

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/22/2018 1:12 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/22/2018 Time: 1:12 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SSM SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 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) KAREN REWERTS
 Officer or Administrator of Provider(s)

SYSTEM VICE PRESIDENT, FINANCE
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,711,768	4,314,209	0	0	1.00
2.00 Subprovider - IPF	0	71,847	-172		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	1,783,615	4,314,037	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 26-0105		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 1:32 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 3635 VISTA AVE			PO Box:				1.00				
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: SAINT LOUIS			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		SSM SAINT LOUIS UNIVERSITY HOSPITAL		260105	41180	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		SSM SAINT LOUIS UNIVERSITY PSYCH		26S105	41180	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FOHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00		
21.00	Type of Control (see instructions)						1		21.00			
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		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.			11,476	3,356	6,470	3,290	1,207	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0	25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 1:32 pm		
		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)	N				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) or (ii)? 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) or (ii)? 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		45.00
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		46.00
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		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
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				57.00
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				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-2
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			10.98	202.30	0.051482	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00		2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-2
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.61	56.20	0.044380	65.00
65.01		GERIATRIC MEDICINE	1408	0.41	1.75	0.189815	65.01
65.02		INTERNAL MEDICINE	1450	0.64	5.67	0.101426	65.02
		PEDIATRICS					
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			11.92	216.55	0.052173	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	0.00	0.80	0.000000	67.00
67.01		INTERNAL MEDICINE - GENERAL	1400	1.05	65.36	0.015811	67.01
67.02		INTERNAL MEDICINE - GERIATRIC MEDICI	1408	0.00	0.69	0.000000	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS - GEN	1450	0.00	0.08	0.000000	67.03
67.04		PSYCHIATRY - GERIATRIC PSYCHIATRY	2202	0.04	1.64	0.023810	67.04
67.05		INTERNAL MEDICINE - GENERAL	3900	0.00	0.08	0.000000	67.05

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N			81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N			87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 1:32 pm		
		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.						109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
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.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,658,174		21,883				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.				Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				07/06/1977			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				03/15/1995			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				07/01/1999			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	269020		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 1:32 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: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301		141.00
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		143.00
144.00 Are provider based physicians' costs included in Worksheet A?						
						1.00
						Y
						144.00
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.						
						1.00
						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.						
						2.00
						N
						146.00
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						
						1.00
						N
						147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						
						1.00
						N
						148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						
						1.00
						N
						149.00
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		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
		N	N	N	N	155.00
156.00 Subprovider - IPF		N	N	N	N	156.00
157.00 Subprovider - IRF		N	N	N	N	157.00
158.00 SUBPROVIDER						158.00
159.00 SNF		N	N	N	N	159.00
160.00 HOME HEALTH AGENCY		N	N	N	N	160.00
161.00 CMHC			N	N	N	161.00
Multi campus						
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N
						165.00
166.00		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
						5.00
						0.00
						166.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y
						167.00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
						168.00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						
						168.01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99
						169.00
						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)						10/01/2017
						12/31/2017
						170.00
						1.00
						2.00
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N
						0
						171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/18/2018 1:32 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/03/2018	Y	05/03/2018		16.00
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			17.00
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			18.00
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			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/18/2018 1:32 pm		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		LAMOND		41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3162		ERIC.LAMOND@SSMHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/18/2018 1:32 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.	FINANCE 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	226	82,490	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)		226	82,490	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	65	23,725	0.00	0	8.00
9.00 CORONARY CARE UNIT						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)		291	106,215	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,775		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		326				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	20,599	8,915	68,010			1.00
2.00 HMO and other (see instructions)	11,303	14,323				2.00
3.00 HMO IPF Subprovider	1,058	170				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,599	8,915	68,010			7.00
8.00 INTENSIVE CARE UNIT	5,951	2,561	20,126			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)	26,550	11,476	88,136	281.91	1,769.81	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,751	2,227	10,003	5.80	64.54	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	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)				287.71	1,834.35	27.00
28.00 Observation Bed Days		0	5,314			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2018 1:32 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
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	4,489	1,760	14,989	1.00
2.00 HMO and other (see instructions)				1,955	2,291		2.00
3.00 HMO IPF Subprovider					64		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		4,489	1,760	14,989	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		322	346	1,343	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/18/2018 1:32 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	130,138,058	248,371	130,386,429	3,526,725.00	36.97
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		2,672,970	0	2,672,970	27,222.00	98.19
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,100,482	0	1,100,482	21,260.00	51.76
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		26,432,031	0	26,432,031	624,352.00	42.34
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,745,034	-1,072,155	9,672,879	260,976.00	37.06
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		43,704,847	0	43,704,847	865,987.00	50.47
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,415,160	0	1,415,160	8,104.00	174.62
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		15,421,866	0	15,421,866	431,752.00	35.72
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		24,537,918	0	24,537,918	157,669.00	155.63
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,007,975	0	24,007,975		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,980,188	0	1,980,188		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		169,298	0	169,298		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		106,910	0	106,910		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,460,549	0	5,460,549		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,211,961	0	1,211,961	32,220.00	37.62
27.00	Administrative & General	5.00	14,509,684	-51,890	14,457,794	376,066.00	38.44

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/18/2018 1:32 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		888,058	0	888,058	6,471.00	137.24	28.00
29.00	Maintenance & Repairs	6.00	443,087	0	443,087	11,047.00	40.11	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		373,353	0	373,353	13,440.00	27.78	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		812,553	0	812,553	29,250.00	27.78	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	2,250,245	0	2,250,245	42,710.00	52.69	38.00
39.00	Central Services and Supply	14.00	939,036	0	939,036	52,368.00	17.93	39.00
40.00	Pharmacy	15.00	5,163,141	-29,022	5,134,119	119,923.00	42.81	40.00
41.00	Medical Records & Medical Records Library	16.00	2,089,536	0	2,089,536	66,961.00	31.21	41.00
42.00	Social Service	17.00	88,176	0	88,176	1,866.00	47.25	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
5/18/2018 1:32 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati 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)	102,006,539	248,371	102,254,910	2,903,052.00	35.22	1.00
2.00	Excluded area salaries (see instructions)	10,745,034	-1,072,155	9,672,879	260,976.00	37.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,261,505	1,320,526	92,582,031	2,642,076.00	35.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	60,541,873	0	60,541,873	1,305,843.00	46.36	4.00
5.00	Subtotal wage-related costs (see inst.)	29,468,524	0	29,468,524	0.00	31.83	5.00
6.00	Total (sum of lines 3 thru 5)	181,271,902	1,320,526	182,592,428	3,947,919.00	46.25	6.00
7.00	Total overhead cost (see instructions)	28,768,830	-80,912	28,687,918	752,322.00	38.13	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/18/2018 1:32 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,973,024	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		12,365,302	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		349,004	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		17,121	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)		7,777	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,283,644	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		9,498,478	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		2,453	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		90,563	22.00
