,956	10,368,219	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,240,325	0				1.00	
2.00	Land Improvements	6,768,729	0				2.00	
3.00	Buildings and Fixtures	34,499,664	0				3.00	
4.00	Building Improvements	45,250,415	0				4.00	
5.00	Fixed Equipment	80,056,637	0				5.00	
6.00	Movable Equipment	112,317,980	0				6.00	
7.00	HIT designated Assets	3,375,973	0				7.00	
8.00	Subtotal (sum of lines 1-7)	284,509,723	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	284,509,723	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	108,625,923	0	108,625,923	0.444048	128,164	1.00	
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01	
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02	
1.03	NEW CAP REL COSTS-PFD	6,875,229	0	6,875,229	0.028105	8,112	1.03	
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05	
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06	
1.07	NEW CAP REL COSTS-NW BUILDING	10,055,687	0	10,055,687	0.041106	11,864	1.07	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	119,069,816	0	119,069,816	0.486741	140,487	2.00	
3.00	Total (sum of lines 1-2)	244,626,655	0	244,626,655	1.000000	288,627	3.00	
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	128,164	5,888,634	0	1.00	
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01	
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02	
1.03	NEW CAP REL COSTS-PFD	0	0	8,112	33,540	0	1.03	
1.05	NEW CAP REL COSTS-POB I	0	0	0	396,448	0	1.05	
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	415,074	0	1.06	
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	11,864	740,693	0	1.07	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	140,487	13,070,123	0	2.00	
3.00	Total (sum of lines 1-2)	0	0	288,627	20,566,286	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	128,164	0	0	6,016,798	1.00	
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01	
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02	
1.03	NEW CAP REL COSTS-PFD	0	8,112	0	0	41,652	1.03	
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	396,448	1.05	
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	415,074	1.06	
1.07	NEW CAP REL COSTS-NW BUILDING	0	11,864	0	0	752,557	1.07	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	140,487	0	0	13,210,610	2.00	
3.00	Total (sum of lines 1-2)	0	288,627	0	0	20,854,913	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00			2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			0NEW CAP REL COSTS-WHSE	1.01	0	1.01
1.02	Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			0NEW CAP REL COSTS-B BLDG	1.02	0	1.02
1.03	Investment income - NEW CAP REL COSTS-PFD (chapter 2)			0NEW CAP REL COSTS-PFD	1.03	0	1.03
1.05	Investment income - NEW CAP REL COSTS-POB I (chapter 2)			0NEW CAP REL COSTS-POB I	1.05	0	1.05
1.06	Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			0NEW CAP REL COSTS-GRAHAM MOB	1.06	0	1.06
1.07	Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			0NEW CAP REL COSTS-NW BUILDING	1.07	0	1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			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)	A	-20,748	ADMINISTRATIVE AND GENERAL	5.04	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,844,864			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	-5,521,284			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,308,201	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-WHSE			0 NEW CAP REL COSTS-WHSE		1.01	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-B BLDG			0 NEW CAP REL COSTS-B BLDG		1.02	0	26.02
26.03	Depreciation - NEW CAP REL COSTS-PFD			0 NEW CAP REL COSTS-PFD		1.03	0	26.03
26.05	Depreciation - NEW CAP REL COSTS-POB I			0 NEW CAP REL COSTS-POB I		1.05	0	26.05
26.06	Depreciation - NEW CAP REL COSTS-GRAHAM MOB			0 NEW CAP REL COSTS-GRAHAM MOB		1.06	0	26.06
26.07	Depreciation - NEW CAP REL COSTS-NW BUILDING			0 NEW CAP REL COSTS-NW BUILDING		1.07	0	26.07
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	PENSION FUNDING	A	1,506,665	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01	LOSS ON UNNECESSARY BORROWING	A	-156,741	ADMINISTRATIVE AND GENERAL		5.04	0	33.01
33.02	NON ALLOWABLE ASSOC DUES	A	-28,913	ADMINISTRATIVE AND GENERAL		5.04	0	33.02
33.03	OTHER REVENUE EMPLOYEE H&W	B	-47,743	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.03
33.04	OTHER REVENUE PHARMACY	B	-32,995	PHARMACY		15.00	0	33.04
33.05	GYN PART B PHYSICIAN FEES	A	-81,000	ADMINISTRATIVE AND GENERAL		5.04	0	33.05
33.06	OTHER REVENUE P.T.	B	-17,197	PHYSICAL THERAPY		66.00	0	33.06
33.08	OTHER REVENUE PATH LAB	B	-6,758	LABORATORY		60.00	9	33.08
33.09	INTEREST ON UNNECESSARY BORROWING	A	-899,218	ADMINISTRATIVE AND GENERAL		5.04	0	33.09
33.10	FIN COST ON UNNECESSARY BORROWING	A	14,142	ADMINISTRATIVE AND GENERAL		5.04	0	33.10
33.11	OTHER REVENUE NURSING ADMIN	B	-6,852	NURSING ADMINISTRATION		13.00	0	33.11
33.12	OTHER REVENUE RADIOLOGY	B	-7,844	RADIOLOGY-DIAGNOSTIC		54.00	0	33.12
33.14	RESEARCH ADMIN COSTS	A	4,335	RESEARCH ADMIN		17.01	0	33.14
33.17	OTHER REVENUE PLANT OPS	B	-392	DIETARY		10.00	0	33.17
33.18	MEDICAID TAX ASSESSMENT	A	13,752,705	ADMINISTRATIVE AND GENERAL		5.04	0	33.18
33.19	MALPRACTICE ADJUSTMENT	A	-2,318,000	ADMINISTRATIVE AND GENERAL		5.04	0	33.19
33.20	A&G PHYSICIAN PART B FEES	A	-2,742,509	ADMINISTRATIVE AND GENERAL		5.04	0	33.20
33.21	OTHER REVENUE AMBULANCE	B	-303,827	AMBULANCE SERVICES		95.00	0	33.21
33.22	OTHER REVENUE ADMIN	B	-841,228	ADMINISTRATIVE AND GENERAL		5.04	0	33.22
33.23	OTHER REVENUE MEDICAL RECORDS	B	-25,766	MEDICAL RECORDS & LIBRARY		16.00	0	33.23
33.24	ASSET IMPAIRMENT	A	-3,501,338	ADMINISTRATIVE AND GENERAL		5.04	0	33.24
33.25	ASBESTOS REMOVAL	A	-71,857	ADMINISTRATIVE AND GENERAL		5.04	0	33.25
33.26	ASBESTOS REMOVAL	A	-200	OPERATION OF PLANT		7.00	0	33.26
33.27	CONTRIBUTIONS	A	-187,002	ADMINISTRATIVE AND GENERAL		5.04	0	33.27
33.28	NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-9,707	ADMINISTRATIVE AND GENERAL		5.04	0	33.28
33.29	ACCELERATED DEPRECIATION	A	-93,536	ADMINISTRATIVE AND GENERAL		5.04	0	33.29
33.30	NON OPERATING REVENUE ADMIN	B	-1,588	ADMINISTRATIVE AND GENERAL		5.04	0	33.30
33.32	ALCOHOLIC BEVERAGES	A	-46	PHARMACY		15.00	0	33.32
33.33	ALCOHOLIC BEVERAGES	A	-55	OPERATING ROOM		50.00	9	33.33
33.34	ALCOHOLIC BEVARAGES	A	-200	ADMINISTRATIVE AND GENERAL		5.04	0	33.34
33.38	ALCOHOLIC BEVERAGES	A	-111	NURSING ADMINISTRATION		13.00	0	33.38
33.39	ALCOHOLIC BEVERAGES	A	177	AMBULANCE SERVICES		95.00	0	33.39
33.40	ALCOHOLIC BEVERAGES	A	-25	LABORATORY		60.00	0	33.40
33.41	ENTERTAINMENT EXPENSE	A	-13,091	ADMINISTRATIVE AND GENERAL		5.04	0	33.41
33.42	ENTERTAINMENT EXPENSE	A	-117	NURSING ADMINISTRATION		13.00	0	33.42
33.43	ENTERTAINMENT EXPENSE	A	-156	PHYSICAL THERAPY		66.00	0	33.43
33.44	ENTERTAINMENT EXPENSE	A	-81	OP PSYCH		76.03	0	33.44
34.00	ENTERTAINMENT EXPENSE	A	-848	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	34.00
35.00	ENTERTAINMENT EXPENSE	A	188	AMBULANCE SERVICES		95.00	0	35.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
6/21/2020 5:26 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	
36.00	ADVERTISING EXPENSE	A	-25	RESPIRATORY THERAPY		65.00	0	36.00
37.00	ADVERTISING EXPENSE	A	-16,652	ADMINISTRATIVE AND GENERAL		5.04	0	37.00
38.00	ADVERTISING EXPENSE	A	-1,370	RADIOLOGY-DIAGNOSTIC		54.00	0	38.00
38.01	ADVERTISING EXPENSE	A	-3,360	PHYSICAL THERAPY		66.00	0	38.01
38.02	SELF FUNDED INSURANCE	A	-82,021	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.02
38.04	SELF FUNDED INSURANCE	A	-144,035	ADMITTING		5.01	0	38.04
38.05	SELF FUNDED INSURANCE	A	-422,658	ADMINISTRATIVE AND GENERAL		5.04	0	38.05
38.06	SELF FUNDED INSURANCE	A	-137,590	OPERATION OF PLANT		7.00	0	38.06
38.07	SELF FUNDED INSURANCE	A	-18,432	OPERATION OF PLANT NW		7.02	0	38.07
38.08	SELF FUNDED INSURANCE	A	-136,370	HOUSEKEEPING		9.00	0	38.08
38.09	SELF FUNDED INSURANCE	A	-5,831	HOUSEKEEPING-POB I		9.01	0	38.09
38.10	SELF FUNDED INSURANCE	A	-15,640	HOUSEKEEPING NW		9.02	0	38.10
38.11	SELF FUNDED INSURANCE	A	-204,881	NURSING ADMINISTRATION		13.00	0	38.11
38.12	SELF FUNDED INSURANCE	A	-32,441	CENTRAL SERVICES & SUPPLY		14.00	0	38.12
38.13	SELF FUNDED INSURANCE	A	-192,538	PHARMACY		15.00	0	38.13
38.14	SELF FUNDED INSURANCE	A	-151,199	MEDICAL RECORDS & LIBRARY		16.00	0	38.14
38.15	SELF FUNDED INSURANCE	A	-1,851	PARAMED ED PRGM PASTORAL CARE		23.00	0	38.15
38.16	SELF FUNDED INSURANCE	A	-8,865	PARAMED ED PRGM PHARMACY		23.01	0	38.16
38.18	SELF FUNDED INSURANCE	A	-1,145,617	ADULTS & PEDIATRICS		30.00	0	38.18
38.19	SELF FUNDED INSURANCE	A	-258,738	INTENSIVE CARE UNIT		31.00	0	38.19
38.21	SELF FUNDED INSURANCE	A	-54,424	SUBPROVIDER - IRF		41.00	0	38.21
38.22	SELF FUNDED INSURANCE	A	-371,151	OPERATING ROOM		50.00	0	38.22
38.24	SELF FUNDED INSURANCE	A	-47,178	RECOVERY ROOM		51.00	0	38.24
38.25	SELF FUNDED INSURANCE	A	-259,201	RADIOLOGY-DIAGNOSTIC		54.00	0	38.25
38.26	SELF FUNDED INSURANCE	A	-59,541	CT SCAN		57.00	0	38.26
38.27	SELF FUNDED INSURANCE	A	-18,932	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0	38.27
38.28	SELF FUNDED INSURANCE	A	-67,871	CARDIAC CATHETERIZATION		59.00	0	38.28
38.29	SELF FUNDED INSURANCE	A	-220,015	LABORATORY		60.00	0	38.29
38.30	SELF FUNDED INSURANCE	A	-44,443	G.I. LAB		60.01	0	38.30
38.31	SELF FUNDED INSURANCE	A	-16,395	VASCULAR LAB		60.02	0	38.31
38.32	SELF FUNDED INSURANCE	A	-34,423	LABORATORY-PATHOLOGY		60.03	0	38.32
38.33	SELF FUNDED INSURANCE	A	-26,891	BLOOD STORING, PROCESSING & TRANS.		63.00	0	38.33
38.34	SELF FUNDED INSURANCE	A	-193,264	RESPIRATORY THERAPY		65.00	0	38.34
38.35	SELF FUNDED INSURANCE	A	-154,191	PHYSICAL THERAPY		66.00	0	38.35
38.36	SELF FUNDED INSURANCE	A	-69,909	OCCUPATIONAL THERAPY		67.00	0	38.36
38.37	SELF FUNDED INSURANCE	A	-17,026	SPEECH PATHOLOGY		68.00	0	38.37
38.38	SELF FUNDED INSURANCE	A	-36,085	ELECTROCARDIOLOGY		69.00	0	38.38
38.39	SELF FUNDED INSURANCE	A	-18,025	ELECTROENCEPHALOGRAPHY		70.00	0	38.39
38.40	SELF FUNDED INSURANCE	A	-34,983	PAIN MANAGEMENT & OP CHEMOTHERAPY		76.01	0	38.40
38.41	SELF FUNDED INSURANCE	A	-29,300	OP PSYCH		76.03	0	38.41
38.42	SELF FUNDED INSURANCE	A	-11,818	CARDIAC REHAB		76.04	0	38.42
38.44	SELF FUNDED INSURANCE	A	-2,207	HYPERBARIC OXYGEN THERAPY		76.98	0	38.44
38.45	SELF FUNDED INSURANCE	A	-556,229	EMERGENCY		91.00	0	38.45
38.46	SELF FUNDED INSURANCE	A	-344,505	AMBULANCE SERVICES		95.00	0	38.46
38.47	SELF FUNDED INSURANCE	A	-2,650	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190.00	0	38.47
38.48	SELF FUNDED INSURANCE	A	-15,875	RETAIL PHARMACY		190.10	0	38.48
38.49	SELF FUNDED INSURANCE	A	-15,559	PUBLIC RELATIONS		190.11	0	38.49
38.50	SELF FUNDED INSURANCE	A	-16,080	PHYSICIAN PRACTICE DEVELOPMENT		190.12	0	38.50
39.00	SEL FUNDED INSURANCE	B	-3,215	PHYSICIANS' PRIVATE OFFICES		192.00	0	39.00
40.00	SEL FUNDED INSURANCE	B	-10,220	PHYSICIANS' PRIVATE OFFICES GRAHAM		192.01	0	40.00
41.00	ASSET IMPAIRMENT DEPRECIATION	A	2,872,901	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	41.00
42.00	ASSET IMPAIRMENT DEPRECIATION	A	53,870	NEW CAP REL COSTS-POB I		1.05	9	42.00
43.00	ASSET IMPAIRMENT DEPRECIATION	A	4,043	NEW CAP REL COSTS-GRAHAM MOB		1.06	9	43.00
44.00	ASSET IMPAIRMENT DEPRECIATION	A	449,218	NEW CAP REL COSTS-NW BUILDING		1.07	9	44.00
45.00	ASSET IMPAIRMENT DEPRECIATION	A	1,043,110	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	45.00
46.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	46.00
46.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	46.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
6/21/2020 5:26 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	
46.02	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.02
	(3)						
46.03	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.03
	(3)						
46.04	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.04
	(3)						
46.05	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.05
	(3)						
46.06	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.06
	(3)						
46.07	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.07
	(3)						
46.08	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.08
	(3)						
46.09	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.09
	(3)						
46.10	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	46.10
	(3)						
50.00	TOTAL (sum of lines 1 thru 49)		-13,122,404				50.00
	(Transfer to Worksheet A, column 6, line 200.)						