23.00	Tuition Reimbursement		557,989	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		26,145,355	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/18/2018 1:32 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	43,704,847	26,145,355	1.00
2.00	Hospital	43,704,847	24,007,975	2.00
3.00	Subprovider - IPF	0	940,120	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,197,260	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/18/2018 1:32 pm
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			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)		0.208452	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		72,953,155	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		30,828,620	5.00
6.00	Medicaid charges		501,936,298	6.00
7.00	Medicaid cost (line 1 times line 6)		104,629,625	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)		847,850	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)		847,850	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)	94,216,919	11,155,145	105,372,064
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	19,639,705	11,155,145	30,794,850
22.00	Payments received from patients for amounts previously written off as charity care	270,486	2,202,951	2,473,437
23.00	Cost of charity care (line 21 minus line 22)	19,369,219	8,952,194	28,321,413
			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)		57,948,135	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,381,547	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,663,917	27.01
28.00	Non-Medicare bad debt expense (see instructions)		54,284,218	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		12,598,024	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		40,919,437	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		41,767,287	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		12,061,290		12,061,290	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,905,887	2,312,115	17,218,002	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,211,961	18,646,423	-411	19,857,973	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	14,509,684	100,802,085	-809,932	114,501,837	5.00	
6.00	00600	MAINTENANCE & REPAIRS	443,087	1,760,460	-60	2,203,487	6.00	
7.00	00700	OPERATION OF PLANT	0	11,863,079	222,836	12,085,915	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	999,515	0	999,515	8.00	
9.00	00900	HOUSEKEEPING	0	4,205,962	-690	4,205,272	9.00	
10.00	01000	DIETARY	0	6,341,705	-5,136,105	1,205,600	10.00	
11.00	01100	CAFETERIA	0	0	5,135,415	5,135,415	11.00	
13.00	01300	NURSING ADMINISTRATION	2,250,245	621,579	2,871,824	2,871,824	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	939,036	2,428,687	-472,441	2,895,282	14.00	
15.00	01500	PHARMACY	5,163,141	26,122,886	-25,440,508	5,845,519	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,089,536	268,371	2,357,907	2,357,217	16.00	
17.00	01700	SOCIAL SERVICE	88,176	7,864	96,040	96,040	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	90,461	51,165,092	51,255,553	51,255,553	22.00	
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	202,250	25,405	227,655	59,216	286,871	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0	0	57,352	57,352	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,873,023	16,218,506	46,091,529	-9,078,408	37,013,121	30.00
31.00	03100	INTENSIVE CARE UNIT	15,016,447	8,135,440	23,151,887	-3,981,295	19,170,592	31.00
40.00	04000	SUBPROVIDER - IPF	4,679,431	1,774,546	6,453,977	-71,362	6,382,615	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,628,042	29,076,600	36,704,642	-22,915,492	13,789,150	50.00
51.00	05100	RECOVERY ROOM	1,715,403	413,884	2,129,287	-119,141	2,010,146	51.00
53.00	05300	ANESTHESIOLOGY	2,894,269	9,207,134	12,101,403	-1,144,627	10,956,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,780,302	7,370,343	12,150,645	-5,087,638	7,063,007	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	742,155	1,120,925	1,863,080	-15,619	1,847,461	55.00
56.00	05600	RADIOISOTOPE	431,767	1,859,371	2,291,138	-153,558	2,137,580	56.00
57.00	05700	CT SCAN	1,284,754	1,834,769	3,119,523	-648,087	2,471,436	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	775,717	510,174	1,285,891	-73,972	1,211,919	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,095,901	10,452,560	11,548,461	-9,558,377	1,990,084	59.00
60.00	06000	LABORATORY	5,620,486	13,365,413	18,985,899	-2,359,140	16,626,759	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,553,156	4,553,156	2,457,643	7,010,799	62.00
64.00	06400	INTRAVENOUS THERAPY	373,521	19,269,675	19,643,196	-18,350,921	1,292,275	64.00
65.00	06500	RESPIRATORY THERAPY	3,033,046	1,635,572	4,668,618	-835,329	3,833,289	65.00
66.00	06600	PHYSICAL THERAPY	2,133,554	267,067	2,400,621	-49,657	2,350,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,083,753	81,930	1,165,683	0	1,165,683	67.00
68.00	06800	SPEECH PATHOLOGY	198,683	14,996	213,679	0	213,679	68.00
69.00	06900	ELECTROCARDIOLOGY	1,735,681	535,381	2,271,062	-74,320	2,196,742	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	365,809	325,597	691,406	-35,517	655,889	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	33,079,317	33,079,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,028,992	19,028,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	40,963,663	40,963,663	73.00
74.00	07400	RENAL DIALYSIS	0	2,003,193	2,003,193	-48,771	1,954,422	74.00
76.00	03330	ENDOSCOPY	1,297,627	3,134,920	4,432,547	-2,560,295	1,872,252	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,239,079	3,585,955	6,825,034	3,665,423	10,490,457	90.00
91.00	09100	EMERGENCY	7,288,678	15,606,532	22,895,210	-1,841,748	21,053,462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,956,467	2,474,568	5,431,035	1,186,949	6,617,984	105.00
107.00	10700	LIVER ACQUISITION	0	1,271,502	1,271,502	2,687,784	3,959,286	107.00
109.00	10900	PANCREAS ACQUISITION	0	58,979	58,979	7,406	66,385	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,231,172	408,384,978	535,616,150	0	535,616,150	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	4,828	-11,228	-6,400	0	-6,400	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,319,357	1,114,335	2,433,692	0	2,433,692	192.00
192.01	19201	CONTRACT PHARMACY	0	6,061,925	6,061,925	0	6,061,925	192.01
194.00	07950	OTHER NON-REIMBURSABLE	1,582,701	1,373,318	2,956,019	0	2,956,019	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	130,138,058	416,923,328	547,061,386	0	547,061,386	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	600,393	12,661,683	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,960,768	20,178,770	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	467,463	20,325,436	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,768,241	141,270,078	5.00
6.00	00600	MAINTENANCE & REPAIRS	-89,200	2,114,287	6.00
7.00	00700	OPERATION OF PLANT	-2,955,091	9,130,824	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	999,515	8.00
9.00	00900	HOUSEKEEPING	-39	4,205,233	9.00
10.00	01000	DIETARY	-921,628	283,972	10.00
11.00	01100	CAFETERIA	0	5,135,415	11.00
13.00	01300	NURSING ADMINISTRATION	-140,169	2,731,655	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,895,282	14.00
15.00	01500	PHARMACY	-33,609	5,811,910	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,357,217	16.00
17.00	01700	SOCIAL SERVICE	0	96,040	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	51,255,553	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	286,871	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	57,352	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-533,615	36,479,506	30.00
31.00	03100	INTENSIVE CARE UNIT	-268	19,170,324	31.00
40.00	04000	SUBPROVIDER - I PF	-895,040	5,487,575	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-11,012	13,778,138	50.00
51.00	05100	RECOVERY ROOM	-30	2,010,116	51.00
53.00	05300	ANESTHESIOLOGY	-9,861,068	1,095,708	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,508	7,061,499	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-581,660	1,265,801	55.00
56.00	05600	RADIOISOTOPE	0	2,137,580	56.00
57.00	05700	CT SCAN	-1,435	2,470,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-135	1,211,784	58.00
59.00	05900	CARDIAC CATHETERIZATION	-183	1,989,901	59.00
60.00	06000	LABORATORY	-16,238	16,610,521	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-2,983	7,007,816	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,292,275	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,833,289	65.00
66.00	06600	PHYSICAL THERAPY	0	2,350,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,165,683	67.00
68.00	06800	SPEECH PATHOLOGY	-7	213,672	68.00
69.00	06900	ELECTROCARDIOLOGY	-733	2,196,009	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-423	655,466	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-244,064	32,835,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,028,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,963,663	73.00
74.00	07400	RENAL DIALYSIS	-7	1,954,415	74.00
76.00	03330	ENDOSCOPY	-40	1,872,212	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-5,373,093	5,117,364	90.00
91.00	09100	EMERGENCY	-9,225,821	11,827,641	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-47,058	6,570,926	105.00
107.00	10700	LIVER ACQUISITION	-82,754	3,876,532	107.00
109.00	10900	PANCREAS ACQUISITION	-74	66,311	109.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-222,120	535,394,030	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	-6,400	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,433,692	192.00
192.01	19201	CONTRACT PHARMACY	0	6,061,925	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	2,956,019	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-222,120	546,839,266	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD					
1.00		0.00	0	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,441,798	24.00
25.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	33,079,317	25.00
26.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,028,992	26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	40,963,663	27.00
	0		0	95,513,770	
B - DIETARY					
1.00	CAFETERIA	11.00	0	5,135,415	1.00
2.00		0.00	0	0	2.00
	0		0	5,135,415	
C - EQUIPMENT LEASE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,312,115	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	0		0	2,312,115	
D - HLA TESTING					
1.00		0.00	0	0	1.00
2.00	CLINIC	90.00	0	150,432	2.00
3.00	KIDNEY ACQUISITION	105.00	0	1,560,964	3.00
	0		0	1,711,396	
E - ORGAN TRANSPLANT					
1.00		0.00	0	0	1.00
2.00	CLINIC	90.00	1,153,067	2,471,755	2.00
3.00	LIVER ACQUISITION	107.00	953,218	1,734,566	3.00

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/18/2018 1:32 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	PANCREAS ACQUISITION	109.00	1,857	5,549	4.00
5.00	KIDNEY ACQUISITION	105.00	0	1,734,127	5.00
			2,108,142	5,945,997	
F - CLINICAL PASTORAL EDUCATION					
1.00		0.00	0	0	1.00
2.00	PARAMED ED-CLINICAL PASTORAL	23.01	51,890	5,462	2.00
			51,890	5,462	
G - PARKING LOT LEASE					
1.00		0.00	0	0	1.00
2.00	OPERATION OF PLANT	7.00	0	225,060	2.00
			0	225,060	
H - DIRECTORSHIP FEES					
1.00		0.00	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	65,363	0	2.00
3.00	OPERATING ROOM	50.00	42,795	0	3.00
4.00	LABORATORY	60.00	96,488	0	4.00
5.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	18,000	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	4,650	0	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	2,775	0	7.00
8.00	EMERGENCY	91.00	18,300	0	8.00
			248,371	0	
I - NUCLEAR MEDICINE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	26,458	1,984	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	26,458	1,984	2.00
3.00		0.00	0	0	3.00
4.00	CT_SCAN	57.00	26,458	1,984	4.00
			79,374	5,952	
J - PHARMACY RESIDENCY					
1.00		0.00	0	0	1.00
2.00	PARAMED ED-PHARMACY RESIDENCY	23.00	29,022	30,194	2.00
	TOTALS		29,022	30,194	
500.00	Grand Total: Increases		2,516,799	110,885,361	500.00

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/18/2018 1:32 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD						
1.00	PHARMACY	15.00	0	25,080,978	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,197,774	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,967,178	0	3.00
4.00	SUBPROVIDER - IPF	40.00	0	70,783	0	4.00
5.00	OPERATING ROOM	50.00	0	22,751,539	0	5.00
6.00	RECOVERY ROOM	51.00	0	107,777	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	1,144,627	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,079,137	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	42,658	0	9.00
10.00	RADIOISOTOPE	56.00	0	67,515	0	10.00
11.00	CT SCAN	57.00	0	676,288	0	11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	73,751	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	9,520,343	0	13.00
14.00	LABORATORY	60.00	0	736,093	0	14.00
15.00	INTRAVENOUS THERAPY	64.00	0	18,350,921	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	756,042	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	48,850	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	78,970	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	37,885	0	19.00
20.00	RENAL DIALYSIS	74.00	0	48,771	0	20.00
21.00	ENDOSCOPY	76.00	0	1,785,880	0	21.00
22.00	CLINIC	90.00	0	108,566	0	22.00
23.00	EMERGENCY	91.00	0	1,779,289	0	23.00
24.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,155	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
				95,513,770		
B - DIETARY						
1.00		0.00	0	0	0	1.00
2.00	DIETARY	10.00	0	5,135,415	0	2.00
				5,135,415		
C - EQUIPMENT LEASE						
1.00		0.00	0	0	10	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	411	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	279,149	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	60	0	4.00
5.00	OPERATION OF PLANT	7.00	0	2,224	0	5.00
6.00	HOUSEKEEPING	9.00	0	690	0	6.00
7.00	DIETARY	10.00	0	690	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	472,441	0	8.00
9.00	PHARMACY	15.00	0	300,314	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	690	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	14,117	0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	579	0	12.00
13.00	OPERATING ROOM	50.00	0	206,748	0	13.00
14.00	RECOVERY ROOM	51.00	0	11,364	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	36,943	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,403	0	16.00
17.00	RADIOISOTOPE	56.00	0	717	0	17.00
18.00	CT SCAN	57.00	0	241	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	221	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	38,034	0	20.00
21.00	LABORATORY	60.00	0	8,139	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	79,287	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	807	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	407	0	24.00
25.00	ENDOSCOPY	76.00	0	774,415	0	25.00
26.00	CLINIC	90.00	0	1,265	0	26.00
27.00	EMERGENCY	91.00	0	80,759	0	27.00
				2,312,115		
D - HLA TESTING						
1.00	LABORATORY	60.00	0	1,711,396	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
				1,711,396		
E - ORGAN TRANSPLANT						
1.00	ADULTS & PEDIATRICS	30.00	0	5,945,997	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/18/2018 1:32 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00		0.00	0	0	0	4.00
5.00	KIDNEY ACQUISITION	105.00	2,108,142	0	0	5.00
	0		2,108,142	5,945,997		
F - CLINICAL PASTORAL EDUCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	51,890	5,462	0	1.00
2.00		0.00	0	0	0	2.00
	0		51,890	5,462		
G - PARKING LOT LEASE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	225,060	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	225,060		
H - DIRECTORSHIP FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	248,371	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	0		0	248,371		
I - NUCLEAR MEDICINE						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	RADIOISOTOPE	56.00	79,374	5,952	0	3.00
4.00		0.00	0	0	0	4.00
	0		79,374	5,952		
J - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	29,022	30,194	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		29,022	30,194		
500.00	Grand Total: Decreases		2,268,428	111,133,732		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
5/18/2018 1:32 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	9,580,000	6,350,263	0	6,350,263	0	1.00
2.00	Land Improvements	148,910	0	0	0	0	2.00
3.00	Buildings and Fixtures	55,341,928	8,657,818	0	8,657,818	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	579,540	242,865	0	242,865	0	5.00
6.00	Movable Equipment	24,750,110	14,131,287	0	14,131,287	192,000	6.00
7.00	HIT designated Assets	6,759,056	1,818,788	0	1,818,788	-3,754,944	7.00
8.00	Subtotal (sum of lines 1-7)	97,159,544	31,201,021	0	31,201,021	-3,562,944	8.00
9.00	Reconciling Items	-35,316,135	-35,140,923	0	-35,140,923	18,500	9.00
10.00	Total (line 8 minus line 9)	132,475,679	66,341,944	0	66,341,944	-3,581,444	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,930,263	0				1.00
2.00	Land Improvements	148,910	0				2.00
3.00	Buildings and Fixtures	63,999,746	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	822,405	0				5.00
6.00	Movable Equipment	38,689,397	0				6.00
7.00	HIT designated Assets	12,332,788	0				7.00
8.00	Subtotal (sum of lines 1-7)	131,923,509	0				8.00
9.00	Reconciling Items	-70,475,558	0				9.00
10.00	Total (line 8 minus line 9)	202,399,067	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
5/18/2018 1:32 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	CAP REL COSTS-BLDG & FIXT	11,836,638	0	224,652	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,905,887	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,742,525	0	224,652	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	12,061,290				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,905,887				2.00
3.00	Total (sum of lines 1-2)	0	26,967,177				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
5/18/2018 1:32 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	CAP REL COSTS-BLDG & FIXT	150,554,476	0	150,554,476	0.743850	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	51,844,590	0	51,844,590	0.256150	0	2.00
3.00	Total (sum of lines 1-2)	202,399,066	0	202,399,066	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,437,031	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	18,091,307	2,312,115	2.00
3.00	Total (sum of lines 1-2)	0	0	0	30,528,338	2,312,115	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	224,652	0	0	0	12,661,683	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-224,652	0	0	0	20,178,770	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	32,840,453	3.00

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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)			0	ADMINISTRATIVE & GENERAL	5.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-22,751,702				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	38,927,350				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0	ADMINISTRATIVE & GENERAL	5.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 FRA	A	-2,633,376	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
33.01	BAD DEBT	A	-17,467	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	CRNA, AA	A	-2,842,268	ANESTHESIOLOGY	53.00	0	33.02
33.03	MID-LEVEL	A	-62,639	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	MID-LEVEL	A	-92,052	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MID-LEVEL	A	-902,697	CLINIC	90.00	0	33.05
33.06	MID-LEVEL	A	-41,868	KIDNEY ACQUISITION	105.00	0	33.06
33.07	MID-LEVEL	A	-82,754	LIVER ACQUISITION	107.00	0	33.07
33.08	MID-LEVEL	A	-74	PANCREAS ACQUISITION	109.00	0	33.08
33.09	NON-MEDICAL TRANSPORT	A	-602,681	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	NON-PATIENT	A	-5,000	KIDNEY ACQUISITION	105.00	0	33.10
33.11	LOBBYING	A	-43,128	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	TELEPHONE	A	-6,255	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	TELEPHONE	A	-17,485	OPERATION OF PLANT	7.00	0	33.13
33.14	TELEPHONE	A	-39	HOUSEKEEPING	9.00	0	33.14
33.15	TELEPHONE	A	-81	NURSING ADMINISTRATION	13.00	0	33.15
33.16	TELEPHONE	A	-219	PHARMACY	15.00	0	33.16
33.17	TELEPHONE	A	-29	SUBPROVIDER - IPF	40.00	0	33.17
33.18	TELEPHONE	A	-58	OPERATING ROOM	50.00	0	33.18
33.19	TELEPHONE	A	-38	RADIOLOGY-DIAGNOSTIC	54.00	0	33.19
33.20	TELEPHONE	A	-25	RADIOLOGY-THERAPEUTIC	55.00	0	33.20
33.21	TELEPHONE	A	-115	EMERGENCY	91.00	0	33.21
33.22	TELEPHONE	A	-133	KIDNEY ACQUISITION	105.00	0	33.22
33.23	GIFT	A	-50,095	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	GIFT	A	-607	PHARMACY	15.00	0	33.24
33.25	GIFT	A	-489	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	GIFT	A	-218	INTENSIVE CARE UNIT	31.00	0	33.26
33.27	GIFT	A	-39	SUBPROVIDER - IPF	40.00	0	33.27
33.28	GIFT	A	-71	OPERATING ROOM	50.00	0	33.28
33.29	GIFT	A	-820	RADIOLOGY-DIAGNOSTIC	54.00	0	33.29
33.30	GIFT	A	-135	CT SCAN	57.00	0	33.30
33.31	GIFT	A	-135	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.31
33.32	GIFT	A	-183	CARDIAC CATHETERIZATION	59.00	0	33.32
33.33	GIFT	A	-135	ELECTROCARDIOLOGY	69.00	0	33.33
33.34	GIFT	A	-164	CLINIC	90.00	0	33.34
33.35	ENTERTAINMENT	A	-16,483	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36	ENTERTAINMENT	A	-6,381	PHARMACY	15.00	0	33.36
33.37	ENTERTAINMENT	A	-395	ADULTS & PEDIATRICS	30.00	0	33.37
33.38	ENTERTAINMENT	A	-50	INTENSIVE CARE UNIT	31.00	0	33.38
33.39	ENTERTAINMENT	A	-45	RADIOLOGY-THERAPEUTIC	55.00	0	33.39
33.40	ENTERTAINMENT	A	-1,300	CT SCAN	57.00	0	33.40
33.41	MISCELLANEOUS REVENUE	B	-4,902,488	ADMINISTRATIVE & GENERAL	5.00	0	33.41
33.42	MISCELLANEOUS REVENUE	B	-2,937,606	OPERATION OF PLANT	7.00	0	33.42
33.43	MISCELLANEOUS REVENUE	B	-921,628	DIETARY	10.00	0	33.43
33.44	MISCELLANEOUS REVENUE	B	-26,402	PHARMACY	15.00	0	33.44
33.45	MISCELLANEOUS REVENUE	B	-290	RADIOLOGY-DIAGNOSTIC	54.00	0	33.45
33.46	MISCELLANEOUS REVENUE	B	-211	LABORATORY	60.00	0	33.46
33.47	CHAIFETZ ARENA	A	-130,168	ADMINISTRATIVE & GENERAL	5.00	0	33.47
33.48	TELEVISION	A	-48,036	NURSING ADMINISTRATION	13.00	0	33.48
33.49	TELEVISION	A	-563	ADULTS & PEDIATRICS	30.00	0	33.49
33.50	TELEVISION	A	-97	SUBPROVIDER - IPF	40.00	0	33.50
33.51	TELEVISION	A	-818	OPERATING ROOM	50.00	0	33.51
33.52	TELEVISION	A	-30	RECOVERY ROOM	51.00	0	33.52
33.53	TELEVISION	A	-360	RADIOLOGY-DIAGNOSTIC	54.00	0	33.53
33.54	TELEVISION	A	-10	RADIOLOGY-THERAPEUTIC	55.00	0	33.54
33.55	TELEVISION	A	-7	LABORATORY	60.00	0	33.55
33.56	TELEVISION	A	-7	SPEECH PATHOLOGY	68.00	0	33.56
33.57	TELEVISION	A	-132	ELECTROENCEPHALOGRAPHY	70.00	0	33.57
33.58	TELEVISION	A	-7	RENAL DIALYSIS	74.00	0	33.58
33.59	TELEVISION	A	-40	ENDOSCOPY	76.00	0	33.59