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 26-0180

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

Worksheet A-8-1

Date/Time Prepared:
6/21/2020 5:26 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	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	30,974,040	36,959,907	1.00
2.00	5.04	ADMINISTRATIVE AND GENERAL	CHRISTIAN HEALTH SERVICES	39,174	0	2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	187,625	193,369	3.00
4.00	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	36,989	54,920	4.00
4.01	60.00	LABORATORY	CHIDREN'S HOSPITAL LAB	34,881	52,562	4.01
4.02	60.00	LABORATORY	BARNES JEWIXH HOSPITAL LAB	1,347,307	828,302	4.02
4.03	60.03	LABORATORY-PATHOLOGY	BARNES JEWISH PATHOLOGY LAB	34,031	46,921	4.03
4.04	63.00	BLOOD STORING, PROCESSING &	BARNES JEWISH BLOOD BANK	19,250	52,386	4.04
4.05	60.00	LABORATORY	MISSOURI BAPTIST LAB	21,080	27,023	4.05
4.06	50.00	OPERATING ROOM	MIDWEST LITHOTRIPSY	31,604	31,875	4.06
4.07	0.00			0	0	4.07
5.00	0		0	32,725,981	38,247,265	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:						

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

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

6.00	G	BJC HEALTH CARE	100.00		0.00	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:	HOME OFFICE				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: 26-0180

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

Worksheet A-8-1

Date/Time Prepared:
6/21/2020 5:26 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	-5,985,867	0		1.00
2.00	39,174	0		2.00
3.00	-5,744	0		3.00
4.00	-17,931	0		4.00
4.01	-17,681	0		4.01
4.02	519,005	0		4.02
4.03	-12,890	0		4.03
4.04	-33,136	0		4.04
4.05	-5,943	0		4.05
4.06	-271	0		4.06
4.07	0	0		4.07
5.00	-5,521,284			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			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: 26-0180

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

Worksheet A-8-2

Date/Time Prepared:
6/21/2020 5:26 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	AGGREGATE-ADULTS & PEDIATRICS	1,769,180	1,769,180	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,688,240	2,688,240	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	232,176	232,176	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	2,316,652	2,316,652	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,200,000	1,200,000	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	224,069	224,069	0	0	0	6.00
7.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	414,547	414,547	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,844,864	8,844,864	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,769,180		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,688,240		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	232,176		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	2,316,652		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	1,200,000		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	224,069		6.00
7.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	414,547		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	8,844,864		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
0			1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	6,016,798	6,016,798				1.00
1.01	00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482			1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292		1.02
1.03	00103	NEW CAP REL COSTS-PFD	41,652	0	0	0	41,652	1.03
1.05	00105	NEW CAP REL COSTS-POB I	396,448	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	415,074	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	752,557	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	13,210,610					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,131,101	10,822	0	964	3,856	4.00
5.01	00570	ADMITTING	3,285,213	52,263	0	0	3,800	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	94,367	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	54,956,973	502,093	3,093	1,735	24,166	5.04
7.00	00700	OPERATION OF PLANT	6,530,905	833,447	334	1,064	5,129	7.00
7.01	00701	OPERATION OF PLANT- POB I	267,003	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	926,882	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,075,202	64,251	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,276,277	69,982	0	102	193	9.00
9.01	00901	HOUSEKEEPING-POB I	184,505	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	495,074	0	0	0	0	9.02
10.00	01000	DIETARY	6,172,696	39,506	2,055	0	181	10.00
11.00	01100	CAFETERIA	-1,227,871	46,091	0	1,297	496	11.00
13.00	01300	NURSING ADMINISTRATION	6,052,970	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	999,433	70,679	0	0	0	14.00
15.00	01500	PHARMACY	4,638,574	39,464	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,229,768	62,033	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	4,335	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	173,365	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	36,588	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	197,882	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,988,707	1,758,365	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,922,822	112,020	0	159	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,410,394	92,025	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,838,355	711,059	0	58	0	50.00
51.00	05100	RECOVERY ROOM	1,130,929	35,027	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	417,687	5,632	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,109,471	535,641	0	145	0	54.00
57.00	05700	CT SCAN	1,636,612	23,636	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	421,944	14,648	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,993,159	94,898	0	0	0	59.00
60.00	06000	LABORATORY	10,560,704	66,157	0	3,760	0	60.00
60.01	06001	G.I. LAB	1,322,410	21,801	0	946	0	60.01
60.02	06002	VASCULAR LAB	369,417	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,443,276	0	0	351	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,505,996	0	0	377	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,746,180	30,675	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	3,560,648	46,532	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,472,452	25,641	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	374,511	17,478	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	929,883	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	437,388	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,023,865	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,727,824	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,548,718	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,763,440	19,255	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,767,052	4,309	0	0	0	76.01
76.03	03550	OP PSYCH	789,619	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	260,931	31,955	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	122,925	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,540,368	235,218	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,072,026	0	0	218	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
		0	1.00	1.01	1.02	1.03	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	269,565,868	5,672,603	5,482	15,059	37,821	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	901,458	17,919	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	149,763	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	1,710	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	171,436	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	147,241	0	0	0	77	190.09
190.10	19010 RETAIL PHARMACY	1,539,983	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	923,398	5,077	0	0	954	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	573,785	0	0	0	1,090	190.12
190.13	19013 PHYSICIAN PRACTICE	426,320	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	100,495	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	449,180	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	274,627,728	6,016,798	5,482	16,292	41,652	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	
			NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
			1.05	1.06	1.07	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I	396,448					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	415,074				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	752,557			1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				13,210,610		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,704	0	0	11,046	5,168,493	4.00
5.01	00570	ADMITTING	0	0	20,481	9,604	132,267	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,567	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	59,623	19,282	150,011	8,783,137	388,126	5.04
7.00	00700	OPERATION OF PLANT	31,158	1,912	0	37,070	126,349	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	17,366	8,116	16,950	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,851	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	6,036	125,229	9.00
9.01	00901	HOUSEKEEPING-POB I	442	0	0	0	5,354	9.01
9.02	00902	HOUSEKEEPING NW	0	0	10,738	1,601	14,362	9.02
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	19,372	853	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,617	0	0	186,625	188,142	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	34,445	29,790	14.00
15.00	01500	PHARMACY	0	0	0	28,671	176,808	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,028	0	10,169	8,857	138,846	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	1,700	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	8,141	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	24,541	1,052,033	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	48,810	237,599	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	10,636	49,977	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	897,045	340,828	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,480	43,323	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	50,262	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,768	0	58,044	802,189	238,024	54.00
57.00	05700	CT SCAN	0	0	40,692	86,657	54,677	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,173	20,721	17,385	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	690,983	62,326	59.00
60.00	06000	LABORATORY	1,336	0	17,295	132,840	202,040	60.00
60.01	06001	G.I. LAB	0	0	0	0	40,812	60.01
60.02	06002	VASCULAR LAB	0	0	0	27,920	15,055	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	36,044	31,611	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,252	24,694	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	45,571	39,694	177,475	65.00
66.00	06600	PHYSICAL THERAPY	0	92,584	0	6,222	141,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,297	0	3,838	64,197	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,013	0	388	15,635	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	70,814	33,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	47,391	19,929	16,552	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	19,534	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	4,169	0	0	11,251	32,125	76.01
76.03	03550	OP PSYCH	0	0	0	2,614	26,906	76.03
76.04	03020	CARDIAC REHAB	0	0	0	617	10,852	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	2,026	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	254,950	583,762	510,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	482,872	316,359	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,845	137,088	719,104	13,207,543	5,110,091	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	
			NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
			1.05	1.06	1.07	2.00	4.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,433	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	33,453	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	18,620	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	1,422	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	855	14,578	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	14,288	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	790	14,766	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	236,983	0	0	0	2,952	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	277,986	0	0	9,385	192.01
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)	396,448	415,074	752,557	13,210,610	5,168,493	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING	3,503,628					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	95,980				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0			5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	0	64,888,239	64,888,239	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,567,368	2,328,282	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	267,003	82,150	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	969,314	298,233	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,147,304	352,996	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,477,819	1,377,708	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	190,301	58,551	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	521,775	160,537	9.02
10.00	01000	DIETARY	0	0	0	6,214,438	1,912,021	10.00
11.00	01100	CAFETERIA	0	0	0	-1,159,762	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,429,651	1,978,236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,134,347	349,009	14.00
15.00	01500	PHARMACY	0	0	0	4,883,517	1,502,531	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,455,701	1,370,903	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	4,335	1,334	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	173,365	53,340	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	38,288	11,780	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	206,023	63,388	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	472,294	12,929	0	35,309,143	10,863,728	30.00
31.00	03100	INTENSIVE CARE UNIT	71,179	1,949	0	6,394,538	1,967,433	31.00
41.00	04100	SUBPROVIDER - IRF	17,408	477	0	1,580,917	486,407	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	252,397	6,909	0	14,046,651	4,321,789	50.00
51.00	05100	RECOVERY ROOM	29,537	809	0	1,247,105	383,702	51.00
53.00	05300	ANESTHESIOLOGY	66,603	1,823	0	542,007	166,761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,260	5,181	0	8,963,723	2,757,905	54.00
57.00	05700	CT SCAN	257,896	7,060	0	2,107,230	648,340	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,170	990	0	531,031	163,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	89,689	2,455	0	2,933,510	902,565	59.00
60.00	06000	LABORATORY	373,323	10,220	0	11,367,675	3,497,538	60.00
60.01	06001	G.I. LAB	35,224	964	0	1,422,157	437,561	60.01
60.02	06002	VASCULAR LAB	31,970	875	0	445,620	137,106	60.02
60.03	06003	LABORATORY-PATHOLOGY	37,991	1,040	0	1,550,313	476,991	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,370	886	0	2,576,575	792,745	63.00
65.00	06500	RESPIRATORY THERAPY	87,749	2,402	0	5,129,799	1,578,306	65.00
66.00	06600	PHYSICAL THERAPY	59,194	1,620	0	3,908,394	1,202,511	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,808	570	0	1,598,803	491,910	67.00
68.00	06800	SPEECH PATHOLOGY	6,907	189	0	427,121	131,414	68.00
69.00	06900	ELECTROCARDIOLOGY	116,512	3,190	0	1,154,332	355,158	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,959	519	0	541,177	166,506	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,582	2,343	0	10,111,790	3,111,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	147,187	4,029	0	13,879,040	4,270,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,974	2,271	0	7,633,963	2,348,772	73.00
74.00	07400	RENAL DIALYSIS	18,411	504	0	1,821,144	560,319	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	31,546	864	0	1,851,316	569,602	76.01
76.03	03550	OP PSYCH	13,117	359	0	832,615	256,174	76.03
76.04	03020	CARDIAC REHAB	2,745	75	0	307,175	94,510	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,277	62	0	127,290	39,164	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	667,050	18,329	0	15,812,057	4,864,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	149,299	4,087	0	10,024,861	3,084,389	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,503,628	95,980	0	268,588,098	63,030,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	921,810	283,617	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5A.03	5.04	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	379	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	33,453	10,293	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	149,763	46,078	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	1,710	526	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	171,436	52,746	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	18,620	5,729	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	148,740	45,763	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,555,416	478,561	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	943,717	290,357	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	590,431	181,660	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	426,320	131,168	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	340,430	104,741	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	736,551	226,618	192.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,503,628	95,980	0	274,627,728	64,888,239	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	9,895,650					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	349,153				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	1,267,547			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	114,646	0	17,623	1,632,569		8.00
9.00	00900	HOUSEKEEPING	144,817	0	0	0	6,000,344	9.00
9.01	00901	HOUSEKEEPING-POB I	0	523	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	24,104	0	0	9.02
10.00	01000	DIETARY	266,720	0	0	0	169,917	10.00
11.00	01100	CAFETERIA	235,229	0	43,483	0	149,856	11.00
13.00	01300	NURSING ADMINISTRATION	29,156	1,915	0	0	18,574	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	126,115	0	0	12,280	80,343	14.00
15.00	01500	PHARMACY	70,417	0	0	0	44,860	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	110,687	7,135	22,827	0	70,515	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,164,486	0	0	919,892	2,015,972	30.00
31.00	03100	INTENSIVE CARE UNIT	215,487	0	0	71,311	137,279	31.00
41.00	04100	SUBPROVIDER - IRF	164,204	0	0	55,901	104,608	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,274,502	0	0	62,873	811,937	50.00
51.00	05100	RECOVERY ROOM	62,499	0	0	240	39,816	51.00
53.00	05300	ANESTHESIOLOGY	10,049	0	0	0	6,402	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	970,023	30,502	130,289	75,474	617,965	54.00
57.00	05700	CT SCAN	42,174	0	91,339	37,751	26,867	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,137	0	43,036	0	16,651	58.00
59.00	05900	CARDIAC CATHETERIZATION	169,330	0	0	19,000	107,874	59.00
60.00	06000	LABORATORY	487,562	1,582	38,822	0	310,607	60.00
60.01	06001	G.I. LAB	131,825	0	0	34,689	83,981	60.01
60.02	06002	VASCULAR LAB	37,657	0	0	0	23,990	60.02
60.03	06003	LABORATORY-PATHOLOGY	34,510	0	0	0	21,985	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,023	0	0	0	23,586	63.00
65.00	06500	RESPIRATORY THERAPY	59,962	0	102,290	0	38,199	65.00
66.00	06600	PHYSICAL THERAPY	83,028	0	0	2,845	52,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,752	0	0	0	29,147	67.00
68.00	06800	SPEECH PATHOLOGY	31,186	0	0	0	19,868	68.00
69.00	06900	ELECTROCARDIOLOGY	78,207	0	0	24	49,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,138	0	106,377	739	27,482	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	34,358	0	0	3,025	21,888	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,689	4,935	0	1,605	4,898	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	57,018	0	0	0	36,324	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	576,477	0	572,268	318,614	367,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,391	0	0	16,306	13,628	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,963,461	46,592	1,192,458	1,632,569	5,544,988	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,973	0	0	0	20,369	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
190.02	19002	NON REIMBURSABLE B BLDG	121,167	0	0	0	77,191	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	75,089	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	267,228	0	0	0	170,241	190.04
190.05	19005	NON REIMBURSABLE PFD	87,875	0	0	0	55,982	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	305,900	0	0	0	56,370	190.06
190.07	19007	NON REIMBURSABLE POB I	0	22,041	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	3,933	0	0	0	2,506	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	56,029	0	0	0	35,694	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	58,084	280,520	0	0	37,003	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	9,895,650	349,153	1,267,547	1,632,569	6,000,344	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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Cost Center Description			HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	249,375					9.01
9.02	00902	HOUSEKEEPING NW	0	706,416				9.02
10.00	01000	DIETARY	0	0	8,563,096			10.00
11.00	01100	CAFETERIA	0	25,058	6,331,268	5,625,132		11.00
13.00	01300	NURSING ADMINISTRATION	1,369	0	0	171,414	8,630,315	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	44,194	0	14.00
15.00	01500	PHARMACY	0	0	0	122,231	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,104	13,155	0	125,801	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,339	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	3,210	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	7,129	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,726,655	1,208,085	4,552,257	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	146,593	190,662	719,016	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	102,238	53,812	203,326	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	310,043	1,038,860	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,774	142,350	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,818	75,083	0	217,027	0	54.00
57.00	05700	CT SCAN	0	52,637	0	49,532	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,801	0	13,898	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	53,102	0	59.00
60.00	06000	LABORATORY	1,131	22,372	0	256,580	0	60.00
60.01	06001	G.I. LAB	0	0	0	45,264	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	12,828	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	34,925	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	26,726	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	58,948	0	173,554	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	135,419	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	61,290	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	12,467	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	37,774	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,303	0	18,887	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,530	0	0	38,135	142,847	76.01
76.03	03550	OP PSYCH	0	0	0	31,366	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	9,269	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,140	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	329,787	0	486,446	1,831,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	462,209	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,952	663,144	8,306,754	4,463,532	8,630,315	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,059	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	1,096,752	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	43,272	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	15,766	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	256,342	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	13,188	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	13,537	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	10,688	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	200,657	0	0	3,559	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	17,817	0	192.01
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)	249,375	706,416	8,563,096	5,625,132	8,630,315	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
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	1,746,288					14.00
15.00	01500	PHARMACY	0	6,623,556				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,525	6,212,353			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	5,669	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,798	837,353	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	457	126,197	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	96	30,863	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,791	447,487	0	0	50.00
51.00	05100	RECOVERY ROOM	0	34	52,368	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	57,419	118,084	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	583	335,548	0	0	54.00
57.00	05700	CT SCAN	0	277	457,237	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	64,127	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,734	159,014	0	0	59.00
60.00	06000	LABORATORY	0	0	661,881	0	0	60.00
60.01	06001	G.I. LAB	0	26	62,450	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	56,681	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	9	67,355	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	57,390	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	287	155,573	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	104,948	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	36,892	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	12,247	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	206,569	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	33,612	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	737,972	0	151,732	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,008,316	0	260,955	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,422,903	147,108	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4	32,643	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	6,303	55,930	0	0	76.01
76.03	03550	OP PSYCH	0	0	23,256	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	4,867	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,037	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	8,275	1,183,250	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	73,035	264,699	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,746,288	6,623,556	6,212,353	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	5,669	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	1,746,288	6,623,556	6,212,353	0	5,669	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description		INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
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
17.01	01850	RESEARCH ADMIN					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	237,044				21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE		53,278			23.00
23.01	02301	PARAMED ED PRGM PHARMACY			276,540		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	46,567	0	60,645,936	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,954	0	9,972,927	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,757	0	2,785,129	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	237,044	0	0	22,570,977	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,965,888	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	900,722	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,195,940	54.00
57.00	05700	CT SCAN	0	0	0	3,513,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	883,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,346,129	59.00
60.00	06000	LABORATORY	0	0	0	16,645,750	60.00
60.01	06001	G.I. LAB	0	0	0	2,217,953	60.01
60.02	06002	VASCULAR LAB	0	0	0	713,882	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,186,088	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,514,045	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,296,918	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,490,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,263,794	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	634,303	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,881,887	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	999,221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,112,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	19,418,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	276,540	16,829,286	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,473,381	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	2,686,790	76.01
76.03	03550	OP PSYCH	0	0	0	1,143,411	76.03
76.04	03020	CARDIAC REHAB	0	0	0	509,163	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	172,631	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	26,351,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	13,960,518	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	237,044	53,278	276,540	263,281,361	-237,044	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,263,828	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	1,096,752	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	199,970	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	162,107	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	633,310	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	146,093	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	586,452	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	62,156	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	256,342	0	190.08
190.09	19009 CATERING	0	0	0	200,942	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	2,047,165	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,247,611	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	874,502	0	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	557,488	0	190.13
191.00	19100 RESEARCH	0	0	0	5,669	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,024,994	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	980,986	0	192.01
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)	237,044	53,278	276,540	274,627,728	-237,044	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	1.02
1.03	00103	NEW CAP REL COSTS-PFD	1.03
1.05	00105	NEW CAP REL COSTS-POB I	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00570	ADMITTING	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	5.04
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT- POB I	7.01
7.02	00702	OPERATION OF PLANT NW	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-POB I	9.01
9.02	00902	HOUSEKEEPING NW	9.02
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
17.01	01850	RESEARCH ADMIN	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
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
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	G.I. LAB	60.01
60.02	06002	VASCULAR LAB	60.02
60.03	06003	LABORATORY-PATHOLOGY	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03320	SHOCK THERAPY	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01
76.03	03550	OP PSYCH	76.03
76.04	03020	CARDIAC REHAB	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	VISITOR MEALS	190.01
190.02	19002	NON REIMBURSABLE B BLDG	190.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