33.60	TELEVISION	A	-585	EMERGENCY	91.00	0	33.60
33.61	TELEVISION	A	-57	KIDNEY ACQUISITION	105.00	0	33.61
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-222,120				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/18/2018 1:32 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

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:
5/18/2018 1:32 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	600,393	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3,185,420	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE - INTEREST	0	224,652
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	530,102	0
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	37,298,382	2,128,000
4.02	6.00	MAINTENANCE & REPAIRS	HOME OFFICE	0	89,200
4.03	50.00	OPERATING ROOM	HOME OFFICE	0	1,031
4.04	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-244,064	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			41,370,233	2,442,883

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/18/2018 1:32 pm
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	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	600,393	9		1.00
2.00	3,185,420	9		2.00
3.00	-224,652	11		3.00
4.00	530,102	0		4.00
4.01	35,170,382	0		4.01
4.02	-89,200	0		4.02
4.03	-1,031	0		4.03
4.04	-244,064	0		4.04
5.00	38,927,350			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:
5/18/2018 1:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,232,152	0	1,232,152	211,500	6,884	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	894,875	894,875	0	0	0	3.00
4.00	50.00	OPERATING ROOM	42,795	0	42,795	246,400	285	4.00
5.00	53.00	ANESTHESIOLOGY	7,018,800	7,018,800	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	581,580	581,580	0	0	0	6.00
7.00	60.00	LABORATORY	96,488	0	96,488	260,300	643	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,000	0	18,000	260,300	120	8.00
9.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	4,650	0	4,650	271,900	31	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	2,775	0	2,775	271,900	19	11.00
12.00	90.00	CLINIC	4,470,232	4,470,232	0	0	0	12.00
13.00	91.00	EMERGENCY	9,237,526	9,219,226	18,300	211,500	122	13.00
200.00			23,599,873	22,184,713	1,415,160		8,104	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	699,984	34,999	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	33,761	1,688	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	80,468	4,023	0	0	0	7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,017	751	0	0	0	8.00
9.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	4,052	203	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	2,484	124	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	12,405	620	0	0	0	13.00
200.00			848,171	42,408	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	699,984	532,168	532,168		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	894,875		3.00
4.00	50.00	OPERATING ROOM	0	33,761	9,034	9,034		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	7,018,800		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	581,580		6.00
7.00	60.00	LABORATORY	0	80,468	16,020	16,020		7.00
8.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,017	2,983	2,983		8.00
9.00	64.00	INTRAVENOUS THERAPY	0	0	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	4,052	598	598		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	2,484	291	291		11.00
12.00	90.00	CLINIC	0	0	0	4,470,232		12.00
13.00	91.00	EMERGENCY	0	12,405	5,895	9,225,121		13.00
200.00			0	848,171	566,989	22,751,702		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,661,683	12,661,683			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	20,178,770		20,178,770		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,325,436	113,138	31,485	20,470,059	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	141,270,078	1,140,155	4,879,572	2,291,097	149,580,902
6.00 00600	MAINTENANCE & REPAIRS	2,114,287	34,328	25,737	70,215	2,244,567
7.00 00700	OPERATION OF PLANT	9,130,824	1,845,357	35,800	0	11,011,981
8.00 00800	LAUNDRY & LINEN SERVICE	999,515	34,952	203	0	1,034,670
9.00 00900	HOUSEKEEPING	4,205,233	145,777	14,944	0	4,365,954
10.00 01000	DIETARY	283,972	221,257	62,058	0	567,287
11.00 01100	CAFETERIA	5,135,415	66,689	0	0	5,202,104
13.00 01300	NURSING ADMINISTRATION	2,731,655	20,059	742,253	356,592	3,850,559
14.00 01400	CENTRAL SERVICES & SUPPLY	2,895,282	241,776	185,379	148,807	3,471,244
15.00 01500	PHARMACY	5,811,910	96,999	254,014	813,594	6,976,517
16.00 01600	MEDICAL RECORDS & LIBRARY	2,357,217	106,610	6,823	331,125	2,801,775
17.00 01700	SOCIAL SERVICE	96,040	7,479	51	13,973	117,543
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	51,255,553	0	1,329	14,335	51,271,217
23.00 02300	PARAMED ED-PHARMACY RESIDENCY	286,871	3,854	0	36,649	327,374
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED	57,352	5,773	0	8,223	71,348
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	36,479,506	1,572,960	247,391	4,744,318	43,044,175
31.00 03100	INTENSIVE CARE UNIT	19,170,324	543,253	283,010	2,379,626	22,376,213
40.00 04000	SUBPROVIDER - IPF	5,487,575	302,904	73,554	741,540	6,605,573
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,778,138	785,488	3,244,243	1,215,582	19,023,451
51.00 05100	RECOVERY ROOM	2,010,116	155,585	12,774	271,836	2,450,311
53.00 05300	ANESTHESIOLOGY	1,095,708	108,119	103,983	458,649	1,766,459
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,061,499	328,081	2,815,004	761,718	10,966,302
55.00 05500	RADIOLOGY-THERAPEUTIC	1,265,801	111,465	696,093	121,801	2,195,160
56.00 05600	RADIOISOTOPE	2,137,580	84,419	54,274	55,843	2,332,116
57.00 05700	CT SCAN	2,470,001	60,637	613,314	207,785	3,351,737
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,211,784	93,538	1,675,465	122,926	3,103,713
59.00 05900	CARDIAC CATHETERIZATION	1,989,901	146,597	1,566,221	173,665	3,876,384
60.00 06000	LABORATORY	16,610,521	338,266	345,353	905,957	18,200,097
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,007,816	49,598	40,872	2,852	7,101,138
64.00 06400	INTRAVENOUS THERAPY	1,292,275	4,642	3,124	59,191	1,359,232
65.00 06500	RESPIRATORY THERAPY	3,833,289	73,725	241,937	480,641	4,629,592
66.00 06600	PHYSICAL THERAPY	2,350,964	124,160	16,971	338,100	2,830,195
67.00 06700	OCCUPATIONAL THERAPY	1,165,683	27,079	491	171,740	1,364,993
68.00 06800	SPEECH PATHOLOGY	213,672	0	3,807	31,485	248,964
69.00 06900	ELECTROCARDIOLOGY	2,196,009	79,334	590,301	275,787	3,141,431
70.00 07000	ELECTROENCEPHALOGRAPHY	655,466	0	148,129	58,409	862,004
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	32,835,253	0	0	0	32,835,253
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,028,992	0	0	0	19,028,992
73.00 07300	DRUGS CHARGED TO PATIENTS	40,963,663	0	0	0	40,963,663
74.00 07400	RENAL DIALYSIS	1,954,415	59,948	8,431	0	2,022,794
76.00 03330	ENDOSCOPY	1,872,212	96,441	455,057	205,632	2,629,342
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,117,364	550,043	248,581	696,015	6,612,003
91.00 09100	EMERGENCY	11,827,641	309,908	354,836	1,157,922	13,650,307
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	6,570,926	32,836	93,590	134,432	6,831,784
107.00 10700	LIVER ACQUISITION	3,876,532	24,438	0	151,055	4,052,025
109.00 10900	PANCREAS ACQUISITION	66,311	115	0	294	66,720
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	535,394,030	10,147,782	20,176,454	20,009,411	532,417,165
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	-6,400	32,410	743	765	27,518
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,433,692	0	1,134	209,076	2,643,902
192.01 19201	CONTRACT PHARMACY	6,061,925	0	0	0	6,061,925
194.00 07950	OTHER NON-REIMBURSABLE	2,956,019	2,481,491	439	250,807	5,688,756
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	546,839,266	12,661,683	20,178,770	20,470,059	546,839,266

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	149,580,902					5.00
6.00	00600	MAINTENANCE & REPAIRS	845,154	3,089,721				6.00
7.00	00700	OPERATION OF PLANT	4,146,374	501,284	15,659,639			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	389,587	9,495	57,440	1,491,192		8.00
9.00	00900	HOUSEKEEPING	1,643,926	39,600	239,573	0	6,289,053	9.00
10.00	01000	DIETARY	213,602	60,104	363,618	0	148,978	10.00
11.00	01100	CAFETERIA	1,958,764	18,116	109,598	0	44,903	11.00
13.00	01300	NURSING ADMINISTRATION	1,449,863	5,449	32,966	0	13,506	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,307,038	65,677	397,338	0	162,794	14.00
15.00	01500	PHARMACY	2,626,889	26,349	159,410	0	65,312	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,054,961	28,960	175,205	0	71,783	16.00
17.00	01700	SOCIAL SERVICE	44,259	2,032	12,291	0	5,036	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	19,305,325	0	0	0	0	22.00
23.00	02300	PARAMED-ED-PHARMACY RESIDENCY	123,267	1,047	6,334	0	2,595	23.00
23.01	02301	PARAMED-ED-CLINICAL PASTORAL ED	26,865	1,568	9,488	0	3,887	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,207,552	427,289	2,585,029	1,033,391	1,059,114	30.00
31.00	03100	INTENSIVE CARE UNIT	8,425,383	147,573	892,791	305,808	365,786	31.00
40.00	04000	SUBPROVIDER - I/PF	2,487,216	82,283	497,798	151,993	203,953	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,162,957	213,375	1,290,884	0	528,889	50.00
51.00	05100	RECOVERY ROOM	922,623	42,264	255,692	0	104,760	51.00
53.00	05300	ANESTHESIOLOGY	665,130	29,370	177,685	0	72,799	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,129,175	89,122	539,173	0	220,905	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	826,550	30,279	183,184	0	75,052	55.00
56.00	05600	RADIOISOTOPE	878,119	22,932	138,735	0	56,841	56.00
57.00	05700	CT SCAN	1,262,040	16,472	99,651	0	40,828	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,168,650	25,409	153,722	0	62,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,459,586	39,823	240,920	0	98,708	59.00
60.00	06000	LABORATORY	6,852,937	91,889	555,912	0	227,763	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,673,813	13,473	81,511	0	33,396	62.00
64.00	06400	INTRAVENOUS THERAPY	511,796	1,261	7,628	0	3,125	64.00
65.00	06500	RESPIRATORY THERAPY	1,743,194	20,027	121,161	0	49,641	65.00
66.00	06600	PHYSICAL THERAPY	1,065,662	33,728	204,047	0	83,600	66.00
67.00	06700	OCCUPATIONAL THERAPY	513,965	7,356	44,502	0	18,233	67.00
68.00	06800	SPEECH PATHOLOGY	93,743	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,182,852	21,551	130,380	0	53,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	324,573	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	12,363,556	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,165,043	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,424,171	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	761,649	16,285	98,519	0	40,364	74.00
76.00	03330	ENDOSCOPY	990,034	26,198	158,493	0	64,936	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,489,637	149,417	903,950	0	370,358	90.00
91.00	09100	EMERGENCY	5,139,791	84,185	509,308	0	208,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,572,392	8,920	53,963	0	22,109	105.00
107.00	10700	LIVER ACQUISITION	1,525,721	6,639	40,162	0	16,455	107.00
109.00	10900	PANCREAS ACQUISITION	25,122	31	189	0	77	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	144,150,506	2,406,832	11,528,250	1,491,192	4,601,555	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	10,361	8,804	53,262	0	21,822	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	995,516	0	0	0	0	192.00
192.01	19201	CONTRACT PHARMACY	2,282,515	0	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	2,142,004	674,085	4,078,127	0	1,665,676	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	149,580,902	3,089,721	15,659,639	1,491,192	6,289,053	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,353,589					10.00
11.00	01100	0	7,333,485				11.00
13.00	01300	0	144,409	5,496,752			13.00
14.00	01400	0	60,263	0	5,464,354		14.00
15.00	01500	0	329,482	0	131	10,184,090	15.00
16.00	01600	0	134,096	0	5	0	16.00
17.00	01700	0	5,659	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	5,805	0	0	0	22.00
23.00	02300	0	14,842	0	0	0	23.00
23.01	02301	0	3,330	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	938,033	1,921,273	1,925,562	3,207	12,394	30.00
31.00	03100	277,589	963,680	1,511,068	3,816	8,202	31.00
40.00	04000	137,967	300,302	305,832	45	174	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	492,276	429,411	4,477	101,001	50.00
51.00	05100	0	110,086	157,773	81	177	51.00
53.00	05300	0	185,740	58,388	794	720	53.00
54.00	05400	0	308,474	76,684	7,566	6,456	54.00
55.00	05500	0	49,326	17,704	685	8,443	55.00
56.00	05600	0	22,615	0	79,155	32,528	56.00
57.00	05700	0	84,147	0	16,060	5,409	57.00
58.00	05800	0	49,782	0	0	0	58.00
59.00	05900	0	70,329	40,930	927	62	59.00
60.00	06000	0	366,887	3,345	148,910	5,133	60.00
62.00	06200	0	1,155	29,125	329,670	0	62.00
64.00	06400	0	23,971	0	457	9,991,760	64.00
65.00	06500	0	194,646	0	12,003	973	65.00
66.00	06600	0	136,921	0	2	4,787	66.00
67.00	06700	0	69,550	0	0	0	67.00
68.00	06800	0	12,750	0	0	0	68.00
69.00	06900	0	111,686	26,066	347	2	69.00
70.00	07000	0	23,654	0	1	0	70.00
71.00	07100	0	0	0	1,645,165	0	71.00
72.00	07200	0	0	0	946,387	0	72.00
73.00	07300	0	0	0	2,253,989	0	73.00
74.00	07400	0	0	0	90	2	74.00
76.00	03330	0	83,275	111,352	5,610	3	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	281,866	143,847	387	58	90.00
91.00	09100	0	468,925	565,278	4,387	5,806	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	54,441	94,387	0	0	105.00
107.00	10700	0	61,173	0	0	0	107.00
109.00	10900	0	119	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00
118.00		1,353,589	7,146,935	5,496,752	5,464,354	10,184,090	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	310	0	0	0	190.00
192.00	19200	0	84,670	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	101,570	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,353,589	7,333,485	5,496,752	5,464,354	10,184,090	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,266,785				16.00
17.00	01700	SOCIAL SERVICE	0	186,820			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0			22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	0			23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	216,926	129,466	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	154,145	38,312	0	0	31.00
40.00	04000	SUBPROVIDER - I/PF	39,354	19,042	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	287,278	0	0	0	50.00
51.00	05100	RECOVERY ROOM	27,901	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	55,658	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,240	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	29,213	0	0	0	55.00
56.00	05600	RADIOISOTOPE	25,690	0	0	0	56.00
57.00	05700	CT SCAN	270,795	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	80,675	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	94,560	0	0	0	59.00
60.00	06000	LABORATORY	440,082	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,155	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	101,218	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	62,098	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	28,655	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,292	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,214	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	55,052	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,127	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	265,007	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	202,867	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,031,743	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,707	0	0	0	74.00
76.00	03330	ENDOSCOPY	36,984	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	129,539	0	0	0	90.00
91.00	09100	EMERGENCY	325,806	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	21,135	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	8,401	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	268	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,266,785	186,820	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CONTRACT PHARMACY	0	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,266,785	186,820	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS A					
		22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	70,582,347				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		475,459			23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			116,486		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,228,897	118,865	80,724	103,931,897	-34,228,897
31.00	03100	INTENSIVE CARE UNIT	4,485,166	118,865	23,889	40,098,286	-4,485,166
40.00	04000	SUBPROVIDER - IPF	4,485,166	0	11,873	15,328,571	-4,485,166
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,622,761	0	0	40,156,760	-10,622,761
51.00	05100	RECOVERY ROOM	0	0	0	4,071,668	0
53.00	05300	ANESTHESIOLOGY	6,609,718	0	0	9,622,461	-6,609,718
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,249,105	0	0	20,772,202	-4,249,105
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,415,596	0
56.00	05600	RADIOISOTOPE	0	0	0	3,588,731	0
57.00	05700	CT SCAN	0	0	0	5,147,139	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,644,933	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,922,229	0
60.00	06000	LABORATORY	2,360,614	118,865	0	29,372,434	-2,360,614
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	10,317,436	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,000,448	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,833,335	0
66.00	06600	PHYSICAL THERAPY	0	0	0	4,387,597	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,039,891	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	359,671	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,722,785	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,216,359	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	47,108,981	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,343,289	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	59,673,566	0
74.00	07400	RENAL DIALYSIS	0	0	0	2,950,410	0
76.00	03330	ENDOSCOPY	0	0	0	4,106,227	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	29,716	0	11,110,778	0
91.00	09100	EMERGENCY	3,540,920	59,432	0	24,562,814	-3,540,920
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	29,716	0	9,688,847	0
107.00	10700	LIVER ACQUISITION	0	0	0	5,710,576	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	92,526	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,582,347	475,459	116,486	520,298,443	-70,582,347
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	122,077	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,724,088	0
192.01	19201	CONTRACT PHARMACY	0	0	0	8,344,440	0
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	14,350,218	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	70,582,347	475,459	116,486	546,839,266	-70,582,347

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300 PARAMED ED-PHARMACY RESIDENCY		23.00
23.01	02301 PARAMED ED-CLINICAL PASTORAL ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	69,703,000	30.00
31.00	03100 INTENSIVE CARE UNIT	35,613,120	31.00
40.00	04000 SUBPROVIDER - IPF	10,843,405	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	29,533,999	50.00
51.00	05100 RECOVERY ROOM	4,071,668	51.00
53.00	05300 ANESTHESIOLOGY	3,012,743	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,523,097	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,415,596	55.00
56.00	05600 RADIOISOTOPE	3,588,731	56.00
57.00	05700 CT SCAN	5,147,139	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,644,933	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,922,229	59.00
60.00	06000 LABORATORY	27,011,820	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	10,317,436	62.00
64.00	06400 INTRAVENOUS THERAPY	12,000,448	64.00
65.00	06500 RESPIRATORY THERAPY	6,833,335	65.00
66.00	06600 PHYSICAL THERAPY	4,387,597	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,039,891	67.00
68.00	06800 SPEECH PATHOLOGY	359,671	68.00
69.00	06900 ELECTROCARDIOLOGY	4,722,785	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,216,359	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	47,108,981	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,343,289	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,673,566	73.00
74.00	07400 RENAL DIALYSIS	2,950,410	74.00
76.00	03330 ENDOSCOPY	4,106,227	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	11,110,778	90.00
91.00	09100 EMERGENCY	21,021,894	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	9,688,847	105.00
107.00	10700 LIVER ACQUISITION	5,710,576	107.00
109.00	10900 PANCREAS ACQUISITION	92,526	109.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	449,716,096	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	122,077	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,724,088	192.00
192.01	19201 CONTRACT PHARMACY	8,344,440	192.01
194.00	07950 OTHER NON-REIMBURSABLE	14,350,218	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	476,256,919	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	414	113,138	31,485	145,037	145,037 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	947,392	1,140,155	4,879,572	6,967,119	16,236 5.00
6.00 00600	MAINTENANCE & REPAIRS	61	34,328	25,737	60,126	498 6.00
7.00 00700	OPERATION OF PLANT	2,244	1,845,357	35,800	1,883,401	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	34,952	203	35,155	0 8.00
9.00 00900	HOUSEKEEPING	696	145,777	14,944	161,417	0 9.00
10.00 01000	DIETARY	696	221,257	62,058	284,011	0 10.00
11.00 01100	CAFETERIA	0	66,689	0	66,689	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	20,059	742,253	762,312	2,527 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	476,704	241,776	185,379	903,859	1,055 14.00
15.00 01500	PHARMACY	319,469	96,999	254,014	670,482	5,766 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	696	106,610	6,823	114,129	2,347 16.00
17.00 01700	SOCIAL SERVICE	0	7,479	51	7,530	99 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	1,329	1,329	102 22.00
23.00 02300	PARAMED ED-PHARMACY RESIDENCY	0	3,854	0	3,854	260 23.00
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED	0	5,773	0	5,773	58 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,572,960	247,391	1,820,351	33,597 30.00
31.00 03100	INTENSIVE CARE UNIT	14,245	543,253	283,010	840,508	16,863 31.00
40.00 04000	SUBPROVIDER - IPF	584	302,904	73,554	377,042	5,255 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	208,613	785,488	3,244,243	4,238,344	8,614 50.00
51.00 05100	RECOVERY ROOM	11,467	155,585	12,774	179,826	1,926 51.00
53.00 05300	ANESTHESIOLOGY	0	108,119	103,983	212,102	3,250 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	37,277	328,081	2,815,004	3,180,362	5,398 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,416	111,465	696,093	808,974	863 55.00