 Worksheet B
 Part I
 Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
190.03	19003	NON REIMB NW BUILDING	162,107	190.03
190.04	19004	NON REIMBURSABLE CHIP	633,310	190.04
190.05	19005	NON REIMBURSABLE PFD	146,093	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	586,452	190.06
190.07	19007	NON REIMBURSABLE POB I	62,156	190.07
190.08	19008	MEALS ON WHEELS	256,342	190.08
190.09	19009	CATERING	200,942	190.09
190.10	19010	RETAIL PHARMACY	2,047,165	190.10
190.11	19011	PUBLIC RELATIONS	1,247,611	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	874,502	190.12
190.13	19013	PHYSICIAN PRACTICE	557,488	190.13
191.00	19100	RESEARCH	5,669	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,024,994	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	980,986	192.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	274,390,684	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0180

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

Worksheet Non-CMS W

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
	GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	1.01
1.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	1.02
1.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	1.03
1.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE	FEET	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	ADMITTING	27	GROSS	REVENUE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	27	GROSS	REVENUE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIEN	DAYS	5.03
5.04	ADMINISTRATIVE AND GENERAL	-41	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	28	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	7.01
7.02	OPERATION OF PLANT NW	30	SQUARE	FEET	7.02
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	29	SQUARE	FEET	9.00
9.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	9.01
9.02	HOUSEKEEPING NW	30	SQUARE	FEET	9.02
10.00	DIETARY	8	MEALS	SERVED	10.00
11.00	CAFETERIA	9	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	14	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	16.00
17.00	SOCIAL SERVICE	16	TIME	SPENT	17.00
17.01	RESEARCH ADMIN	17	TIME	SPENT	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
23.00	PARAMED ED PRGM PASTORAL CARE	34	PATIENT DAYS		23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,810	10,822	0	964	3,856	4.00
5.01	00570	ADMITTING	10,459	52,263	0	0	3,800	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	1,478,234	502,093	3,093	1,735	24,166	5.04
7.00	00700	OPERATION OF PLANT	26,898	833,447	334	1,064	5,129	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	11,066	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	64,251	0	0	0	8.00
9.00	00900	HOUSEKEEPING	585	69,982	0	102	193	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	23,448	39,506	2,055	0	181	10.00
11.00	01100	CAFETERIA	0	46,091	0	1,297	496	11.00
13.00	01300	NURSING ADMINISTRATION	1,110,434	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	215	70,679	0	0	0	14.00
15.00	01500	PHARMACY	323,685	39,464	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,604	62,033	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,014	1,758,365	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,844	112,020	0	159	0	31.00
41.00	04100	SUBPROVIDER - IRF	440	92,025	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	179,291	711,059	0	58	0	50.00
51.00	05100	RECOVERY ROOM	0	35,027	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	5,632	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,033	535,641	0	145	0	54.00
57.00	05700	CT SCAN	0	23,636	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,648	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,930	94,898	0	0	0	59.00
60.00	06000	LABORATORY	41,045	66,157	0	3,760	0	60.00
60.01	06001	G.I. LAB	0	21,801	0	946	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	31,440	0	0	351	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	377	0	63.00
65.00	06500	RESPIRATORY THERAPY	31,579	30,675	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	15,159	46,532	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,641	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,478	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,571	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,823	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,089	19,255	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,181	4,309	0	0	0	76.01
76.03	03550	OP PSYCH	4,916	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	399	31,955	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	28,632	235,218	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,125	0	0	218	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
				0	1.00	1.01	1.02	
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,420,949	5,672,603	5,482	15,059	37,821	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,919	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	149,763	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	1,710	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	171,436	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	77	190.09
190.10	19010	RETAIL PHARMACY	410	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	5,143	5,077	0	0	954	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	2,207	0	0	0	1,090	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,428,709	6,016,798	5,482	16,292	41,652	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CAPITAL RELATED COSTS				Subtotal	
		NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
		1.05	1.06	1.07	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,704	0	0	11,046	4.00
5.01	00570	ADMITTING	0	0	20,481	9,604	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,567	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	59,623	19,282	150,011	8,783,137	5.04
7.00	00700	OPERATION OF PLANT	31,158	1,912	0	37,070	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	17,366	8,116	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,851	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	6,036	9.00
9.01	00901	HOUSEKEEPING-POB I	442	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	10,738	1,601	9.02
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	19,372	853	11.00
13.00	01300	NURSING ADMINISTRATION	1,617	0	0	186,625	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	34,445	14.00
15.00	01500	PHARMACY	0	0	0	28,671	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,028	0	10,169	8,857	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	24,541	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	48,810	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	10,636	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	897,045	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,480	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	50,262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,768	0	58,044	802,189	54.00
57.00	05700	CT SCAN	0	0	40,692	86,657	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,173	20,721	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	690,983	59.00
60.00	06000	LABORATORY	1,336	0	17,295	132,840	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	27,920	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	36,044	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,252	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	45,571	39,694	65.00
66.00	06600	PHYSICAL THERAPY	0	92,584	0	6,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,297	0	3,838	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,013	0	388	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	70,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	47,391	19,929	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	19,534	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	4,169	0	0	11,251	76.01
76.03	03550	OP PSYCH	0	0	0	2,614	76.03
76.04	03020	CARDIAC REHAB	0	0	0	617	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	254,950	583,762	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	482,872	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,845	137,088	719,104	13,207,543	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS				Subtotal	
			NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
			1.05	1.06	1.07	2.00		
NONREIMBURSABLE COST CENTERS							2A	
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	17,919	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	33,453	0	33,453	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	149,763	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	1,710	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	171,436	190.06
190.07	19007	NON REIMBURSABLE POB I	18,620	0	0	0	18,620	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	1,422	1,499	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	855	1,265	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	11,174	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	790	4,087	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	236,983	0	0	0	236,983	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	277,986	0	0	277,986	192.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	396,448	415,074	752,557	13,210,610	24,283,622	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	ADMINISTRATIVE AND GENERAL	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	55,202					4.00
5.01	00570	ADMITTING	1,412	98,019				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,613			5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	4,145	0	0	0	11,025,519	5.04
7.00	00700	OPERATION OF PLANT	1,349	0	0	0	395,614	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	13,959	7.01
7.02	00702	OPERATION OF PLANT NW	181	0	0	0	50,675	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	59,980	8.00
9.00	00900	HOUSEKEEPING	1,337	0	0	0	234,096	9.00
9.01	00901	HOUSEKEEPING-POB I	57	0	0	0	9,949	9.01
9.02	00902	HOUSEKEEPING NW	153	0	0	0	27,278	9.02
10.00	01000	DIETARY	0	0	0	0	324,885	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,009	0	0	0	336,136	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	318	0	0	0	59,303	14.00
15.00	01500	PHARMACY	1,888	0	0	0	255,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,483	0	0	0	232,940	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	227	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	9,063	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	18	0	0	0	2,002	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	87	0	0	0	10,771	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,239	13,233	152	0	1,845,840	30.00
31.00	03100	INTENSIVE CARE UNIT	2,537	1,994	23	0	334,300	31.00
41.00	04100	SUBPROVIDER - IRF	534	488	6	0	82,649	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,640	7,072	81	0	734,345	50.00
51.00	05100	RECOVERY ROOM	463	828	10	0	65,197	51.00
53.00	05300	ANESTHESIOLOGY	0	1,866	21	0	28,336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,542	5,303	61	0	468,614	54.00
57.00	05700	CT SCAN	584	7,226	83	0	110,164	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	186	1,013	12	0	27,762	58.00
59.00	05900	CARDIAC CATHETERIZATION	666	2,513	29	0	153,361	59.00
60.00	06000	LABORATORY	2,158	10,460	120	0	594,291	60.00
60.01	06001	G.I. LAB	436	987	11	0	74,349	60.01
60.02	06002	VASCULAR LAB	161	896	10	0	23,297	60.02
60.03	06003	LABORATORY-PATHOLOGY	338	1,064	12	0	81,049	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	264	907	10	0	134,701	63.00
65.00	06500	RESPIRATORY THERAPY	1,895	2,459	28	0	268,181	65.00
66.00	06600	PHYSICAL THERAPY	1,512	1,659	19	0	204,327	66.00
67.00	06700	OCCUPATIONAL THERAPY	686	583	7	0	83,584	67.00
68.00	06800	SPEECH PATHOLOGY	167	194	2	0	22,329	68.00
69.00	06900	ELECTROCARDIOLOGY	354	3,265	38	0	60,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	177	531	6	0	28,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,398	28	0	528,634	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,124	47	0	725,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,325	27	0	399,096	73.00
74.00	07400	RENAL DIALYSIS	0	516	6	0	95,208	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	343	884	10	0	96,785	76.01
76.03	03550	OP PSYCH	287	368	4	0	43,528	76.03
76.04	03020	CARDIAC REHAB	116	77	1	0	16,059	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	22	64	1	0	6,655	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,455	18,539	700	0	826,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,378	4,183	48	0	524,090	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,577	98,019	1,613	0	10,709,774	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26	0	0	0	48,191	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	ADMINISTRATIVE AND GENERAL	
			4.00	5.01	5.02	5.03	5.04	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	64	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	1,749	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	7,829	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	89	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	8,963	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	973	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	7,776	190.09
190.10	19010	RETAIL PHARMACY	156	0	0	0	81,316	190.10
190.11	19011	PUBLIC RELATIONS	153	0	0	0	49,337	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	158	0	0	0	30,867	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	22,288	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32	0	0	0	17,797	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	100	0	0	0	38,506	192.01
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)	55,202	98,019	1,613	0	11,025,519	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	1,333,975					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	13,959				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	87,404			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	15,455	0	1,215	148,752		8.00
9.00	00900	HOUSEKEEPING	19,522	0	0	0	331,853	9.00
9.01	00901	HOUSEKEEPING-POB I	0	21	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	1,662	0	0	9.02
10.00	01000	DIETARY	35,955	0	0	0	9,397	10.00
11.00	01100	CAFETERIA	31,710	0	2,998	0	8,288	11.00
13.00	01300	NURSING ADMINISTRATION	3,930	77	0	0	1,027	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,001	0	0	1,119	4,443	14.00
15.00	01500	PHARMACY	9,492	0	0	0	2,481	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,921	285	1,574	0	3,900	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	426,586	0	0	83,817	111,495	30.00
31.00	03100	INTENSIVE CARE UNIT	29,049	0	0	6,497	7,592	31.00
41.00	04100	SUBPROVIDER - IRF	22,135	0	0	5,093	5,785	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	171,808	0	0	5,729	44,905	50.00
51.00	05100	RECOVERY ROOM	8,425	0	0	22	2,202	51.00
53.00	05300	ANESTHESIOLOGY	1,355	0	0	0	354	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,763	1,219	8,984	6,877	34,177	54.00
57.00	05700	CT SCAN	5,685	0	6,298	3,440	1,486	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,523	0	2,968	0	921	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,826	0	0	1,731	5,966	59.00
60.00	06000	LABORATORY	65,725	63	2,677	0	17,178	60.00
60.01	06001	G.I. LAB	17,771	0	0	3,161	4,645	60.01
60.02	06002	VASCULAR LAB	5,076	0	0	0	1,327	60.02
60.03	06003	LABORATORY-PATHOLOGY	4,652	0	0	0	1,216	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,991	0	0	0	1,304	63.00
65.00	06500	RESPIRATORY THERAPY	8,083	0	7,053	0	2,113	65.00
66.00	06600	PHYSICAL THERAPY	11,193	0	0	259	2,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,168	0	0	0	1,612	67.00
68.00	06800	SPEECH PATHOLOGY	4,204	0	0	0	1,099	68.00
69.00	06900	ELECTROCARDIOLOGY	10,543	0	0	2	2,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,815	0	7,335	67	1,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,632	0	0	276	1,211	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,036	197	0	146	271	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	7,686	0	0	0	2,009	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	77,712	0	39,462	29,030	20,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,884	0	0	1,486	754	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,208,312	1,862	82,226	148,752	306,669	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,310	0	0	0	1,127	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
190.02	19002	NON REIMBURSABLE B BLDG	16,334	0	0	0	4,269	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	5,178	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	36,023	0	0	0	9,415	190.04
190.05	19005	NON REIMBURSABLE PFD	11,846	0	0	0	3,096	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	41,237	0	0	0	3,118	190.06
190.07	19007	NON REIMBURSABLE POB I	0	881	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	530	0	0	0	139	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	7,553	0	0	0	1,974	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,830	11,216	0	0	2,046	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	1,333,975	13,959	87,404	148,752	331,853	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	10,469					9.01
9.02	00902	HOUSEKEEPING NW	0	41,432				9.02
10.00	01000	DIETARY	0	0	435,427			10.00
11.00	01100	CAFETERIA	0	1,470	321,940	356,661		11.00
13.00	01300	NURSING ADMINISTRATION	57	0	0	10,868	1,653,077	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,802	0	14.00
15.00	01500	PHARMACY	0	0	0	7,750	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	214	772	0	7,976	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	656	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	204	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	452	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	87,799	76,599	871,952	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,454	12,089	137,723	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,199	3,412	38,946	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	19,658	198,987	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,395	27,266	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	916	4,404	0	13,761	0	54.00
57.00	05700	CT SCAN	0	3,087	0	3,141	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,455	0	881	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,367	0	59.00
60.00	06000	LABORATORY	47	1,312	0	16,268	0	60.00
60.01	06001	G.I. LAB	0	0	0	2,870	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	813	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,214	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,695	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,457	0	11,004	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,586	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,886	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	790	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,395	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,595	0	1,198	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	148	0	0	2,418	27,361	76.01
76.03	03550	OP PSYCH	0	0	0	1,989	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	588	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	136	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	19,342	0	30,843	350,842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	29,306	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,382	38,894	422,392	283,010	1,653,077	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	384	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	69,539	0	190.01