56.00 05600	RADIOISOTOPE	723	84,419	54,274	139,416	396 56.00
57.00 05700	CT SCAN	243	60,637	613,314	674,194	1,472 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	223	93,538	1,675,465	1,769,226	871 58.00
59.00 05900	CARDIAC CATHETERIZATION	38,377	146,597	1,566,221	1,751,195	1,231 59.00
60.00 06000	LABORATORY	8,213	338,266	345,353	691,832	6,420 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	490	49,598	40,872	90,960	20 62.00
64.00 06400	INTRAVENOUS THERAPY	0	4,642	3,124	7,766	419 64.00
65.00 06500	RESPIRATORY THERAPY	80,002	73,725	241,937	395,664	3,406 65.00
66.00 06600	PHYSICAL THERAPY	814	124,160	16,971	141,945	2,396 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	27,079	491	27,570	1,217 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	3,807	3,807	223 68.00
69.00 06900	ELECTROCARDIOLOGY	0	79,334	590,301	669,635	1,954 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	410	0	148,129	148,539	414 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	59,948	8,431	68,379	0 74.00
76.00 03330	ENDOSCOPY	948,982	96,441	455,057	1,500,480	1,457 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	58,301	550,043	248,581	856,925	4,932 90.00
91.00 09100	EMERGENCY	81,488	309,908	354,836	746,232	8,206 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	28,039	32,836	93,590	154,465	953 105.00
107.00 10700	LIVER ACQUISITION	55,420	24,438	0	79,858	1,070 107.00
109.00 10900	PANCREAS ACQUISITION	50	115	0	165	2 109.00
113.00 11300	INTEREST EXPENSE					0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,323,749	10,147,782	20,176,454	33,647,985	141,773 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	414	32,410	743	33,567	5 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,473	0	1,134	2,607	1,482 192.00
192.01 19201	CONTRACT PHARMACY	0	0	0	0	0 192.01
194.00 07950	OTHER NON-REIMBURSABLE	0	2,481,491	439	2,481,930	1,777 194.00
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	3,325,636	12,661,683	20,178,770	36,166,089	145,037 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

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Part II
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	6,983,355					5.00
6.00	00600	39,457	100,081				6.00
7.00	00700	193,580	16,237	2,093,218			7.00
8.00	00800	18,188	308	7,678	61,329		8.00
9.00	00900	76,749	1,283	32,024	0	271,473	9.00
10.00	01000	9,972	1,947	48,605	0	6,431	10.00
11.00	01100	91,448	587	14,650	0	1,938	11.00
13.00	01300	67,689	177	4,406	0	583	13.00
14.00	01400	61,021	2,127	53,112	0	7,027	14.00
15.00	01500	122,640	853	21,308	0	2,819	15.00
16.00	01600	49,252	938	23,420	0	3,099	16.00
17.00	01700	2,066	66	1,643	0	217	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	901,246	0	0	0	0	22.00
23.00	02300	5,755	34	847	0	112	23.00
23.01	02301	1,254	51	1,268	0	168	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	756,674	13,841	345,540	42,501	45,718	30.00
31.00	03100	393,351	4,780	119,339	12,577	15,789	31.00
40.00	04000	116,119	2,665	66,540	6,251	8,804	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	334,413	6,912	172,552	0	22,830	50.00
51.00	05100	43,074	1,369	34,178	0	4,522	51.00
53.00	05300	31,053	951	23,751	0	3,142	53.00
54.00	05400	192,777	2,887	72,071	0	9,536	54.00
55.00	05500	38,589	981	24,486	0	3,240	55.00
56.00	05600	40,996	743	18,545	0	2,454	56.00
57.00	05700	58,920	534	13,320	0	1,762	57.00
58.00	05800	54,560	823	20,548	0	2,719	58.00
59.00	05900	68,143	1,290	32,204	0	4,261	59.00
60.00	06000	319,940	2,976	74,309	0	9,832	60.00
62.00	06200	124,831	436	10,896	0	1,442	62.00
64.00	06400	23,894	41	1,020	0	135	64.00
65.00	06500	81,384	649	16,196	0	2,143	65.00
66.00	06600	49,752	1,092	27,275	0	3,609	66.00
67.00	06700	23,995	238	5,949	0	787	67.00
68.00	06800	4,377	0	0	0	0	68.00
69.00	06900	55,223	698	17,428	0	2,306	69.00
70.00	07000	15,153	0	0	0	0	70.00
71.00	07100	577,211	0	0	0	0	71.00
72.00	07200	334,511	0	0	0	0	72.00
73.00	07300	720,100	0	0	0	0	73.00
74.00	07400	35,559	527	13,169	0	1,742	74.00
76.00	03330	46,221	849	21,186	0	2,803	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	116,232	4,840	120,831	0	15,987	90.00
91.00	09100	239,959	2,727	68,079	0	9,007	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	120,096	289	7,213	0	954	105.00
107.00	10700	71,231	215	5,368	0	710	107.00
109.00	10900	1,173	1	25	0	3	109.00
113.00	11300						113.00
118.00		6,729,828	77,962	1,540,979	61,329	198,631	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	484	285	7,120	0	942	190.00
192.00	19200	46,477	0	0	0	0	192.00
192.01	19201	106,563	0	0	0	0	192.01
194.00	07950	100,003	21,834	545,119	0	71,900	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		6,983,355	100,081	2,093,218	61,329	271,473	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	350,966					10.00
11.00	01100	0	175,312				11.00
13.00	01300	0	3,452	841,146			13.00
14.00	01400	0	1,440	0	1,029,641		14.00
15.00	01500	0	7,876	0	25	831,769	15.00
16.00	01600	0	3,205	0	1	0	16.00
17.00	01700	0	135	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	139	0	0	0	22.00
23.00	02300	0	355	0	0	0	23.00
23.01	02301	0	80	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	243,218	45,941	294,661	604	1,012	30.00
31.00	03100	71,975	23,035	231,233	719	670	31.00
40.00	04000	35,773	7,178	46,800	8	14	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	11,767	65,711	844	8,249	50.00
51.00	05100	0	2,631	24,143	15	14	51.00
53.00	05300	0	4,440	8,935	150	59	53.00
54.00	05400	0	7,374	11,735	1,426	527	54.00
55.00	05500	0	1,179	2,709	129	690	55.00
56.00	05600	0	541	0	14,915	2,657	56.00
57.00	05700	0	2,011	0	3,026	442	57.00
58.00	05800	0	1,190	0	0	0	58.00
59.00	05900	0	1,681	6,263	175	5	59.00
60.00	06000	0	8,770	512	28,059	419	60.00
62.00	06200	0	28	4,457	62,119	0	62.00
64.00	06400	0	573	0	86	816,062	64.00
65.00	06500	0	4,653	0	2,262	79	65.00
66.00	06600	0	3,273	0	0	391	66.00
67.00	06700	0	1,662	0	0	0	67.00
68.00	06800	0	305	0	0	0	68.00
69.00	06900	0	2,670	3,989	65	0	69.00
70.00	07000	0	565	0	0	0	70.00
71.00	07100	0	0	0	309,994	0	71.00
72.00	07200	0	0	0	178,325	0	72.00
73.00	07300	0	0	0	424,720	0	73.00
74.00	07400	0	0	0	17	0	74.00
76.00	03330	0	1,991	17,040	1,057	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	6,738	22,012	73	5	90.00
91.00	09100	0	11,209	86,502	827	474	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	1,301	14,444	0	0	105.00
107.00	10700	0	1,462	0	0	0	107.00
109.00	10900	0	3	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00
118.00		350,966	170,853	841,146	1,029,641	831,769	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	7	0	0	0	190.00
192.00	19200	0	2,024	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	2,428	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		350,966	175,312	841,146	1,029,641	831,769	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	196,391					16.00
17.00 01700 SOCIAL SERVICE	0	11,756				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00 02300 PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01 02301 PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,980	8,147				30.00
31.00 03100 INTENSIVE CARE UNIT	7,092	2,411				31.00
40.00 04000 SUBPROVIDER - I/PF	1,811	1,198				40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	13,217	0				50.00
51.00 05100 RECOVERY ROOM	1,284	0				51.00
53.00 05300 ANESTHESIOLOGY	2,561	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,246	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,344	0				55.00
56.00 05600 RADIOISOTOPE	1,182	0				56.00
57.00 05700 CT SCAN	12,458	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,712	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	4,350	0				59.00
60.00 06000 LABORATORY	20,246	0				60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,491	0				62.00
64.00 06400 INTRAVENOUS THERAPY	4,657	0				64.00
65.00 06500 RESPIRATORY THERAPY	2,857	0				65.00
66.00 06600 PHYSICAL THERAPY	1,318	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	980	0				67.00
68.00 06800 SPEECH PATHOLOGY	194	0				68.00
69.00 06900 ELECTROCARDIOLOGY	2,533	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	282	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	12,192	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9,333	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	47,558	0				73.00
74.00 07400 RENAL DIALYSIS	493	0				74.00
76.00 03330 ENDOSCOPY	1,701	0				76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	5,960	0				90.00
91.00 09100 EMERGENCY	14,989	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	972	0				105.00
107.00 10700 LIVER ACQUISITION	386	0				107.00
109.00 10900 PANCREAS ACQUISITION	12	0				109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	196,391	11,756	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0				190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01 19201 CONTRACT PHARMACY	0	0				192.01
194.00 07950 OTHER NON-REIMBURSABLE	0	0				194.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	196,391	11,756	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-OTHER PRGM COSTS A				
	22.00	23.00	23.01	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	902,816			22.00
23.00 02300	PARAMED ED-PHARMACY RESIDENCY		11,217		23.00
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED			8,652	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			3,661,785	0 30.00
31.00 03100	INTENSIVE CARE UNIT			1,740,342	0 31.00
40.00 04000	SUBPROVIDER - I/PF			675,458	0 40.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			4,883,453	0 50.00
51.00 05100	RECOVERY ROOM			292,982	0 51.00
53.00 05300	ANESTHESIOLOGY			290,394	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			3,492,339	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			883,184	0 55.00
56.00 05600	RADIOISOTOPE			221,845	0 56.00
57.00 05700	CT SCAN			768,139	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			1,853,649	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			1,870,798	0 59.00
60.00 06000	LABORATORY			1,163,315	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			297,680	0 62.00
64.00 06400	INTRAVENOUS THERAPY			854,653	0 64.00
65.00 06500	RESPIRATORY THERAPY			509,293	0 65.00
66.00 06600	PHYSICAL THERAPY			231,051	0 66.00
67.00 06700	OCCUPATIONAL THERAPY			62,398	0 67.00
68.00 06800	SPEECH PATHOLOGY			8,906	0 68.00
69.00 06900	ELECTROCARDIOLOGY			756,501	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			164,953	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT			899,397	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			522,169	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			1,192,378	0 73.00
74.00 07400	RENAL DIALYSIS			119,886	0 74.00
76.00 03330	ENDOSCOPY			1,594,785	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC			1,154,535	0 90.00
91.00 09100	EMERGENCY			1,188,211	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)				0 92.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION			300,687	0 105.00
107.00 10700	LIVER ACQUISITION			160,300	0 107.00
109.00 10900	PANCREAS ACQUISITION			1,384	0 109.00
113.00 11300	INTEREST EXPENSE				0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN			42,410	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES			52,590	0 192.00
192.01 19201	CONTRACT PHARMACY			106,563	0 192.01
194.00 07950	OTHER NON-REIMBURSABLE			3,224,991	0 194.00
200.00	Cross Foot Adjustments	902,816	11,217	8,652	0 200.00
201.00	Negative Cost Centers	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	902,816	11,217	8,652	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300 PARAMED ED-PHARMACY RESIDENCY		23.00
23.01	02301 PARAMED ED-CLINICAL PASTORAL ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	3,661,785	30.00
31.00	03100 INTENSIVE CARE UNIT	1,740,342	31.00
40.00	04000 SUBPROVIDER - IPF	675,458	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,883,453	50.00
51.00	05100 RECOVERY ROOM	292,982	51.00
53.00	05300 ANESTHESIOLOGY	290,394	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,492,339	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	883,184	55.00
56.00	05600 RADIOISOTOPE	221,845	56.00
57.00	05700 CT SCAN	768,139	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,853,649	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,870,798	59.00
60.00	06000 LABORATORY	1,163,315	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	297,680	62.00
64.00	06400 INTRAVENOUS THERAPY	854,653	64.00
65.00	06500 RESPIRATORY THERAPY	509,293	65.00
66.00	06600 PHYSICAL THERAPY	231,051	66.00
67.00	06700 OCCUPATIONAL THERAPY	62,398	67.00
68.00	06800 SPEECH PATHOLOGY	8,906	68.00
69.00	06900 ELECTROCARDIOLOGY	756,501	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	164,953	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	899,397	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	522,169	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,192,378	73.00
74.00	07400 RENAL DIALYSIS	119,886	74.00
76.00	03330 ENDOSCOPY	1,594,785	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1,154,535	90.00
91.00	09100 EMERGENCY	1,188,211	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	300,687	105.00
107.00	10700 LIVER ACQUISITION	160,300	107.00
109.00	10900 PANCREAS ACQUISITION	1,384	109.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	31,816,850	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	42,410	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	52,590	192.00
192.01	19201 CONTRACT PHARMACY	106,563	192.01
194.00	07950 OTHER NON-REIMBURSABLE	3,224,991	194.00
200.00	Cross Foot Adjustments	922,685	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	36,166,089	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	771,980				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,905,889			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,898	23,258	129,174,466		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	69,515	3,604,498	14,457,792	-149,580,902	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,093	19,012	443,087	0	6.00
7.00	00700	OPERATION OF PLANT	112,511	26,445	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,131	150	0	0	8.00
9.00	00900	HOUSEKEEPING	8,888	11,039	0	0	9.00
10.00	01000	DIETARY	13,490	45,842	0	0	10.00
11.00	01100	CAFETERIA	4,066	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,223	548,296	2,250,245	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,741	136,938	939,036	0	14.00
15.00	01500	PHARMACY	5,914	187,638	5,134,119	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	5,040	2,089,536	0	16.00
17.00	01700	SOCIAL SERVICE	456	38	88,176	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	982	90,461	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	235	0	231,272	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	352	0	51,890	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	95,903	182,746	29,938,386	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,122	209,057	15,016,447	0	31.00
40.00	04000	SUBPROVIDER - I/PF	18,468	54,334	4,679,431	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,891	2,396,495	7,670,837	0	50.00
51.00	05100	RECOVERY ROOM	9,486	9,436	1,715,403	0	51.00
53.00	05300	ANESTHESIOLOGY	6,592	76,811	2,894,269	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,003	2,079,420	4,806,760	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,796	514,198	768,613	0	55.00
56.00	05600	RADIOISOTOPE	5,147	40,092	352,393	0	56.00
57.00	05700	CT SCAN	3,697	453,050	1,311,212	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,703	1,237,652	775,717	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,938	1,156,954	1,095,901	0	59.00
60.00	06000	LABORATORY	20,624	255,109	5,716,974	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,024	30,192	18,000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	283	2,308	373,521	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,495	178,717	3,033,046	0	65.00
66.00	06600	PHYSICAL THERAPY	7,570	12,536	2,133,554	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,651	363	1,083,753	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,812	198,683	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,837	436,050	1,740,331	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	109,422	368,584	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,655	6,228	0	0	74.00
76.00	03330	ENDOSCOPY	5,880	336,147	1,297,627	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	33,536	183,625	4,392,147	0	90.00
91.00	09100	EMERGENCY	18,895	262,114	7,306,978	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,002	69,134	848,324	0	105.00
107.00	10700	LIVER ACQUISITION	1,490	0	953,218	0	107.00
109.00	10900	PANCREAS ACQUISITION	7	0	1,857	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	618,708	14,904,178	126,267,580	-149,580,902	382,836,263
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,976	549	4,828	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	838	1,319,357	0	192.00
192.01	19201	CONTRACT PHARMACY	0	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	151,296	324	1,582,701	0	194.00
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)	12,661,683	20,178,770	20,470,059		149,580,902

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.401569	1.353745	0.158468		0.376533	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			145,037		6,983,355	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001123		0.017579	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	693,474					6.00
7.00	00700	OPERATION OF PLANT	112,511	580,963				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,131	2,131	98,139			8.00
9.00	00900	HOUSEKEEPING	8,888	8,888	0	569,475		9.00
10.00	01000	DIETARY	13,490	13,490	0	13,490	98,139	10.00
11.00	01100	CAFETERIA	4,066	4,066	0	4,066	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,223	1,223	0	1,223	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,741	14,741	0	14,741	0	14.00
15.00	01500	PHARMACY	5,914	5,914	0	5,914	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	0	6,500	0	16.00
17.00	01700	SOCIAL SERVICE	456	456	0	456	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	235	235	0	235	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	352	352	0	352	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,903	95,903	68,010	95,903	68,010	30.00
31.00	03100	INTENSIVE CARE UNIT	33,122	33,122	20,126	33,122	20,126	31.00
40.00	04000	SUBPROVIDER - I/PF	18,468	18,468	10,003	18,468	10,003	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,891	47,891	0	47,891	0	50.00
51.00	05100	RECOVERY ROOM	9,486	9,486	0	9,486	0	51.00
53.00	05300	ANESTHESIOLOGY	6,592	6,592	0	6,592	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,003	20,003	0	20,003	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,796	6,796	0	6,796	0	55.00
56.00	05600	RADIOISOTOPE	5,147	5,147	0	5,147	0	56.00
57.00	05700	CT SCAN	3,697	3,697	0	3,697	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,703	5,703	0	5,703	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,938	8,938	0	8,938	0	59.00
60.00	06000	LABORATORY	20,624	20,624	0	20,624	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,024	3,024	0	3,024	0	62.00
64.00	06400	INTRAVENOUS THERAPY	283	283	0	283	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,495	4,495	0	4,495	0	65.00
66.00	06600	PHYSICAL THERAPY	7,570	7,570	0	7,570	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,651	1,651	0	1,651	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,837	4,837	0	4,837	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,655	3,655	0	3,655	0	74.00
76.00	03330	ENDOSCOPY	5,880	5,880	0	5,880	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,536	33,536	0	33,536	0	90.00
91.00	09100	EMERGENCY	18,895	18,895	0	18,895	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,002	2,002	0	2,002	0	105.00
107.00	10700	LIVER ACQUISITION	1,490	1,490	0	1,490	0	107.00
109.00	10900	PANCREAS ACQUISITION	7	7	0	7	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	540,202	427,691	98,139	416,672	98,139	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,976	1,976	0	1,976	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CONTRACT PHARMACY	0	0	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	151,296	151,296	0	150,827	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,089,721	15,659,639	1,491,192	6,289,053	1,353,589	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.455424	26.954624	15.194693	11.043598	13.792570	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	100,081	2,093,218	61,329	271,473	350,966	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.144318	3.603014	0.624920	0.476707	3.576213	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	114,273,587					11.00
13.00	01300	2,250,245	1,078,010				13.00
14.00	01400	939,036	0	109,862,500			14.00
15.00	01500	5,134,119	0	2,625	18,209,916		15.00
16.00	01600	2,089,536	0	98	0	2,157,403,872	16.00
17.00	01700	88,176	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	90,461	0	0	0	0	22.00
23.00	02300	231,272	0	0	0	0	23.00
23.01	02301	51,890	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	29,938,386	377,637	64,484	22,162	109,669,542	30.00
31.00	03100	15,016,447	296,347	76,720	14,666	77,929,481	31.00
40.00	04000	4,679,431	59,979	902	311	19,896,075	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,670,837	84,215	90,006	180,598	145,236,376	50.00
51.00	05100	1,715,403	30,942	1,633	317	14,105,841	51.00
53.00	05300	2,894,269	11,451	15,963	1,288	28,138,315	53.00
54.00	05400	4,806,760	15,039	152,126	11,544	90,616,832	54.00
55.00	05500	768,613	3,472	13,766	15,097	14,768,762	55.00
56.00	05600	352,393	0	1,591,441	58,162	12,987,752	56.00
57.00	05700	1,311,212	0	322,898	9,672	136,903,332	57.00
58.00	05800	775,717	0	0	0	40,786,205	58.00
59.00	05900	1,095,901	8,027	18,634	111	47,805,981	59.00
60.00	06000	5,716,974	656	2,993,880	9,179	222,488,580	60.00
62.00	06200	18,000	5,712	6,628,132	0	27,378,446	62.00
64.00	06400	373,521	0	9,195	17,866,014	51,172,106	64.00
65.00	06500	3,033,046	0	241,329	1,739	31,394,520	65.00
66.00	06600	2,133,554	0	47	8,559	14,486,856	66.00
67.00	06700	1,083,753	0	0	0	10,764,323	67.00
68.00	06800	198,683	0	0	0	2,130,484	68.00
69.00	06900	1,740,331	5,112	6,974	3	27,832,178	69.00
70.00	07000	368,584	0	17	0	3,097,449	70.00
71.00	07100	0	0	33,076,625	0	133,977,075	71.00
72.00	07200	0	0	19,027,443	0	102,561,683	72.00
73.00	07300	0	0	45,316,966	0	521,892,087	73.00
74.00	07400	0	0	1,813	3	5,413,289	74.00
76.00	03330	1,297,627	21,838	112,797	6	18,697,758	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,392,147	28,211	7,790	103	65,490,110	90.00
91.00	09100	7,306,978	110,861	88,196	10,382	164,714,944	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	848,324	18,511	0	0	10,684,895	105.00
107.00	10700	953,218	0	0	0	4,247,201	107.00
109.00	10900	1,857	0	0	0	135,394	109.00
113.00	11300						113.00