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Cost Center Description			HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	2,538	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	662	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	13,035	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	836	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	858	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	678	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,425	0	0	226	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	1,130	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	77,854	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,469	41,432	435,427	434,515	1,653,077	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
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	190,325					14.00
15.00	01500	PHARMACY	0	668,736				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,082	357,838			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	227	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	182	48,218	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	46	7,267	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	10	1,777	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,998	25,768	0	0	50.00
51.00	05100	RECOVERY ROOM	0	3	3,016	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	5,797	6,800	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59	19,322	0	0	54.00
57.00	05700	CT SCAN	0	28	26,330	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,693	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	175	9,157	0	0	59.00
60.00	06000	LABORATORY	0	0	38,114	0	0	60.00
60.01	06001	G.I. LAB	0	3	3,596	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	3,264	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	1	3,879	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,305	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	29	8,959	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,043	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,124	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	705	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	11,895	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,936	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,427	0	8,737	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	109,898	0	15,027	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	648,477	8,471	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,880	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	636	3,221	0	0	76.01
76.03	03550	OP PSYCH	0	0	1,339	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	280	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	232	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	836	68,241	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	7,374	15,242	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	190,325	668,736	357,838	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	227	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	190,325	668,736	357,838	0	227	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
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
17.01	01850	RESEARCH ADMIN					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,719				21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE		2,224			23.00
23.01	02301	PARAMED ED PRGM PHARMACY			11,310		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			5,398,306	0	30.00
31.00	03100	INTENSIVE CARE UNIT			711,404	0	31.00
41.00	04100	SUBPROVIDER - IRF			269,135	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			3,001,444	0	50.00
51.00	05100	RECOVERY ROOM			152,334	0	51.00
53.00	05300	ANESTHESIOLOGY			100,423	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,133,822	0	54.00
57.00	05700	CT SCAN			318,537	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			96,956	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			988,602	0	59.00
60.00	06000	LABORATORY			1,010,846	0	60.00
60.01	06001	G.I. LAB			130,576	0	60.01
60.02	06002	VASCULAR LAB			63,147	0	60.02
60.03	06003	LABORATORY-PATHOLOGY			162,260	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			159,806	0	63.00
65.00	06500	RESPIRATORY THERAPY			460,833	0	65.00
66.00	06600	PHYSICAL THERAPY			397,020	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			139,426	0	67.00
68.00	06800	SPEECH PATHOLOGY			59,369	0	68.00
69.00	06900	ELECTROCARDIOLOGY			165,775	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			125,054	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			620,224	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			854,678	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,058,396	0	73.00
74.00	07400	RENAL DIALYSIS			144,607	0	74.00
76.00	03320	SHOCK THERAPY			0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY			160,366	0	76.01
76.03	03550	OP PSYCH			55,045	0	76.03
76.04	03020	CARDIAC REHAB			59,787	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY			7,110	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY			2,592,109	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES			1,074,960	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	22,672,357	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				71,957	0	190.00
190.01	19001 VISITOR MEALS				69,539	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG				21,900	0	190.02
190.03	19003 NON REIMB NW BUILDING				42,918	0	190.03
190.04	19004 NON REIMBURSABLE CHIP				203,030	0	190.04
190.05	19005 NON REIMBURSABLE PFD				16,741	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL				224,754	0	190.06
190.07	19007 NON REIMBURSABLE POB I				21,136	0	190.07
190.08	19008 MEALS ON WHEELS				13,035	0	190.08
190.09	19009 CATERING				9,944	0	190.09
190.10	19010 RETAIL PHARMACY				83,573	0	190.10
190.11	19011 PUBLIC RELATIONS				61,522	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT				45,317	0	190.12
190.13	19013 PHYSICIAN PRACTICE				22,288	0	190.13
191.00	19100 RESEARCH				227	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES				284,555	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM				317,722	0	192.01
200.00	Cross Foot Adjustments	9,719	2,224	11,310	23,253	0	200.00
201.00	Negative Cost Centers	0	0	0	77,854	0	201.00
202.00	TOTAL (sum lines 118 through 201)	9,719	2,224	11,310	24,283,622	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	1.02
1.03	00103	NEW CAP REL COSTS-PFD	1.03
1.05	00105	NEW CAP REL COSTS-POB I	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00570	ADMITTING	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	5.04
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT- POB I	7.01
7.02	00702	OPERATION OF PLANT NW	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-POB I	9.01
9.02	00902	HOUSEKEEPING NW	9.02
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
17.01	01850	RESEARCH ADMIN	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
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
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	G.I. LAB	60.01
60.02	06002	VASCULAR LAB	60.02
60.03	06003	LABORATORY-PATHOLOGY	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03320	SHOCK THERAPY	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01
76.03	03550	OP PSYCH	76.03
76.04	03020	CARDIAC REHAB	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	VISITOR MEALS	190.01
190.02	19002	NON REIMBURSABLE B BLDG	190.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

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

 Worksheet B
 Part II
 Date/Time Prepared:
 6/21/2020 5:26 pm

Cost Center Description			Total	
			26.00	
190.03	19003	NON REIMB NW BUILDING	42,918	190.03
190.04	19004	NON REIMBURSABLE CHIP	203,030	190.04
190.05	19005	NON REIMBURSABLE PFD	16,741	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	224,754	190.06
190.07	19007	NON REIMBURSABLE POB I	21,136	190.07
190.08	19008	MEALS ON WHEELS	13,035	190.08
190.09	19009	CATERING	9,944	190.09
190.10	19010	RETAIL PHARMACY	83,573	190.10
190.11	19011	PUBLIC RELATIONS	61,522	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	45,317	190.12
190.13	19013	PHYSICIAN PRACTICE	22,288	190.13
191.00	19100	RESEARCH	227	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	284,555	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	317,722	192.01
200.00		Cross Foot Adjustments	23,253	200.00
201.00		Negative Cost Centers	77,854	201.00
202.00		TOTAL (sum lines 118 through 201)	24,283,622	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	423,087					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	78,926	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	2,131	4.00
5.01	00570	ADMITTING	3,675	0	0	7,694	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	180	0	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	35,306	11,091	6,718	48,935	11,870	5.04
7.00	00700	OPERATION OF PLANT	58,606	1,196	4,122	10,385	6,203	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,921	0	395	391	0	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	88	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	1,200	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,644	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	6,471	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,665	0	562	0	5,130	54.00
57.00	05700	CT SCAN	1,662	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,562	0	266	60.00
60.01	06001	G.I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,360	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,459	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	0	0	0	830	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)	
1.00			1.01	1.02	1.03	1.05		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		398,884	19,654	58,325	76,582	28,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	3,707	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	155	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	47,179	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,016,798	5,482	16,292	41,652	396,448	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.221184	0.278925	0.258193	0.493858	5.023034	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
		NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE			
		(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)			
		1.06	1.07	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	40,600				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	52,911			1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		13,384,770			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	11,192	97,687,653	4.00
5.01	00570	ADMITTING	0	1,440	9,731	2,499,947	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,588	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	1,886	10,547	8,898,926	7,335,875	5.04
7.00	00700	OPERATION OF PLANT	187	0	37,559	2,388,093	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	1,221	8,223	320,372	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	6,116	2,366,917	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	101,200	9.01
9.02	00902	HOUSEKEEPING NW	0	755	1,622	271,450	9.02
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	1,362	864	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	189,085	3,556,020	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	34,899	563,060	14.00
15.00	01500	PHARMACY	0	0	29,049	3,341,792	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	715	8,974	2,624,285	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	32,132	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	153,868	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	24,865	19,883,533	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	49,453	4,490,798	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	10,776	944,610	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	908,871	6,441,894	50.00
51.00	05100	RECOVERY ROOM	0	0	7,579	818,841	51.00
53.00	05300	ANESTHESIOLOGY	0	0	50,925	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,081	812,765	4,498,828	54.00
57.00	05700	CT SCAN	0	2,861	87,799	1,033,429	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	20,994	328,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	700,093	1,178,002	59.00
60.00	06000	LABORATORY	0	1,216	134,591	3,818,701	60.00
60.01	06001	G.I. LAB	0	0	0	771,374	60.01
60.02	06002	VASCULAR LAB	0	0	28,288	284,556	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	36,519	597,469	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	12,414	466,731	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,204	40,217	3,354,400	65.00
66.00	06600	PHYSICAL THERAPY	9,056	0	6,304	2,676,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,105	0	3,889	1,213,373	67.00
68.00	06800	SPEECH PATHOLOGY	1,175	0	393	295,506	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	71,748	626,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	20,192	312,854	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	19,792	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	11,399	607,190	76.01
76.03	03550	OP PSYCH	0	0	2,648	508,542	76.03
76.04	03020	CARDIAC REHAB	0	0	625	205,116	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	38,300	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	17,925	591,458	9,654,211	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	489,238	5,979,415	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
		NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE			
		(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)			
		1.06	1.07	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	13,409	50,559	13,381,663	96,583,812	1,128,465,578	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	45,987	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	1,441	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	866	275,528	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	270,054	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	800	279,086	0	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	55,795	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	27,191	0	0	177,391	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	415,074	752,557	13,210,610	5,168,493	3,503,628	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.223498	14.223073	0.986988	0.052908	0.003105	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				55,202	98,019	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000565	0.000087	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIEN DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5.03	5A.04	5.04	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,128,465,578					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	-64,888,239	210,899,251		5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,567,368	389,971	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	267,003	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	969,314	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,147,304	4,518	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,477,819	5,707	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	190,301	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	521,775	0	9.02
10.00	01000	DIETARY	0	0	0	6,214,438	10,511	10.00
11.00	01100	CAFETERIA	0	0	1,159,762	0	9,270	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,429,651	1,149	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,134,347	4,970	14.00
15.00	01500	PHARMACY	0	0	0	4,883,517	2,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,455,701	4,362	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	4,335	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	173,365	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	38,288	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	206,023	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,107,695	0	0	35,309,143	124,707	30.00
31.00	03100	INTENSIVE CARE UNIT	22,924,135	0	0	6,394,538	8,492	31.00
41.00	04100	SUBPROVIDER - IRF	5,606,297	0	0	1,580,917	6,471	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,287,362	0	0	14,046,651	50,226	50.00
51.00	05100	RECOVERY ROOM	9,512,773	0	0	1,247,105	2,463	51.00
53.00	05300	ANESTHESIOLOGY	21,450,393	0	0	542,007	396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,953,325	0	0	8,963,723	38,227	54.00
57.00	05700	CT SCAN	83,058,449	0	0	2,107,230	1,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,648,811	0	0	531,031	1,030	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,885,345	0	0	2,933,510	6,673	59.00
60.00	06000	LABORATORY	120,232,771	0	0	11,367,675	19,214	60.00
60.01	06001	G.I. LAB	11,344,309	0	0	1,422,157	5,195	60.01
60.02	06002	VASCULAR LAB	10,296,276	0	0	445,620	1,484	60.02
60.03	06003	LABORATORY-PATHOLOGY	12,235,315	0	0	1,550,313	1,360	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,425,036	0	0	2,576,575	1,459	63.00
65.00	06500	RESPIRATORY THERAPY	28,260,399	0	0	5,129,799	2,363	65.00
66.00	06600	PHYSICAL THERAPY	19,064,095	0	0	3,908,394	3,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,701,482	0	0	1,598,803	1,803	67.00
68.00	06800	SPEECH PATHOLOGY	2,224,637	0	0	427,121	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	37,523,945	0	0	1,154,332	3,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,105,806	0	0	541,177	1,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,562,644	0	0	10,111,790	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,403,303	0	0	13,879,040	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,722,550	0	0	7,633,963	0	73.00
74.00	07400	RENAL DIALYSIS	5,929,614	0	0	1,821,144	1,354	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	10,159,898	0	0	1,851,316	303	76.01
76.03	03550	OP PSYCH	4,224,571	0	0	832,615	0	76.03
76.04	03020	CARDIAC REHAB	884,152	0	0	307,175	2,247	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	733,304	0	0	127,290	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	214,913,585	0	0	15,812,057	22,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	48,083,301	0	0	10,024,861	843	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,128,465,578	0	-63,728,477	204,859,621	353,235	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIEN DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5.03	5A.04	5.04	7.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	921,810	1,260	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	4,775	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	33,453	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	149,763	10,531	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	1,710	3,463	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	171,436	12,055	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	18,620	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	148,740	155	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,555,416	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	943,717	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	590,431	2,208	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	426,320	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	340,430	2,289	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	736,551	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	95,980	0		64,888,239	9,895,650	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000085	0.000000		0.307674	25.375348	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,613	0		11,025,519	1,333,975	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000001	0.000000		0.052279	3.420703	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-P OB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-WHSE						1.01
1.02	00102 NEW CAP REL COSTS-B BLDG						1.02
1.03	00103 NEW CAP REL COSTS-PFD						1.03
1.05	00105 NEW CAP REL COSTS-POB I						1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591 ADMINISTRATIVE AND GENERAL						5.04
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT- POB I	58,722					7.01
7.02	00702 OPERATION OF PLANT NW	0	39,703				7.02
8.00	00800 LAUNDRY & LINEN SERVICE	0	552	1,812,539			8.00
9.00	00900 HOUSEKEEPING	0	0	0	371,178		9.00
9.01	00901 HOUSEKEEPING-POB I	88	0	0	0	58,634	9.01
9.02	00902 HOUSEKEEPING NW	0	755	0	0	0	9.02
10.00	01000 DIETARY	0	0	0	10,511	0	10.00
11.00	01100 CAFETERIA	0	1,362	0	9,270	0	11.00
13.00	01300 NURSING ADMINISTRATION	322	0	0	1,149	322	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	13,634	4,970	0	14.00
15.00	01500 PHARMACY	0	0	0	2,775	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	1,200	715	0	4,362	1,200	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850 RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301 PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	1,021,296	124,707	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	79,172	8,492	0	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	62,063	6,471	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	69,804	50,226	0	50.00
51.00	05100 RECOVERY ROOM	0	0	267	2,463	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	396	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,130	4,081	83,794	38,227	5,130	54.00
57.00	05700 CT SCAN	0	2,861	41,913	1,662	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	0	1,030	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	21,094	6,673	0	59.00
60.00	06000 LABORATORY	266	1,216	0	19,214	266	60.00
60.01	06001 G.I. LAB	0	0	38,513	5,195	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	1,484	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	1,360	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,459	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,204	0	2,363	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	3,159	3,272	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	1,803	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,229	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	27	3,082	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,332	821	1,700	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	3,359	1,354	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	830	0	1,782	303	830	76.01
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	2,247	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	17,925	353,737	22,718	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	18,104	843	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,836	37,351	1,812,539	343,010	7,748	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-P OB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,260	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	4,775	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	2,352	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	10,531	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	3,463	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	3,487	0 190.06
190.07	19007	NON REIMBURSABLE POB I	3,707	0	0	0	3,707 190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0 190.08
190.09	19009	CATERING	0	0	0	155	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0 190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0 190.13
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,179	0	0	2,289	47,179 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0 192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	349,153	1,267,547	1,632,569	6,000,344	249,375 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.945864	31.925723	0.900708	16.165678	4.253078 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	13,959	87,404	148,752	331,853	10,469 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.237713	2.201446	0.082068	0.894054	0.178548 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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	
			9.02	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW	38,396					9.02
10.00	01000	DIETARY	0	785,552				10.00
11.00	01100	CAFETERIA	1,362	580,811	483,676			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	14,739	1,337,081		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,800	0	23,774,957	14.00
15.00	01500	PHARMACY	0	0	10,510	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	715	0	10,817	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	889	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	276	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	613	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	158,398	103,877	705,274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,448	16,394	111,396	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	9,379	4,627	31,501	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	26,659	160,949	0	50.00
51.00	05100	RECOVERY ROOM	0	0	3,248	22,054	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,081	0	18,661	0	0	54.00
57.00	05700	CT SCAN	2,861	0	4,259	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,348	0	1,195	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,566	0	0	59.00
60.00	06000	LABORATORY	1,216	0	22,062	0	0	60.00
60.01	06001	G.I. LAB	0	0	3,892	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,103	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	3,003	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,298	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,204	0	14,923	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,644	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,270	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,072	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,248	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,332	0	1,624	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,047,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	13,727,824	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	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	3,279	22,131	0	76.01
76.03	03550	OP PSYCH	0	0	2,697	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	797	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	184	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,925	0	41,827	283,776	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	39,743	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,044	762,036	383,796	1,337,081	23,774,957	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	
			9.02	10.00	11.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	521	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	94,304	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	2,352	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	23,516	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	1,134	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	1,164	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	919	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	306	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	1,532	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	706,416	8,563,096	5,625,132	8,630,315	1,746,288	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.398166	10.900737	11.629959	6.454594	0.073451	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,432	435,427	434,515	1,653,077	190,325	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.079071	0.554294	0.737397	1.236333	0.008005	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		15.00	16.00	17.00	17.01	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
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	7,784,541				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,876	1,128,465,578			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	100	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,113	152,107,695	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	537	22,924,135	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	113	5,606,297	0	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,260	81,287,362	0	0	50.00
51.00	05100	RECOVERY ROOM	40	9,512,773	0	0	51.00
53.00	05300	ANESTHESIOLOGY	67,483	21,450,393	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	685	60,953,325	0	0	54.00
57.00	05700	CT SCAN	325	83,058,449	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,648,811	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,038	28,885,345	0	0	59.00
60.00	06000	LABORATORY	0	120,232,771	0	0	60.00
60.01	06001	G.I. LAB	30	11,344,309	0	0	60.01
60.02	06002	VASCULAR LAB	0	10,296,276	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	10	12,235,315	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,425,036	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	337	28,260,399	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19,064,095	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,701,482	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,224,637	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,523,945	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,105,806	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,562,644	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	47,403,303	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,548,718	26,722,550	0	0	73.00
74.00	07400	RENAL DIALYSIS	5	5,929,614	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,408	10,159,898	0	0	76.01
76.03	03550	OP PSYCH	0	4,224,571	0	0	76.03
76.04	03020	CARDIAC REHAB	0	884,152	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	733,304	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,726	214,913,585	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	85,837	48,083,301	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		15.00	16.00	17.00	17.01	21.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,784,541	1,128,465,578	0	0	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	100	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,623,556	6,212,353	0	5,669	237,044	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.850860	0.005505	0.000000	56.690000	2,370.440000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	668,736	357,838	0	227	9,719	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.085906	0.000317	0.000000	2.270000	97.190000	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101 NEW CAP REL COSTS-WHSE			1.01
1.02	00102 NEW CAP REL COSTS-B BLDG			1.02
1.03	00103 NEW CAP REL COSTS-PFD			1.03
1.05	00105 NEW CAP REL COSTS-POB I			1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB			1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING			1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00570 ADMITTING			5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION			5.03
5.04	00591 ADMINISTRATIVE AND GENERAL			5.04
7.00	00700 OPERATION OF PLANT			7.00
7.01	00701 OPERATION OF PLANT- POB I			7.01
7.02	00702 OPERATION OF PLANT NW			7.02
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
9.01	00901 HOUSEKEEPING-POB I			9.01
9.02	00902 HOUSEKEEPING NW			9.02
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
17.01	01850 RESEARCH ADMIN			17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE	66,988		23.00
23.01	02301 PARAMED ED PRGM PHARMACY		100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	58,550	0	30.00
31.00	03100 INTENSIVE CARE UNIT	4,971	0	31.00
41.00	04100 SUBPROVIDER - IRF	3,467	0	41.00
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
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G.I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	100	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	66,988	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
190.01	19001	VISITOR MEALS	0	0
190.02	19002	NON REIMBURSABLE B BLDG	0	0
190.03	19003	NON REIMB NW BUILDING	0	0
190.04	19004	NON REIMBURSABLE CHIP	0	0
190.05	19005	NON REIMBURSABLE PFD	0	0
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0
190.07	19007	NON REIMBURSABLE POB I	0	0
190.08	19008	MEALS ON WHEELS	0	0
190.09	19009	CATERING	0	0
190.10	19010	RETAIL PHARMACY	0	0
190.11	19011	PUBLIC RELATIONS	0	0
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0
190.13	19013	PHYSICIAN PRACTICE	0	0
191.00	19100	RESEARCH	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0
200.00		Cross Foot Adjustments		
201.00		Negative Cost Centers		
202.00		Cost to be allocated (per Wkst. B, Part I)	53,278	276,540
203.00		Unit cost multiplier (Wkst. B, Part I)	0.795336	2,765.400000
204.00		Cost to be allocated (per Wkst. B, Part II)	2,224	11,310
205.00		Unit cost multiplier (Wkst. B, Part II)	0.033200	113.100000
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/21/2020 5:26 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	60,645,936		60,645,936	0	60,645,936	30.00
31.00	03100	INTENSIVE CARE UNIT	9,972,927		9,972,927	0	9,972,927	31.00
41.00	04100	SUBPROVIDER - IRF	2,785,129		2,785,129	0	2,785,129	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,333,933		22,333,933	0	22,333,933	50.00
51.00	05100	RECOVERY ROOM	1,965,888		1,965,888	0	1,965,888	51.00
53.00	05300	ANESTHESIOLOGY	900,722		900,722	0	900,722	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,195,940		14,195,940	0	14,195,940	54.00
57.00	05700	CT SCAN	3,513,384		3,513,384	0	3,513,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	883,065		883,065	0	883,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,346,129		4,346,129	0	4,346,129	59.00
60.00	06000	LABORATORY	16,645,750		16,645,750	0	16,645,750	60.00
60.01	06001	G.I. LAB	2,217,953		2,217,953	0	2,217,953	60.01
60.02	06002	VASCULAR LAB	713,882		713,882	0	713,882	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,186,088		2,186,088	0	2,186,088	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,514,045		3,514,045	0	3,514,045	63.00
65.00	06500	RESPIRATORY THERAPY	7,296,918	0	7,296,918	0	7,296,918	65.00
66.00	06600	PHYSICAL THERAPY	5,490,039	0	5,490,039	0	5,490,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,263,794	0	2,263,794	0	2,263,794	67.00
68.00	06800	SPEECH PATHOLOGY	634,303	0	634,303	0	634,303	68.00
69.00	06900	ELECTROCARDIOLOGY	1,881,887		1,881,887	0	1,881,887	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	999,221		999,221	0	999,221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,112,629		14,112,629	0	14,112,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,418,531		19,418,531	0	19,418,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,829,286		16,829,286	0	16,829,286	73.00
74.00	07400	RENAL DIALYSIS	2,473,381		2,473,381	0	2,473,381	74.00
76.00	03320	SHOCK THERAPY	0		0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,686,790		2,686,790	0	2,686,790	76.01
76.03	03550	OP PSYCH	1,143,411		1,143,411	0	1,143,411	76.03
76.04	03020	CARDIAC REHAB	509,163		509,163	0	509,163	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	172,631		172,631	0	172,631	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	26,351,044		26,351,044	0	26,351,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,853,831		2,853,831	0	2,853,831	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,960,518		13,960,518	0	13,960,518	95.00
200.00		Subtotal (see instructions)	265,898,148	0	265,898,148	0	265,898,148	200.00
201.00		Less Observation Beds	2,853,831		2,853,831	0	2,853,831	201.00
202.00		Total (see instructions)	263,044,317	0	263,044,317	0	263,044,317	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/21/2020 5:26 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	147,774,057		147,774,057		30.00
31.00	03100	INTENSIVE CARE UNIT	22,924,135		22,924,135		31.00
41.00	04100	SUBPROVIDER - IRF	5,606,297		5,606,297		41.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	42,721,905	38,565,457	81,287,362	0.274753	50.00
51.00	05100	RECOVERY ROOM	4,044,685	5,468,088	9,512,773	0.206658	51.00
53.00	05300	ANESTHESIOLOGY	11,510,755	9,939,638	21,450,393	0.041991	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,486,016	43,467,309	60,953,325	0.232899	54.00
57.00	05700	CT SCAN	25,912,834	57,145,615	83,058,449	0.042300	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,440,956	7,207,855	11,648,811	0.075807	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,538,228	12,347,117	28,885,345	0.150461	59.00
60.00	06000	LABORATORY	49,477,176	70,755,596	120,232,772	0.138446	60.00
60.01	06001	G.I. LAB	3,500,818	7,843,490	11,344,308	0.195512	60.01
60.02	06002	VASCULAR LAB	5,918,855	4,377,421	10,296,276	0.069334	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,508,324	9,726,991	12,235,315	0.178670	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,042,900	2,382,136	10,425,036	0.337077	63.00
65.00	06500	RESPIRATORY THERAPY	24,072,166	4,188,232	28,260,398	0.258203	65.00
66.00	06600	PHYSICAL THERAPY	7,196,638	11,867,457	19,064,095	0.287978	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,803,211	898,271	6,701,482	0.337805	67.00
68.00	06800	SPEECH PATHOLOGY	1,914,258	310,378	2,224,636	0.285127	68.00
69.00	06900	ELECTROCARDIOLOGY	25,225,038	12,298,910	37,523,948	0.050152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	953,774	5,152,032	6,105,806	0.163651	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,580,995	10,981,649	27,562,644	0.512020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,277,237	17,126,066	47,403,303	0.409645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,123,645	5,598,905	26,722,550	0.629778	73.00
74.00	07400	RENAL DIALYSIS	5,764,624	164,989	5,929,613	0.417124	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	56,412	10,103,488	10,159,900	0.264450	76.01
76.03	03550	OP PSYCH	3,877	4,220,694	4,224,571	0.270657	76.03
76.04	03020	CARDIAC REHAB	0	884,152	884,152	0.575877	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,552	720,753	733,305	0.235415	76.98
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	31,395,407	183,518,177	214,913,584	0.122612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,621,557	2,712,081	4,333,638	0.658530	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	90,933	47,992,368	48,083,301	0.290340	95.00
200.00		Subtotal (see instructions)	540,500,265	587,965,315	1,128,465,580		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	540,500,265	587,965,315	1,128,465,580		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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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
41.00	04100 SUBPROVIDER - IRF				41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.274753			50.00
51.00	05100 RECOVERY ROOM	0.206658			51.00
53.00	05300 ANESTHESIOLOGY	0.041991			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232899			54.00
57.00	05700 CT SCAN	0.042300			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075807			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150461			59.00
60.00	06000 LABORATORY	0.138446			60.00
60.01	06001 G.I. LAB	0.195512			60.01
60.02	06002 VASCULAR LAB	0.069334			60.02
60.03	06003 LABORATORY-PATHOLOGY	0.178670			60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.337077			63.00
65.00	06500 RESPIRATORY THERAPY	0.258203			65.00
66.00	06600 PHYSICAL THERAPY	0.287978			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.337805			67.00
68.00	06800 SPEECH PATHOLOGY	0.285127			68.00
69.00	06900 ELECTROCARDIOLOGY	0.050152			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.163651			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.512020			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.409645			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.629778			73.00
74.00	07400 RENAL DIALYSIS	0.417124			74.00
76.00	03320 SHOCK THERAPY	0.000000			76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.264450			76.01
76.03	03550 OP PSYCH	0.270657			76.03
76.04	03020 CARDIAC REHAB	0.575877			76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.235415			76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.122612			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658530			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.290340			95.00
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: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/21/2020 5:26 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,645,936		60,645,936	0	60,645,936	30.00
31.00	03100	INTENSIVE CARE UNIT	9,972,927		9,972,927	0	9,972,927	31.00
41.00	04100	SUBPROVIDER - IRF	2,785,129		2,785,129	0	2,785,129	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,333,933		22,333,933	0	22,333,933	50.00
51.00	05100	RECOVERY ROOM	1,965,888		1,965,888	0	1,965,888	51.00
53.00	05300	ANESTHESIOLOGY	900,722		900,722	0	900,722	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,195,940		14,195,940	0	14,195,940	54.00
57.00	05700	CT SCAN	3,513,384		3,513,384	0	3,513,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	883,065		883,065	0	883,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,346,129		4,346,129	0	4,346,129	59.00
60.00	06000	LABORATORY	16,645,750		16,645,750	0	16,645,750	60.00
60.01	06001	G.I. LAB	2,217,953		2,217,953	0	2,217,953	60.01
60.02	06002	VASCULAR LAB	713,882		713,882	0	713,882	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,186,088		2,186,088	0	2,186,088	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,514,045		3,514,045	0	3,514,045	63.00
65.00	06500	RESPIRATORY THERAPY	7,296,918	0	7,296,918	0	7,296,918	65.00
66.00	06600	PHYSICAL THERAPY	5,490,039	0	5,490,039	0	5,490,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,263,794	0	2,263,794	0	2,263,794	67.00
68.00	06800	SPEECH PATHOLOGY	634,303	0	634,303	0	634,303	68.00
69.00	06900	ELECTROCARDIOLOGY	1,881,887		1,881,887	0	1,881,887	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	999,221		999,221	0	999,221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,112,629		14,112,629	0	14,112,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,418,531		19,418,531	0	19,418,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,829,286		16,829,286	0	16,829,286	73.00
74.00	07400	RENAL DIALYSIS	2,473,381		2,473,381	0	2,473,381	74.00
76.00	03320	SHOCK THERAPY	0		0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,686,790		2,686,790	0	2,686,790	76.01
76.03	03550	OP PSYCH	1,143,411		1,143,411	0	1,143,411	76.03
76.04	03020	CARDIAC REHAB	509,163		509,163	0	509,163	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	172,631		172,631	0	172,631	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	26,351,044		26,351,044	0	26,351,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,853,831		2,853,831	0	2,853,831	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,960,518		13,960,518	0	13,960,518	95.00
200.00		Subtotal (see instructions)	265,898,148	0	265,898,148	0	265,898,148	200.00
201.00		Less Observation Beds	2,853,831		2,853,831	0	2,853,831	201.00
202.00		Total (see instructions)	263,044,317	0	263,044,317	0	263,044,317	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/21/2020 5:26 pm

			Title XIX		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	147,774,057		147,774,057		30.00
31.00	03100	INTENSIVE CARE UNIT	22,924,135		22,924,135		31.00
41.00	04100	SUBPROVIDER - IRF	5,606,297		5,606,297		41.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	42,721,905	38,565,457	81,287,362	0.274753	50.00
51.00	05100	RECOVERY ROOM	4,044,685	5,468,088	9,512,773	0.206658	51.00
53.00	05300	ANESTHESIOLOGY	11,510,755	9,939,638	21,450,393	0.041991	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,486,016	43,467,309	60,953,325	0.232899	54.00
57.00	05700	CT SCAN	25,912,834	57,145,615	83,058,449	0.042300	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,440,956	7,207,855	11,648,811	0.075807	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,538,228	12,347,117	28,885,345	0.150461	59.00
60.00	06000	LABORATORY	49,477,176	70,755,596	120,232,772	0.138446	60.00
60.01	06001	G.I. LAB	3,500,818	7,843,490	11,344,308	0.195512	60.01
60.02	06002	VASCULAR LAB	5,918,855	4,377,421	10,296,276	0.069334	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,508,324	9,726,991	12,235,315	0.178670	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,042,900	2,382,136	10,425,036	0.337077	63.00
65.00	06500	RESPIRATORY THERAPY	24,072,166	4,188,232	28,260,398	0.258203	65.00
66.00	06600	PHYSICAL THERAPY	7,196,638	11,867,457	19,064,095	0.287978	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,803,211	898,271	6,701,482	0.337805	67.00
68.00	06800	SPEECH PATHOLOGY	1,914,258	310,378	2,224,636	0.285127	68.00
69.00	06900	ELECTROCARDIOLOGY	25,225,038	12,298,910	37,523,948	0.050152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	953,774	5,152,032	6,105,806	0.163651	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,580,995	10,981,649	27,562,644	0.512020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,277,237	17,126,066	47,403,303	0.409645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,123,645	5,598,905	26,722,550	0.629778	73.00
74.00	07400	RENAL DIALYSIS	5,764,624	164,989	5,929,613	0.417124	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	56,412	10,103,488	10,159,900	0.264450	76.01
76.03	03550	OP PSYCH	3,877	4,220,694	4,224,571	0.270657	76.03
76.04	03020	CARDIAC REHAB	0	884,152	884,152	0.575877	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,552	720,753	733,305	0.235415	76.98
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	31,395,407	183,518,177	214,913,584	0.122612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,621,557	2,712,081	4,333,638	0.658530	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	90,933	47,992,368	48,083,301	0.290340	95.00
200.00		Subtotal (see instructions)	540,500,265	587,965,315	1,128,465,580		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	540,500,265	587,965,315	1,128,465,580		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/21/2020 5:26 pm
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.274753		50.00
51.00	05100	RECOVERY ROOM	0.206658		51.00
53.00	05300	ANESTHESIOLOGY	0.041991		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232899		54.00
57.00	05700	CT SCAN	0.042300		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075807		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150461		59.00
60.00	06000	LABORATORY	0.138446		60.00
60.01	06001	G.I. LAB	0.195512		60.01
60.02	06002	VASCULAR LAB	0.069334		60.02
60.03	06003	LABORATORY-PATHOLOGY	0.178670		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.337077		63.00
65.00	06500	RESPIRATORY THERAPY	0.258203		65.00
66.00	06600	PHYSICAL THERAPY	0.287978		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.337805		67.00
68.00	06800	SPEECH PATHOLOGY	0.285127		68.00
69.00	06900	ELECTROCARDIOLOGY	0.050152		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.163651		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.512020		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.409645		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.629778		73.00
74.00	07400	RENAL DIALYSIS	0.417124		74.00
76.00	03320	SHOCK THERAPY	0.000000		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.264450		76.01
76.03	03550	OP PSYCH	0.270657		76.03
76.04	03020	CARDIAC REHAB	0.575877		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.235415		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.122612		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.658530		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.290340		95.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			Title XIX		Hospital		PPS
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,333,933	3,001,444	19,332,489	0	0
51.00	05100	RECOVERY ROOM	1,965,888	152,334	1,813,554	0	0
53.00	05300	ANESTHESIOLOGY	900,722	100,423	800,299	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,195,940	2,133,822	12,062,118	0	0
57.00	05700	CT SCAN	3,513,384	318,537	3,194,847	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	883,065	96,956	786,109	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,346,129	988,602	3,357,527	0	0
60.00	06000	LABORATORY	16,645,750	1,010,846	15,634,904	0	0
60.01	06001	G.I. LAB	2,217,953	130,576	2,087,377	0	0
60.02	06002	VASCULAR LAB	713,882	63,147	650,735	0	0
60.03	06003	LABORATORY-PATHOLOGY	2,186,088	162,260	2,023,828	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,514,045	159,806	3,354,239	0	0
65.00	06500	RESPIRATORY THERAPY	7,296,918	460,833	6,836,085	0	0
66.00	06600	PHYSICAL THERAPY	5,490,039	397,020	5,093,019	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,263,794	139,426	2,124,368	0	0
68.00	06800	SPEECH PATHOLOGY	634,303	59,369	574,934	0	0
69.00	06900	ELECTROCARDIOLOGY	1,881,887	165,775	1,716,112	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	999,221	125,054	874,167	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,112,629	620,224	13,492,405	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,418,531	854,678	18,563,853	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	16,829,286	1,058,396	15,770,890	0	0
74.00	07400	RENAL DIALYSIS	2,473,381	144,607	2,328,774	0	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,686,790	160,366	2,526,424	0	0
76.03	03550	OP PSYCH	1,143,411	55,045	1,088,366	0	0
76.04	03020	CARDIAC REHAB	509,163	59,787	449,376	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	172,631	7,110	165,521	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	26,351,044	2,592,109	23,758,935	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,853,831	254,028	2,599,803	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,960,518	1,074,960	12,885,558	0	0
200.00		Subtotal (sum of lines 50 thru 199)	192,494,156	16,547,540	175,946,616	0	0
201.00		Less Observation Beds	2,853,831	254,028	2,599,803	0	0
202.00		Total (line 200 minus line 201)	189,640,325	16,293,512	173,346,813	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
6/21/2020 5:26 pm

				Title XIX		Hospital		PPS	
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)				
			6.00	7.00	8.00				
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,333,933	81,287,362	0.274753			50.00	
51.00	05100	RECOVERY ROOM	1,965,888	9,512,773	0.206658			51.00	
53.00	05300	ANESTHESIOLOGY	900,722	21,450,393	0.041991			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,195,940	60,953,325	0.232899			54.00	
57.00	05700	CT SCAN	3,513,384	83,058,449	0.042300			57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	883,065	11,648,811	0.075807			58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,346,129	28,885,345	0.150461			59.00	
60.00	06000	LABORATORY	16,645,750	120,232,772	0.138446			60.00	
60.01	06001	G.I. LAB	2,217,953	11,344,308	0.195512			60.01	
60.02	06002	VASCULAR LAB	713,882	10,296,276	0.069334			60.02	
60.03	06003	LABORATORY-PATHOLOGY	2,186,088	12,235,315	0.178670			60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,514,045	10,425,036	0.337077			63.00	
65.00	06500	RESPIRATORY THERAPY	7,296,918	28,260,398	0.258203			65.00	
66.00	06600	PHYSICAL THERAPY	5,490,039	19,064,095	0.287978			66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,263,794	6,701,482	0.337805			67.00	
68.00	06800	SPEECH PATHOLOGY	634,303	2,224,636	0.285127			68.00	
69.00	06900	ELECTROCARDIOLOGY	1,881,887	37,523,948	0.050152			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	999,221	6,105,806	0.163651			70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,112,629	27,562,644	0.512020			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,418,531	47,403,303	0.409645			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	16,829,286	26,722,550	0.629778			73.00	
74.00	07400	RENAL DIALYSIS	2,473,381	5,929,613	0.417124			74.00	
76.00	03320	SHOCK THERAPY	0	0	0.000000			76.00	
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,686,790	10,159,900	0.264450			76.01	
76.03	03550	OP PSYCH	1,143,411	4,224,571	0.270657			76.03	
76.04	03020	CARDIAC REHAB	509,163	884,152	0.575877			76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	172,631	733,305	0.235415			76.98	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	26,351,044	214,913,584	0.122612			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,853,831	4,333,638	0.658530			92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	13,960,518	48,083,301	0.290340			95.00	
200.00		Subtotal (sum of lines 50 thru 199)	192,494,156	952,161,091				200.00	
201.00		Less Observation Beds	2,853,831	0				201.00	
202.00		Total (line 200 minus line 201)	189,640,325	952,161,091				202.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
6/21/2020 5:26 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,398,306	0	5,398,306	61,011	88.48	30.00
31.00	INTENSIVE CARE UNIT	711,404		711,404	4,971	143.11	31.00
41.00	SUBPROVIDER - IRF	269,135	0	269,135	3,467	77.63	41.00
200.00	Total (lines 30 through 199)	6,378,845		6,378,845	69,449		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	20,267	1,793,224				30.00
31.00	INTENSIVE CARE UNIT	1,841	263,466				31.00
41.00	SUBPROVIDER - IRF	1,449	112,486				41.00
200.00	Total (lines 30 through 199)	23,557	2,169,176				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
6/21/2020 5:26 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	3,001,444	81,287,362	0.036924	19,148,549	707,041	50.00	
51.00	05100	RECOVERY ROOM	152,334	9,512,773	0.016014	1,351,285	21,639	51.00	
53.00	05300	ANESTHESIOLOGY	100,423	21,450,393	0.004682	3,993,786	18,699	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,133,822	60,953,325	0.035007	4,554,160	159,427	54.00	
57.00	05700	CT SCAN	318,537	83,058,449	0.003835	8,404,256	32,230	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	96,956	11,648,811	0.008323	1,306,182	10,871	58.00	
59.00	05900	CARDIAC CATHETERIZATION	988,602	28,885,345	0.034225	3,521,631	120,528	59.00	
60.00	06000	LABORATORY	1,010,846	120,232,772	0.008407	18,526,616	155,753	60.00	
60.01	06001	G.I. LAB	130,576	11,344,308	0.011510	994,697	11,449	60.01	
60.02	06002	VASCULAR LAB	63,147	10,296,276	0.006133	2,268,467	13,913	60.02	
60.03	06003	LABORATORY-PATHOLOGY	162,260	12,235,315	0.013262	900,281	11,940	60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	159,806	10,425,036	0.015329	1,706,645	26,161	63.00	
65.00	06500	RESPIRATORY THERAPY	460,833	28,260,398	0.016307	8,897,293	145,088	65.00	
66.00	06600	PHYSICAL THERAPY	397,020	19,064,095	0.020826	1,852,576	38,582	66.00	
67.00	06700	OCCUPATIONAL THERAPY	139,426	6,701,482	0.020805	1,412,012	29,377	67.00	
68.00	06800	SPEECH PATHOLOGY	59,369	2,224,636	0.026687	488,339	13,032	68.00	
69.00	06900	ELECTROCARDIOLOGY	165,775	37,523,948	0.004418	9,032,301	39,905	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	125,054	6,105,806	0.020481	362,987	7,434	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	620,224	27,562,644	0.022502	5,927,470	133,380	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	854,678	47,403,303	0.018030	11,229,221	202,463	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,058,396	26,722,550	0.039607	10,254,153	406,136	73.00	
74.00	07400	RENAL DIALYSIS	144,607	5,929,613	0.024387	3,029,091	73,870	74.00	
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00	
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	160,366	10,159,900	0.015784	48,636	768	76.01	
76.03	03550	OP PSYCH	55,045	4,224,571	0.013030	2,282	30	76.03	
76.04	03020	CARDIAC REHAB	59,787	884,152	0.067621	0	0	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,110	733,305	0.009696	0	0	76.98	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,592,109	214,913,584	0.012061	9,681,930	116,774	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	254,028	4,333,638	0.058618	521,806	30,587	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	15,472,580	904,077,790		129,416,652	2,527,077	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 6/21/2020 5:26 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	46,567	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	3,954	0	31.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	2,757	0	41.00	
200.00		Total (lines 30 through 199)		0	0	0	53,278	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	46,567	61,011	0.76	20,267	30.00	
31.00	03100	INTENSIVE CARE UNIT			3,954	4,971	0.80	1,841	31.00	
41.00	04100	SUBPROVIDER - IRF		0	2,757	3,467	0.80	1,449	41.00	
200.00		Total (lines 30 through 199)			53,278	69,449		23,557	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
					9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		15,403	0					30.00
31.00	03100	INTENSIVE CARE UNIT		1,473	0					31.00
41.00	04100	SUBPROVIDER - IRF		1,159	0					41.00
200.00		Total (lines 30 through 199)		18,035	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	276,540	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	2,192	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	278,732	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 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	81,287,362	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,512,773	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,450,393	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	60,953,325	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	83,058,449	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,648,811	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	28,885,345	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	120,232,772	0.000000	60.00
60.01	06001	G.I. LAB	0	0	0	11,344,308	0.000000	60.01
60.02	06002	VASCULAR LAB	0	0	0	10,296,276	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	12,235,315	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,425,036	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,260,398	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,064,095	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,701,482	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,224,636	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	37,523,948	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,105,806	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,562,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	47,403,303	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	276,540	276,540	26,722,550	0.010349	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,929,613	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	10,159,900	0.000000	76.01
76.03	03550	OP PSYCH	0	0	0	4,224,571	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	0	0	884,152	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	733,305	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	214,913,584	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,192	2,192	4,333,638	0.000506	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	278,732	278,732	904,077,790		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 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		19,148,549	0	12,285,411	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		1,351,285	0	2,286,564	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000		3,993,786	0	2,315,556	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		4,554,160	0	6,455,794	0	54.00
57.00	05700	CT SCAN	0.000000		8,404,256	0	9,511,527	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		1,306,182	0	1,491,075	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		3,521,631	0	2,453,285	0	59.00
60.00	06000	LABORATORY	0.000000		18,526,616	0	4,187,406	0	60.00
60.01	06001	G.I. LAB	0.000000		994,697	0	1,284,464	0	60.01
60.02	06002	VASCULAR LAB	0.000000		2,268,467	0	1,109,614	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.000000		900,281	0	1,167,129	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		1,706,645	0	52,264	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		8,897,293	0	906,528	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,852,576	0	22,348	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,412,012	0	5,238	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		488,339	0	3,555	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		9,032,301	0	3,169,255	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		362,987	0	1,291,191	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		5,927,470	0	2,978,424	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		11,229,221	0	5,174,463	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.010349		10,254,153	106,120	4,023,483	41,639	73.00
74.00	07400	RENAL DIALYSIS	0.000000		3,029,091	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0.000000		0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000		48,636	0	3,183,716	0	76.01
76.03	03550	OP PSYCH	0.000000		2,282	0	1,786,106	0	76.03
76.04	03020	CARDIAC REHAB	0.000000		0	0	398,566	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	141,504	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000		9,681,930	0	14,300,745	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000506		521,806	264	508,977	258	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			129,416,652	106,384	82,494,188	41,897	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					
51.00	05100	RECOVERY ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
57.00	05700	CT SCAN	0	0					
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					
59.00	05900	CARDIAC CATHETERIZATION	0	0					
60.00	06000	LABORATORY	0	0					
60.01	06001	G.I. LAB	0	0					
60.02	06002	VASCULAR LAB	0	0					
60.03	06003	LABORATORY-PATHOLOGY	0	0					
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	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 PATIENTS	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					
74.00	07400	RENAL DIALYSIS	0	0					
76.00	03320	SHOCK THERAPY	0	0					
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0					
76.03	03550	OP PSYCH	0	0					
76.04	03020	CARDIAC REHAB	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							
200.00		Total (lines 50 through 199)	0	0					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.274753	12,285,411	0	0	3,375,454	50.00
51.00	05100	RECOVERY ROOM		0.206658	2,286,564	0	0	472,537	51.00
53.00	05300	ANESTHESIOLOGY		0.041991	2,315,556	0	0	97,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.232899	6,455,794	0	0	1,503,548	54.00
57.00	05700	CT SCAN		0.042300	9,511,527	0	0	402,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.075807	1,491,075	0	0	113,034	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.150461	2,453,285	0	0	369,124	59.00
60.00	06000	LABORATORY		0.138446	4,187,406	0	0	579,730	60.00
60.01	06001	G.I. LAB		0.195512	1,284,464	0	0	251,128	60.01
60.02	06002	VASCULAR LAB		0.069334	1,109,614	0	0	76,934	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.178670	1,167,129	0	0	208,531	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.337077	52,264	0	0	17,617	63.00
65.00	06500	RESPIRATORY THERAPY		0.258203	906,528	0	0	234,068	65.00
66.00	06600	PHYSICAL THERAPY		0.287978	22,348	0	0	6,436	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.337805	5,238	0	0	1,769	67.00
68.00	06800	SPEECH PATHOLOGY		0.285127	3,555	0	0	1,014	68.00
69.00	06900	ELECTROCARDIOLOGY		0.050152	3,169,255	0	0	158,944	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.163651	1,291,191	0	0	211,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.512020	2,978,424	0	0	1,525,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.409645	5,174,463	0	0	2,119,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.629778	4,023,483	0	44,534	2,533,901	73.00
74.00	07400	RENAL DIALYSIS		0.417124	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.264450	3,183,716	0	0	841,934	76.01
76.03	03550	OP PSYCH		0.270657	1,786,106	0	0	483,422	76.03
76.04	03020	CARDIAC REHAB		0.575877	398,566	0	0	229,525	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.235415	141,504	0	0	33,312	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.122612	14,300,745	0	0	1,753,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.658530	508,977	0	0	335,177	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.290340		0			95.00
200.00		Subtotal (see instructions)			82,494,188	0	44,534	17,936,164	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			82,494,188	0	44,534	17,936,164	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/21/2020 5:26 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	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
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,047		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	SHOCK THERAPY	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.03	03550	OP PSYCH	0	0		76.03
76.04	03020	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	28,047		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	28,047		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:

Worksheet D

Component CCN: 26-T180

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

6/21/2020 5:26 pm

				Title XVIII		Subprovider - IRF	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	3,001,444	81,287,362	0.036924	25,086	926	50.00
51.00	05100	RECOVERY ROOM	152,334	9,512,773	0.016014	0	0	51.00
53.00	05300	ANESTHESIOLOGY	100,423	21,450,393	0.004682	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,133,822	60,953,325	0.035007	36,205	1,267	54.00
57.00	05700	CT SCAN	318,537	83,058,449	0.003835	33,283	128	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	96,956	11,648,811	0.008323	16,876	140	58.00
59.00	05900	CARDIAC CATHETERIZATION	988,602	28,885,345	0.034225	0	0	59.00
60.00	06000	LABORATORY	1,010,846	120,232,772	0.008407	308,335	2,592	60.00
60.01	06001	G.I. LAB	130,576	11,344,308	0.011510	0	0	60.01
60.02	06002	VASCULAR LAB	63,147	10,296,276	0.006133	28,361	174	60.02
60.03	06003	LABORATORY-PATHOLOGY	162,260	12,235,315	0.013262	1,097	15	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	159,806	10,425,036	0.015329	5,652	87	63.00
65.00	06500	RESPIRATORY THERAPY	460,833	28,260,398	0.016307	144,721	2,360	65.00
66.00	06600	PHYSICAL THERAPY	397,020	19,064,095	0.020826	960,551	20,004	66.00
67.00	06700	OCCUPATIONAL THERAPY	139,426	6,701,482	0.020805	869,934	18,099	67.00
68.00	06800	SPEECH PATHOLOGY	59,369	2,224,636	0.026687	203,703	5,436	68.00
69.00	06900	ELECTROCARDIOLOGY	165,775	37,523,948	0.004418	33,312	147	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,054	6,105,806	0.020481	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	620,224	27,562,644	0.022502	3,596	81	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	854,678	47,403,303	0.018030	1,501	27	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,058,396	26,722,550	0.039607	137,329	5,439	73.00
74.00	07400	RENAL DIALYSIS	144,607	5,929,613	0.024387	99,084	2,416	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	160,366	10,159,900	0.015784	504	8	76.01
76.03	03550	OP PSYCH	55,045	4,224,571	0.013030	0	0	76.03
76.04	03020	CARDIAC REHAB	59,787	884,152	0.067621	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,110	733,305	0.009696	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,592,109	214,913,584	0.012061	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,333,638	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,218,552	904,077,790		2,909,130	59,346	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XVIII		Subprovider - IRF		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
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	G.I. LAB		0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	276,540	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	0	0	76.01
76.03	03550	OP PSYCH		0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	276,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XVIII		Subprovider - IRF		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	81,287,362	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,512,773	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	21,450,393	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	60,953,325	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	83,058,449	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	11,648,811	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	28,885,345	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	120,232,772	0.000000	60.00
60.01	06001	G.I. LAB		0	0	0	11,344,308	0.000000	60.01
60.02	06002	VASCULAR LAB		0	0	0	10,296,276	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	12,235,315	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	10,425,036	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	28,260,398	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	19,064,095	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	6,701,482	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,224,636	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	37,523,948	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,105,806	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	27,562,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	47,403,303	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	276,540	276,540	26,722,550	0.010349	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,929,613	0.000000	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	10,159,900	0.000000	76.01
76.03	03550	OP PSYCH		0	0	0	4,224,571	0.000000	76.03
76.04	03020	CARDIAC REHAB		0	0	0	884,152	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	733,305	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	214,913,584	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,333,638	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	276,540	276,540	904,077,790		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XVIII		Subprovider - IRF		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	25,086	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	36,205	0	0	0	54.00
57.00	05700	CT SCAN		0.000000	33,283	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	16,876	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	308,335	0	0	0	60.00
60.01	06001	G.I. LAB		0.000000	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0.000000	28,361	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.000000	1,097	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	5,652	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	144,721	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	960,551	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	869,934	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	203,703	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	33,312	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	3,596	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	1,501	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.010349	137,329	1,421	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	99,084	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.000000	504	0	0	0	76.01
76.03	03550	OP PSYCH		0.000000	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0.000000	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			2,909,130	1,421	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	G.I. LAB	0	0					60.01
60.02	06002	VASCULAR LAB	0	0					60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0					60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03320	SHOCK THERAPY	0	0					76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0					76.01
76.03	03550	OP PSYCH	0	0					76.03
76.04	03020	CARDIAC REHAB	0	0					76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0					200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		5,398,306	0	5,398,306	61,011	88.48	30.00
31.00	INTENSIVE CARE UNIT		711,404		711,404	4,971	143.11	31.00
41.00	SUBPROVIDER - IRF		269,135	0	269,135	3,467	77.63	41.00
200.00	Total (lines 30 through 199)		6,378,845		6,378,845	69,449		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		7,953	703,681				
31.00	INTENSIVE CARE UNIT		743	106,331				
41.00	SUBPROVIDER - IRF		342	26,549				
200.00	Total (lines 30 through 199)		9,038	836,561				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description			Title XIX		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,001,444	81,287,362	0.036924	4,281,275	158,082	50.00
51.00	05100	RECOVERY ROOM	152,334	9,512,773	0.016014	408,353	6,539	51.00
53.00	05300	ANESTHESIOLOGY	100,423	21,450,393	0.004682	966,958	4,527	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,133,822	60,953,325	0.035007	1,459,041	51,077	54.00
57.00	05700	CT SCAN	318,537	83,058,449	0.003835	3,362,615	12,896	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	96,956	11,648,811	0.008323	546,374	4,547	58.00
59.00	05900	CARDIAC CATHETERIZATION	988,602	28,885,345	0.034225	815,846	27,922	59.00
60.00	06000	LABORATORY	1,010,846	120,232,772	0.008407	7,171,098	60,287	60.00
60.01	06001	G.I. LAB	130,576	11,344,308	0.011510	308,379	3,549	60.01
60.02	06002	VASCULAR LAB	63,147	10,296,276	0.006133	803,609	4,929	60.02
60.03	06003	LABORATORY-PATHOLOGY	162,260	12,235,315	0.013262	230,569	3,058	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	159,806	10,425,036	0.015329	586,685	8,993	63.00
65.00	06500	RESPIRATORY THERAPY	460,833	28,260,398	0.016307	3,712,671	60,543	65.00
66.00	06600	PHYSICAL THERAPY	397,020	19,064,095	0.020826	746,325	15,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	139,426	6,701,482	0.020805	600,198	12,487	67.00
68.00	06800	SPEECH PATHOLOGY	59,369	2,224,636	0.026687	231,086	6,167	68.00
69.00	06900	ELECTROCARDIOLOGY	165,775	37,523,948	0.004418	2,704,862	11,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,054	6,105,806	0.020481	148,564	3,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	620,224	27,562,644	0.022502	1,008,820	22,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	854,678	47,403,303	0.018030	2,285,970	41,216	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,058,396	26,722,550	0.039607	4,638,758	183,727	73.00
74.00	07400	RENAL DIALYSIS	144,607	5,929,613	0.024387	637,549	15,548	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	160,366	10,159,900	0.015784	0	0	76.01
76.03	03550	OP PSYCH	55,045	4,224,571	0.013030	0	0	76.03
76.04	03020	CARDIAC REHAB	59,787	884,152	0.067621	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,110	733,305	0.009696	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,592,109	214,913,584	0.012061	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	254,028	4,333,638	0.058618	122,199	7,163	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,472,580	904,077,790		37,777,804	726,493	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 6/21/2020 5:26 pm	
					Title XIX		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	46,567	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	3,954	0	31.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	2,757	0	41.00	
200.00		Total (lines 30 through 199)		0	0	0	53,278	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	46,567	61,011	0.76	7,953	30.00	
31.00	03100	INTENSIVE CARE UNIT			3,954	4,971	0.80	743	31.00	
41.00	04100	SUBPROVIDER - IRF		0	2,757	3,467	0.80	342	41.00	
200.00		Total (lines 30 through 199)			53,278	69,449		9,038	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
					9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		6,044	0					30.00
31.00	03100	INTENSIVE CARE UNIT		594	0					31.00
41.00	04100	SUBPROVIDER - IRF		274	0					41.00
200.00		Total (lines 30 through 199)		6,912	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	276,540	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	276,540	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	276,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
			Title XIX		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	81,287,362	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,512,773	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,450,393	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	60,953,325	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	83,058,449	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,648,811	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	28,885,345	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	120,232,772	0.000000	60.00
60.01	06001	G.I. LAB	0	0	0	11,344,308	0.000000	60.01
60.02	06002	VASCULAR LAB	0	0	0	10,296,276	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	12,235,315	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,425,036	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,260,398	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,064,095	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,701,482	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,224,636	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	37,523,948	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,105,806	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,562,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	47,403,303	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	276,540	276,540	26,722,550	0.010349	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,929,613	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	10,159,900	0.000000	76.01
76.03	03550	OP PSYCH	0	0	0	4,224,571	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	0	0	884,152	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	733,305	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	214,913,584	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,333,638	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	276,540	276,540	904,077,790		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XIX		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		4,281,275	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		408,353	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000		966,958	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		1,459,041	0	0	0	54.00
57.00	05700	CT SCAN	0.000000		3,362,615	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		546,374	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		815,846	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		7,171,098	0	0	0	60.00
60.01	06001	G.I. LAB	0.000000		308,379	0	0	0	60.01
60.02	06002	VASCULAR LAB	0.000000		803,609	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.000000		230,569	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		586,685	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		3,712,671	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		746,325	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		600,198	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		231,086	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		2,704,862	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		148,564	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		1,008,820	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		2,285,970	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.010349		4,638,758	48,007	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		637,549	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0.000000		0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000		0	0	0	0	76.01
76.03	03550	OP PSYCH	0.000000		0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0.000000		0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000		0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		122,199	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			37,777,804	48,007	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XIX		Hospital		PPS	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	50.00				
51.00	05100	RECOVERY ROOM	0	0	51.00				
53.00	05300	ANESTHESIOLOGY	0	0	53.00				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00				
57.00	05700	CT SCAN	0	0	57.00				
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00				
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00				
60.00	06000	LABORATORY	0	0	60.00				
60.01	06001	G.I. LAB	0	0	60.01				
60.02	06002	VASCULAR LAB	0	0	60.02				
60.03	06003	LABORATORY-PATHOLOGY	0	0	60.03				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00				
65.00	06500	RESPIRATORY THERAPY	0	0	65.00				
66.00	06600	PHYSICAL THERAPY	0	0	66.00				
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00				
68.00	06800	SPEECH PATHOLOGY	0	0	68.00				
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00				
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00				
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00				
74.00	07400	RENAL DIALYSIS	0	0	74.00				
76.00	03320	SHOCK THERAPY	0	0	76.00				
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01				
76.03	03550	OP PSYCH	0	0	76.03				
76.04	03020	CARDIAC REHAB	0	0	76.04				
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98				
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	91.00				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00				
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES			95.00				
200.00		Total (lines 50 through 199)	0	0	200.00				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/21/2020 5:26 pm

			Title XIX		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.274753	0	2,181,702	0	0	50.00	
51.00	05100 RECOVERY ROOM	0.206658	0	463,154	0	0	51.00	
53.00	05300 ANESTHESIOLOGY	0.041991	0	487,059	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232899	0	3,411,615	0	0	54.00	
57.00	05700 CT SCAN	0.042300	0	4,166,760	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075807	0	502,627	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.150461	0	298,244	0	0	59.00	
60.00	06000 LABORATORY	0.138446	0	4,553,622	0	0	60.00	
60.01	06001 G.I. LAB	0.195512	0	461,305	0	0	60.01	
60.02	06002 VASCULAR LAB	0.069334	0	315,087	0	0	60.02	
60.03	06003 LABORATORY-PATHOLOGY	0.178670	0	169,166	0	0	60.03	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.337077	0	37,200	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.258203	0	306,353	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.287978	0	1,225,762	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.337805	0	224,441	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.285127	0	81,618	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.050152	0	1,012,654	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.163651	0	467,084	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.512020	0	571,715	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.409645	0	488,368	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.629778	0	1,211,492	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0.417124	0	0	0	0	74.00	
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00	
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.264450	0	1,160,897	0	0	76.01	
76.03	03550 OP PSYCH	0.270657	0	0	0	0	76.03	
76.04	03020 CARDIAC REHAB	0.575877	0	51,793	0	0	76.04	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.235415	0	65,124	0	0	76.98	
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.122612	0	18,331,904	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658530	0	294,101	0	0	92.00	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.290340	0	0			95.00	
200.00	Subtotal (see instructions)		0	42,540,847	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	42,540,847	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 6/21/2020 5:26 pm		
			Title XIX		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	599,429	0					50.00
51.00	05100	RECOVERY ROOM	95,714	0					51.00
53.00	05300	ANESTHESIOLOGY	20,452	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	794,562	0					54.00
57.00	05700	CT SCAN	176,254	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38,103	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	44,874	0					59.00
60.00	06000	LABORATORY	630,431	0					60.00
60.01	06001	G.I. LAB	90,191	0					60.01
60.02	06002	VASCULAR LAB	21,846	0					60.02
60.03	06003	LABORATORY-PATHOLOGY	30,225	0					60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,539	0					63.00
65.00	06500	RESPIRATORY THERAPY	79,101	0					65.00
66.00	06600	PHYSICAL THERAPY	352,992	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	75,817	0					67.00
68.00	06800	SPEECH PATHOLOGY	23,271	0					68.00
69.00	06900	ELECTROCARDIOLOGY	50,787	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	76,439	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	292,730	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	200,058	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	762,971	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03320	SHOCK THERAPY	0	0					76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	306,999	0					76.01
76.03	03550	OP PSYCH	0	0					76.03
76.04	03020	CARDIAC REHAB	29,826	0					76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	15,331	0					76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	2,247,711	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	193,674	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	7,262,327	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	7,262,327	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/21/2020 5:26 pm	
				Component CCN: 26-T180			
				Title XIX		Subprovider - IRF	Cost
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	3,001,444	81,287,362	0.036924	0	0
51.00	05100	RECOVERY ROOM	152,334	9,512,773	0.016014	0	0
53.00	05300	ANESTHESIOLOGY	100,423	21,450,393	0.004682	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,133,822	60,953,325	0.035007	0	0
57.00	05700	CT SCAN	318,537	83,058,449	0.003835	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	96,956	11,648,811	0.008323	0	0
59.00	05900	CARDIAC CATHETERIZATION	988,602	28,885,345	0.034225	0	0
60.00	06000	LABORATORY	1,010,846	120,232,772	0.008407	0	0
60.01	06001	G.I. LAB	130,576	11,344,308	0.011510	0	0
60.02	06002	VASCULAR LAB	63,147	10,296,276	0.006133	0	0
60.03	06003	LABORATORY-PATHOLOGY	162,260	12,235,315	0.013262	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	159,806	10,425,036	0.015329	0	0
65.00	06500	RESPIRATORY THERAPY	460,833	28,260,398	0.016307	0	0
66.00	06600	PHYSICAL THERAPY	397,020	19,064,095	0.020826	0	0
67.00	06700	OCCUPATIONAL THERAPY	139,426	6,701,482	0.020805	0	0
68.00	06800	SPEECH PATHOLOGY	59,369	2,224,636	0.026687	0	0
69.00	06900	ELECTROCARDIOLOGY	165,775	37,523,948	0.004418	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	125,054	6,105,806	0.020481	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	620,224	27,562,644	0.022502	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	854,678	47,403,303	0.018030	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,058,396	26,722,550	0.039607	0	0
74.00	07400	RENAL DIALYSIS	144,607	5,929,613	0.024387	0	0
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	160,366	10,159,900	0.015784	0	0
76.03	03550	OP PSYCH	55,045	4,224,571	0.013030	0	0
76.04	03020	CARDIAC REHAB	59,787	884,152	0.067621	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,110	733,305	0.009696	0	0
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,592,109	214,913,584	0.012061	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,333,638	0.000000	0	0
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	15,218,552	904,077,790		0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	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
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	G.I. LAB		0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	276,540	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	0	0	76.01
76.03	03550	OP PSYCH		0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	276,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	81,287,362	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,512,773	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	21,450,393	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	60,953,325	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	83,058,449	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	11,648,811	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	28,885,345	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	120,232,772	0.000000	60.00
60.01	06001	G.I. LAB		0	0	0	11,344,308	0.000000	60.01
60.02	06002	VASCULAR LAB		0	0	0	10,296,276	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	12,235,315	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	10,425,036	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	28,260,398	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	19,064,095	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	6,701,482	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,224,636	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	37,523,948	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,105,806	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	27,562,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	47,403,303	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	276,540	276,540	26,722,550	0.010349	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,929,613	0.000000	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	10,159,900	0.000000	76.01
76.03	03550	OP PSYCH		0	0	0	4,224,571	0.000000	76.03
76.04	03020	CARDIAC REHAB		0	0	0	884,152	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	733,305	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	214,913,584	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,333,638	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	276,540	276,540	904,077,790		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
60.01	06001	G.I. LAB		0.000000	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0.000000	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.000000	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.010349	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.000000	0	0	0	0	76.01
76.03	03550	OP PSYCH		0.000000	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0.000000	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	G.I. LAB	0	0					60.01
60.02	06002	VASCULAR LAB	0	0					60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0					60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03320	SHOCK THERAPY	0	0					76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0					76.01
76.03	03550	OP PSYCH	0	0					76.03
76.04	03020	CARDIAC REHAB	0	0					76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0					200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/21/2020 5:26 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)		61,011	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,011	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		58,140	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)		20,267	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)		60,645,936	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)		60,645,936	27.00	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00	
29.00	Private room charges (excluding swing-bed charges)		0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,645,936	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)		994.02	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,145,803	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)		20,145,803	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0180

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

Worksheet D-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,972,927	4,971	2,006.22	1,841	3,693,451	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					32,265,914	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,105,168	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)					2,073,566	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,633,461	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,707,027	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,398,141	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)					2,871	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					994.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,853,831	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0180

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

Worksheet D-1

Date/Time Prepared:
6/21/2020 5:26 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	5,398,306	60,645,936	0.089013	2,853,831	254,028
91.00	Nursing School cost	0	60,645,936	0.000000	2,853,831	0
92.00	Allied health cost	46,567	60,645,936	0.000768	2,853,831	2,192
93.00	All other Medical Education	0	60,645,936	0.000000	2,853,831	0

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
		Component CCN: 26-T180		Date/Time Prepared: 6/21/2020 5:26 pm	
		Title XVIII	Subprovider - IRF	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)			3,467	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,467	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,467	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)			1,449	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)			2,785,129	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)			2,785,129	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,785,129	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)			803.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,164,025	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)			1,164,025	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/21/2020 5:26 pm	
		Title XVIII		Subprovider - IRF	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						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)					862,777	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,026,802	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)					113,645	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					60,767	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					174,412	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,852,390	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: 26-0180 Component CCN: 26-T180		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/21/2020 5:26 pm	
		Title XVIII		Subprovider - IRF		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	269,135	2,785,129	0.096633	0	0	90.00
91.00	Nursing School cost	0	2,785,129	0.000000	0	0	91.00
92.00	Allied health cost	2,757	2,785,129	0.000990	0	0	92.00
93.00	All other Medical Education	0	2,785,129	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/21/2020 5:26 pm
Cost Center Description		Title XIX	Hospital	PPS
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		61,011	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,011	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		58,140	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		7,953	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)		60,645,936	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)		60,645,936	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,645,936	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)		994.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,905,441	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,905,441	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0180

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

Worksheet D-1

Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		Title XIX		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,972,927	4,971	2,006.22	743	1,490,621
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,618,202
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,014,264
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					816,650
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					774,500
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,591,150
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,423,114
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)					2,871
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					994.02
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,853,831

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/21/2020 5:26 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
			1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost		5,398,306	60,645,936	0.089013	2,853,831	254,028	90.00
91.00	Nursing School cost		0	60,645,936	0.000000	2,853,831	0	91.00
92.00	Allied health cost		46,567	60,645,936	0.000768	2,853,831	2,192	92.00
93.00	All other Medical Education		0	60,645,936	0.000000	2,853,831	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/21/2020 5:26 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		52,973,678	30.00
31.00	03100	INTENSIVE CARE UNIT		8,586,864	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.274753	19,148,549	50.00
51.00	05100	RECOVERY ROOM	0.206658	1,351,285	51.00
53.00	05300	ANESTHESIOLOGY	0.041991	3,993,786	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232899	4,554,160	54.00
57.00	05700	CT SCAN	0.042300	8,404,256	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075807	1,306,182	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150461	3,521,631	59.00
60.00	06000	LABORATORY	0.138446	18,526,616	60.00
60.01	06001	G.I. LAB	0.195512	994,697	60.01
60.02	06002	VASCULAR LAB	0.069334	2,268,467	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.178670	900,281	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.337077	1,706,645	63.00
65.00	06500	RESPIRATORY THERAPY	0.258203	8,897,293	65.00
66.00	06600	PHYSICAL THERAPY	0.287978	1,852,576	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.337805	1,412,012	67.00
68.00	06800	SPEECH PATHOLOGY	0.285127	488,339	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050152	9,032,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.163651	362,987	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.512020	5,927,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.409645	11,229,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.629778	10,254,153	73.00
74.00	07400	RENAL DIALYSIS	0.417124	3,029,091	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.264450	48,636	76.01
76.03	03550	OP PSYCH	0.270657	2,282	76.03
76.04	03020	CARDIAC REHAB	0.575877	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.235415	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.122612	9,681,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.658530	521,806	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		129,416,652	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)		129,416,652	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/21/2020 5:26 pm	
		Title XVIII	Subprovider - IRF	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
41.00	04100 SUBPROVIDER - IRF		2,330,248		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.274753	25,086	6,892	50.00
51.00	05100 RECOVERY ROOM	0.206658	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.041991	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232899	36,205	8,432	54.00
57.00	05700 CT SCAN	0.042300	33,283	1,408	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075807	16,876	1,279	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150461	0	0	59.00
60.00	06000 LABORATORY	0.138446	308,335	42,688	60.00
60.01	06001 G.I. LAB	0.195512	0	0	60.01
60.02	06002 VASCULAR LAB	0.069334	28,361	1,966	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.178670	1,097	196	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.337077	5,652	1,905	63.00
65.00	06500 RESPIRATORY THERAPY	0.258203	144,721	37,367	65.00
66.00	06600 PHYSICAL THERAPY	0.287978	960,551	276,618	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.337805	869,934	293,868	67.00
68.00	06800 SPEECH PATHOLOGY	0.285127	203,703	58,081	68.00
69.00	06900 ELECTROCARDIOLOGY	0.050152	33,312	1,671	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.163651	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.512020	3,596	1,841	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.409645	1,501	615	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.629778	137,329	86,487	73.00
74.00	07400 RENAL DIALYSIS	0.417124	99,084	41,330	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.264450	504	133	76.01
76.03	03550 OP PSYCH	0.270657	0	0	76.03
76.04	03020 CARDIAC REHAB	0.575877	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.235415	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.122612	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658530	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,909,130	862,777	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,909,130		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/21/2020 5:26 pm
			Title XIX	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,238,300	30.00
31.00	03100	INTENSIVE CARE UNIT		3,407,255	31.00
41.00	04100	SUBPROVIDER - IRF		612,771	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.274753	4,281,275	50.00
51.00	05100	RECOVERY ROOM	0.206658	408,353	51.00
53.00	05300	ANESTHESIOLOGY	0.041991	966,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232899	1,459,041	54.00
57.00	05700	CT SCAN	0.042300	3,362,615	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075807	546,374	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150461	815,846	59.00
60.00	06000	LABORATORY	0.138446	7,171,098	60.00
60.01	06001	G.I. LAB	0.195512	308,379	60.01
60.02	06002	VASCULAR LAB	0.069334	803,609	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.178670	230,569	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.337077	586,685	63.00
65.00	06500	RESPIRATORY THERAPY	0.258203	3,712,671	65.00
66.00	06600	PHYSICAL THERAPY	0.287978	746,325	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.337805	600,198	67.00
68.00	06800	SPEECH PATHOLOGY	0.285127	231,086	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050152	2,704,862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.163651	148,564	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.512020	1,008,820	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.409645	2,285,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.629778	4,638,758	73.00
74.00	07400	RENAL DIALYSIS	0.417124	637,549	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.264450	0	76.01
76.03	03550	OP PSYCH	0.270657	0	76.03
76.04	03020	CARDIAC REHAB	0.575877	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.235415	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.122612	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.658530	122,199	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		37,777,804	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)		37,777,804	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/21/2020 5:26 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)			29,290,264	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,992,948	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)			1,427,805	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			331,558	2.04
3.00	Managed Care Simulated Payments			28,992,982	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			197.13	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)			2.47	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).			-0.18	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)			2.29	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			2.88	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)			2.29	12.00
13.00	Total allowable FTE count for the prior year.			1.48	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.			1.03	14.00
15.00	Sum of lines 12 through 14 divided by 3.			1.60	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			1.60	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.008116	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.008334	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.008116	21.00
22.00	IME payment adjustment (see instructions)			173,907	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			128,352	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.59	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			173,907	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			128,352	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			8.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.63	31.00
32.00	Sum of lines 30 and 31			27.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.15	33.00
34.00	Disproportionate share adjustment (see instructions)			1,193,228	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/21/2020 5:26 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)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	6,527,115	8,120,124	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,881,923	2,041,123	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,923,046		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)	7,209		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	840		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	644		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	11.65		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	4,116		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.913043		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	263,312		46.00
47.00	Subtotal (see instructions)	49,596,068		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)		49,724,420	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,494,561	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).		56,816	52.00
53.00	Nursing and Allied Health Managed Care payment		251,717	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		16,876	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		106,384	58.00
59.00	Total (sum of amounts on lines 49 through 58)		53,650,774	59.00
60.00	Primary payer payments		5,952	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		53,644,822	61.00
62.00	Deductibles billed to program beneficiaries		3,563,220	62.00
63.00	Coinurance billed to program beneficiaries		321,095	63.00
64.00	Allowable bad debts (see instructions)		1,785,979	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,160,886	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,396,895	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,921,393	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)		-84,524	70.93
70.94	HRR adjustment amount (see instructions)		-334,666	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/21/2020 5:26 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		527,998	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		49,974,205	71.00
71.01	Sequestration adjustment (see instructions)		999,484	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		48,093,601	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)		881,120	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		3,607,025	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0180

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

Worksheet DSH

Date/Time Prepared:
6/21/2020 5:26 pm

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.17	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	19.63	0.00			19.63	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	27.80	0.00			19.63	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	197.13	0.00			197.13	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	12.15	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.17	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	5.97	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	7,910	0			7,910	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,876	0			2,876	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	119	0			119	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	223	0			223	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,339	0			1,339	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	12,467	0			12,467	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	63,111	0			63,111	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	410	0			410	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	63,521	0			63,521	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	19.63	0.00			19.63	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE				Provider CCN: 26-0180		Period: From 01/01/2019 To 12/31/2019		Worksheet DSH Date/Time Prepared: 6/21/2020 5:26 pm	
				Title XVIII		Hospital		PPS	
				Original .mcrx Values		Adjusted .mcax Values		Revised	
				Condition	Percentage	Condition	Percentage	Condition	
				1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE									
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	12.15		0.00	False	28.00		
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00		
30.00	Line 28 or 29 as applicable		12.15		0.00		30.00		
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		12.15		0.00		31.00		
				Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
				1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE									
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00		
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00		
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00		
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00		
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00		

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet DSH Date/Time Prepared: 6/21/2020 5:26 pm
		Title XVIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.51	29.00	
30.00	Line 28 or 29 as applicable	5.51	30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/21/2020 5:26 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	29,290,264	29,290,264		29,290,264	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,992,948		9,992,948	9,992,948	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	1,427,805	1,427,805		1,427,805	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	331,558		331,558	331,558	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	28,992,982	21,254,041	7,738,941	28,992,982	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.008116	0.008116	0.008116		5.00
6.00	IME payment adjustment (see instructions)	22.00	173,907	129,668	44,239	173,907	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	128,352	94,092	34,260	128,352	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	173,907	129,668	44,239	173,907	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	128,352	94,092	34,260	128,352	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1215	0.1215	0.1215		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,193,228	889,692	303,536	1,193,228	11.00
11.01	Uncompensated care payments	36.00	6,923,046	4,881,923	2,041,123	6,923,046	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	263,312	196,943	66,369	263,312	12.00
13.00	Subtotal (see instructions)	47.00	49,596,068	36,816,295	12,779,773	49,596,068	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	49,724,420	36,910,387	12,814,033	49,724,420	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,494,561	-911,884	4,406,445	3,494,561	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			35,998,503	17,220,478	53,218,981	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/21/2020 5:26 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	3,159,060	-792,490	3,951,550	3,159,060	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	-36,391	36,391	0	20.01
21.00	Capital DRG outlier payments	2.00	144,377	-32,856	177,233	144,377	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	0.0026	0.0026	0.0026		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	8,214	-2,155	10,369	8,214	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0579	0.0579	0.0579		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	182,910	-47,992	230,902	182,910	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,494,561	-911,884	4,406,445	3,494,561	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	-84,524	-77,615	-6,909	-84,524	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	-334,666	-301,690	-32,976	-334,666	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		356,192	171,806	527,998	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/21/2020 5:26 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		28,047	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,894,267	2.00
3.00	OPPS payments		14,453,324	3.00
4.00	Outlier payment (see instructions)		46,113	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		41,897	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		28,047	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		44,534	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)		44,534	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)		44,534	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		16,487	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)		28,047	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)		14,541,334	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2,681,853	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		11,887,528	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		17,554	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)		11,905,082	30.00
31.00	Primary payer payments		4,862	31.00
32.00	Subtotal (line 30 minus line 31)		11,900,220	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)		639,802	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		415,871	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		299,272	36.00
37.00	Subtotal (see instructions)		12,316,091	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,316,091	40.00
40.01	Sequestration adjustment (see instructions)		246,322	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		12,120,772	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)		-51,003	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)		46,113	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: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/21/2020 5:26 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
6/21/2020 5:26 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		48,004,301		12,120,772	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/07/2019	89,300		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)		89,300		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)		48,093,601		12,120,772	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		881,120		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		51,003	6.02
7.00	Total Medicare program liability (see instructions)		48,974,721		12,069,769	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Wisconsin Physician Services		05901		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part I Date/Time Prepared: 6/21/2020 5:26 pm	
		Title XVIII	Subprovider - IRF	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		2,218,515		0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0 3.50
3.51			0		0 3.51
3.52			0		0 3.52
3.53			0		0 3.53
3.54			0		0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,218,515		0 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		15,174		0 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		2,233,689		0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor	Wisconsin Physician Services		05901	8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 6/21/2020 5:26 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 6/21/2020 5:26 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	2,172,399 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0597 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	105,144 3.00		
4.00	Outlier Payments	8,880 4.00		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00 5.00		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00 5.01		
6.00	New Teaching program adjustment. (see instructions)	0.00 6.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00 7.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00 8.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00 9.00		
10.00	Average Daily Census (see instructions)	9.498630 10.00		
11.00	Teaching Adjustment Factor (see instructions)	0.000000 11.00		
12.00	Teaching Adjustment (see instructions)	0 12.00		
13.00	Total PPS Payment (see instructions)	2,286,423 13.00		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0 14.00		
15.00	Organ acquisition (DO NOT USE THIS LINE)	0 15.00		
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0 16.00		
17.00	Subtotal (see instructions)	2,286,423 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	2,286,423 19.00		
20.00	Deductibles	4,092 20.00		
21.00	Subtotal (line 19 minus line 20)	2,282,331 21.00		
22.00	Coinsurance	8,184 22.00		
23.00	Subtotal (line 21 minus line 22)	2,274,147 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	3,920 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	2,548 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0 26.00		
27.00	Subtotal (sum of lines 23 and 25)	2,276,695 27.00		
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0 28.00		
29.00	Other pass through costs (see instructions)	2,580 29.00		
30.00	Outlier payments reconciliation	0 30.00		
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0 31.00		
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0 31.50		
31.99	Demonstration payment adjustment amount before sequestration	0 31.99		
32.00	Total amount payable to the provider (see instructions)	2,279,275 32.00		
32.01	Sequestration adjustment (see instructions)	45,586 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	2,218,515 33.00		
34.00	Tentative settlement (for contractor use only)	0 34.00		
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	15,174 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	8,880 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: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 6/21/2020 5:26 pm	
		Title XIX	Hospital	PPS	
			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		0		1.00
2.00	Medical and other services			7,262,327	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	7,262,327	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)		0	7,262,327	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		23,258,326		8.00
9.00	Ancillary service charges		37,777,804	42,540,847	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)		61,036,130	42,540,847	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)		61,036,130	42,540,847	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		61,036,130	35,278,520	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)		0	7,262,327	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		54,919	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		54,919	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)		54,919	7,262,327	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)		54,919	7,262,327	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)		54,919	7,262,327	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		54,919	7,262,327	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		22,941		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		77,860	7,262,327	40.00
41.00	Interim payments		7,060,576	7,508,459	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-6,982,716	-246,132	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 6/21/2020 5:26 pm	
		Title XIX	Subprovider - IRF	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		0		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)		0	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)		0	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		0	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)		0	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)		0	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)		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)		0	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		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)		0	0	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)		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		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		0	0	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)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/21/2020 5:26 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.			2.47	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))			-0.12	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)			2.35	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.88	6.00
7.00	Enter the lesser of line 5 or line 6			2.35	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.	0.01	2.46	2.47	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.	0.01	2.01	2.02	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	0.01	2.01		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.02	1.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.01	0.76		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.01	1.31		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.01	1.31		17.00
18.00	Per resident amount	92,238.24	92,238.24		18.00
19.00	Approved amount for resident costs	922	120,832	121,754	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.53	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			121,754	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	23,557	18,398		26.00
27.00	Total Inpatient Days (see instructions)	66,578	66,578		27.00
28.00	Ratio of inpatient days to total inpatient days	0.353826	0.276338		28.00
29.00	Program direct GME amount	43,080	33,645	76,725	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		2,355	2,355	30.00
31.00	Net Program direct GME amount			74,370	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/21/2020 5:26 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)		5,929,613	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)		58,131,970	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		5,952	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		58,126,018	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,964,211	42.00
43.00	Primary payer payments (see instructions)		4,862	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,959,349	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		76,085,367	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.763958	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.236042	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		74,370	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		56,816	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		17,554	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/21/2020 5:26 pm	
		Title XIX	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.			2.47	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))			-0.12	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)			2.35	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.88	6.00
7.00	Enter the lesser of line 5 or line 6			2.35	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.	0.01	2.46	2.47	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.	0.01	2.01	2.02	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	0.01	2.01		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.02	1.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.01	0.76		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.01	1.31		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.01	1.31		17.00
18.00	Per resident amount	92,238.24	92,238.24		18.00
19.00	Approved amount for resident costs	922	120,832	121,754	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.53	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			121,754	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	9,038	3,771		26.00
27.00	Total Inpatient Days (see instructions)	66,578	66,578		27.00
28.00	Ratio of inpatient days to total inpatient days	0.135751	0.056640		28.00
29.00	Program direct GME amount	16,528	6,896	23,424	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		483	483	30.00
31.00	Net Program direct GME amount			22,941	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/21/2020 5:26 pm
		Title XIX	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)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			22,941 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 26-0180

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

Worksheet G

Date/Time Prepared:
6/21/2020 5:26 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	752,309	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	62,704,508	0	0	0	4.00
5.00	Other receivable	1,251,754	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-30,368,765	0	0	0	6.00
7.00	Inventory	5,634,757	0	0	0	7.00
8.00	Prepaid expenses	454,908	0	0	0	8.00
9.00	Other current assets	407,295	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)	40,836,766	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	6,768,728	0	0	0	13.00
14.00	Accumulated depreciation	-6,027,075	0	0	0	14.00
15.00	Buildings	216,993,315	0	0	0	15.00
16.00	Accumulated depreciation	-139,252,648	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	2,957,932	0	0	0	19.00
20.00	Accumulated depreciation	-2,071,663	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	109,360,039	0	0	0	23.00
24.00	Accumulated depreciation	-100,883,187	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	3,375,973	0	0	0	27.00
28.00	Accumulated depreciation	-2,739,469	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)	90,722,270	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,474,701	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,474,701	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	135,033,737	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,840,859	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,292,447	0	0	0	38.00
39.00	Payroll taxes payable	190,309	0	0	0	39.00
40.00	Notes and loans payable (short term)	782,273	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	4,979,341	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,085,229	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,695,078	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	275,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,970,078	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,055,307	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	113,978,430				52.00
53.00	Specific purpose fund		0			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)	113,978,430	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	135,033,737	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0180

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

Worksheet G-1

Date/Time Prepared:
6/21/2020 5:26 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		101,172,694		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-27,544,435				2.00
3.00	Total (sum of line 1 and line 2)		73,628,259		0		3.00
4.00	TRANSFER FROM BJC	40,344,177		0		0	4.00
5.00	CHANGE IN RESTRICTED ASSETS	5,994		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)		40,350,171		0		10.00
11.00	Subtotal (line 3 plus line 10)		113,978,430		0		11.00
12.00	CHANGE IN RESTRICTED ASSETS	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)		113,978,430		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	TRANSFER FROM BJC		0				4.00
5.00	CHANGE IN RESTRICTED ASSETS		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	CHANGE IN RESTRICTED ASSETS		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: 26-0180

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
6/21/2020 5:26 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	147,774,037		147,774,037	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,606,297		5,606,297	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)	153,380,334		153,380,334	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,924,135		22,924,135	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,924,135		22,924,135	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	176,304,469		176,304,469	17.00
18.00	Ancillary services	366,751,628	554,259,602	921,011,230	18.00
19.00	Outpatient services	0	0	0	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	91,746	49,038,533	49,130,279	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRACTICE REVENUE	0	490,623	490,623	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	543,147,843	603,788,758	1,146,936,601	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		287,750,132		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NON OPERATING EXPENSES	2,400,514			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)		2,400,514		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		285,349,618		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0180

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

Worksheet G-3

Date/Time Prepared:
6/21/2020 5:26 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,146,936,601	1.00
2.00	Less contractual allowances and discounts on patients' accounts	877,762,517	2.00
3.00	Net patient revenues (line 1 minus line 2)	269,174,084	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	285,349,618	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,175,534	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	21,211	6.00
7.00	Income from investments	334,094	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,082,375	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	0	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	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BJC OTHER OPERATING REVENUE	591,084	24.00
24.01	OTHER OPERATING REVENUE	3,147,714	24.01
25.00	Total other income (sum of lines 6-24)	6,176,478	25.00
26.00	Total (line 5 plus line 25)	-9,999,056	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	16,492,057	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	511,787	27.01
27.02	BJC ACO OPERATIONS	541,535	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	17,545,379	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-27,544,435	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0180	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/21/2020 5:26 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,159,060	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		144,377	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)		174.03	3.00
4.00	Number of interns & residents (see instructions)		1.60	4.00
5.00	Indirect medical education percentage (see instructions)		0.26	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)		8,214	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.17	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.63	8.00
9.00	Sum of lines 7 and 8		27.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.79	10.00
11.00	Disproportionate share adjustment (see instructions)		182,910	11.00
12.00	Total prospective capital payments (see instructions)		3,494,561	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