118.00		111,366,701	1,078,010	109,862,500	18,209,916	2,157,403,872	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	4,828	0	0	0	0	190.00
192.00	19200	1,319,357	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	1,582,701	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		7,333,485	5,496,752	5,464,354	10,184,090	4,266,785	202.00
203.00		0.064175	5.098981	0.049738	0.559261	0.001978	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	175,312	841,146	1,029,641	831,769	196,391	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001534	0.780277	0.009372	0.045677	0.000091	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	98,139					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0				299	22.00
23.00 02300 PARAMED ED-PHARMACY RESIDENCY	0					23.00
23.01 02301 PARAMED ED-CLINICAL PASTORAL ED	0					23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	68,010	0	0	0	145	30.00
31.00 03100 INTENSIVE CARE UNIT	20,126	0	0	0	19	31.00
40.00 04000 SUBPROVIDER - IPF	10,003	0	0	0	19	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	45	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	28	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	18	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	10	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	15	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	98,139	0	0	0	299	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 CONTRACT PHARMACY	0	0	0	0	0	192.01
194.00 07950 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
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)	186,820	0	0	0	70,582,347	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.903626	0.000000	0.000000	0.000000	236,061.361204	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
				SERVICES-SALAR Y & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
				17.00	19.00		20.00
204.00	Cost to be allocated (per Wkst. B, Part II)	11,756	0	0	0	902,816	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.119789	0.000000	0.000000	0.000000	3,019.451505	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (PATIENT DAYS)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
19.00	01900			19.00
20.00	02000			20.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300	432		23.00
23.01	02301		98,139	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	108	68,010	30.00
31.00	03100	108	20,126	31.00
40.00	04000	0	10,003	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	0	50.00
51.00	05100	0	0	51.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
55.00	05500	0	0	55.00
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	108	0	60.00
62.00	06200	0	0	62.00
64.00	06400	0	0	64.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
76.00	03330	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	27	0	90.00
91.00	09100	54	0	91.00
92.00	09200			92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	27	0	105.00
107.00	10700	0	0	107.00
109.00	10900	0	0	109.00
113.00	11300			113.00
118.00		432	98,139	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	0	190.00
192.00	19200	0	0	192.00
192.01	19201	0	0	192.01
194.00	07950	0	0	194.00
200.00				200.00
201.00				201.00
202.00		475,459	116,486	202.00
203.00		1,100.599537	1.186949	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (PATIENT DAYS)	
		23.00	23.01	
204.00	Cost to be allocated (per Wkst. B, Part II)	11,217	8,652	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	25.965278	0.088161	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	69,703,000	69,703,000	532,168	70,235,168	30.00
31.00	03100 INTENSIVE CARE UNIT	35,613,120	35,613,120	0	35,613,120	31.00
40.00	04000 SUBPROVIDER - IPF	10,843,405	10,843,405	0	10,843,405	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	29,533,999	29,533,999	9,034	29,543,033	50.00
51.00	05100 RECOVERY ROOM	4,071,668	4,071,668	0	4,071,668	51.00
53.00	05300 ANESTHESIOLOGY	3,012,743	3,012,743	0	3,012,743	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,523,097	16,523,097	0	16,523,097	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,415,596	3,415,596	0	3,415,596	55.00
56.00	05600 RADIOISOTOPE	3,588,731	3,588,731	0	3,588,731	56.00
57.00	05700 CT SCAN	5,147,139	5,147,139	0	5,147,139	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,644,933	4,644,933	0	4,644,933	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,922,229	5,922,229	0	5,922,229	59.00
60.00	06000 LABORATORY	27,011,820	27,011,820	16,020	27,027,840	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	10,317,436	10,317,436	2,983	10,320,419	62.00
64.00	06400 INTRAVENOUS THERAPY	12,000,448	12,000,448	0	12,000,448	64.00
65.00	06500 RESPIRATORY THERAPY	6,833,335	6,833,335	0	6,833,335	65.00
66.00	06600 PHYSICAL THERAPY	4,387,597	4,387,597	0	4,387,597	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,039,891	2,039,891	0	2,039,891	67.00
68.00	06800 SPEECH PATHOLOGY	359,671	359,671	0	359,671	68.00
69.00	06900 ELECTROCARDIOLOGY	4,722,785	4,722,785	598	4,723,383	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,216,359	1,216,359	291	1,216,650	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	47,108,981	47,108,981	0	47,108,981	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,343,289	27,343,289	0	27,343,289	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,673,566	59,673,566	0	59,673,566	73.00
74.00	07400 RENAL DIALYSIS	2,950,410	2,950,410	0	2,950,410	74.00
76.00	03330 ENDOSCOPY	4,106,227	4,106,227	0	4,106,227	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	11,110,778	11,110,778	0	11,110,778	90.00
91.00	09100 EMERGENCY	21,021,894	21,021,894	5,895	21,027,789	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	5,090,121	5,090,121	0	5,090,121	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	9,688,847	9,688,847	0	9,688,847	105.00
107.00	10700 LIVER ACQUISITION	5,710,576	5,710,576	0	5,710,576	107.00
109.00	10900 PANCREAS ACQUISITION	92,526	92,526	0	92,526	109.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	454,806,217	454,806,217	566,989	455,373,206	200.00
201.00	Less Observation Beds	5,090,121	5,090,121	0	5,090,121	201.00
202.00	Total (see instructions)	449,716,096	449,716,096	566,989	450,283,085	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/18/2018 1:32 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			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	109,299,849		109,299,849	30.00
31.00	03100	INTENSIVE CARE UNIT	77,666,784		77,666,784	31.00
40.00	04000	SUBPROVIDER - IPF	19,829,006		19,829,006	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,402,538	59,344,252	144,746,790	50.00
51.00	05100	RECOVERY ROOM	8,553,636	5,504,655	14,058,291	51.00
53.00	05300	ANESTHESIOLOGY	17,460,030	10,583,431	28,043,461	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,325,818	46,985,548	90,311,366	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	725,277	13,993,700	14,718,977	55.00
56.00	05600	RADIOISOTOPE	2,821,830	10,122,141	12,943,971	56.00
57.00	05700	CT SCAN	71,169,634	65,272,202	136,441,836	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,840,742	26,807,974	40,648,716	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,268,361	26,376,468	47,644,829	59.00
60.00	06000	LABORATORY	134,384,683	87,353,896	221,738,579	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	23,095,002	4,191,152	27,286,154	62.00
64.00	06400	INTRAVENOUS THERAPY	38,623,994	12,375,613	50,999,607	64.00
65.00	06500	RESPIRATORY THERAPY	29,602,266	1,686,425	31,288,691	65.00
66.00	06600	PHYSICAL THERAPY	10,979,372	3,458,649	14,438,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,483,734	1,244,303	10,728,037	67.00
68.00	06800	SPEECH PATHOLOGY	1,979,499	143,804	2,123,303	68.00
69.00	06900	ELECTROCARDIOLOGY	21,633,449	6,104,908	27,738,357	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,571,307	515,700	3,087,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	91,796,802	41,728,641	133,525,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,649,140	36,566,811	102,215,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	256,594,201	263,538,607	520,132,808	73.00
74.00	07400	RENAL DIALYSIS	4,989,120	405,921	5,395,041	74.00
76.00	03330	ENDOSCOPY	5,810,654	12,824,074	18,634,728	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	344,243	64,925,103	65,269,346	90.00
91.00	09100	EMERGENCY	64,328,239	99,831,457	164,159,696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	2,282,635	4,989,892	7,272,527	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,063,209	5,585,668	10,648,877	105.00
107.00	10700	LIVER ACQUISITION	2,511,049	1,721,835	4,232,884	107.00
109.00	10900	PANCREAS ACQUISITION	133,392	1,546	134,938	109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	1,243,219,495	914,184,376	2,157,403,871	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	1,243,219,495	914,184,376	2,157,403,871	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.204101			50.00
51.00	05100 RECOVERY ROOM	0.289628			51.00
53.00	05300 ANESTHESIOLOGY	0.107431			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182957			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.232054			55.00
56.00	05600 RADIOISOTOPE	0.277251			56.00
57.00	05700 CT SCAN	0.037724			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114270			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.124300			59.00
60.00	06000 LABORATORY	0.121891			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.378229			62.00
64.00	06400 INTRAVENOUS THERAPY	0.235305			64.00
65.00	06500 RESPIRATORY THERAPY	0.218396			65.00
66.00	06600 PHYSICAL THERAPY	0.303892			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.190146			67.00
68.00	06800 SPEECH PATHOLOGY	0.169392			68.00
69.00	06900 ELECTROCARDIOLOGY	0.170283			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.394120			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352809			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.267505			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114728			73.00
74.00	07400 RENAL DIALYSIS	0.546874			74.00
76.00	03330 ENDOSCOPY	0.220353			76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.170230			90.00
91.00	09100 EMERGENCY	0.128093			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.699911			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
107.00	10700 LIVER ACQUISITION				107.00
109.00	10900 PANCREAS ACQUISITION				109.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	69,703,000		69,703,000	532,168	70,235,168	30.00
31.00	03100 INTENSIVE CARE UNIT	35,613,120		35,613,120	0	35,613,120	31.00
40.00	04000 SUBPROVIDER - IPF	10,843,405		10,843,405	0	10,843,405	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	29,533,999		29,533,999	9,034	29,543,033	50.00
51.00	05100 RECOVERY ROOM	4,071,668		4,071,668	0	4,071,668	51.00
53.00	05300 ANESTHESIOLOGY	3,012,743		3,012,743	0	3,012,743	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,523,097		16,523,097	0	16,523,097	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,415,596		3,415,596	0	3,415,596	55.00
56.00	05600 RADIOISOTOPE	3,588,731		3,588,731	0	3,588,731	56.00
57.00	05700 CT SCAN	5,147,139		5,147,139	0	5,147,139	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,644,933		4,644,933	0	4,644,933	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,922,229		5,922,229	0	5,922,229	59.00
60.00	06000 LABORATORY	27,011,820		27,011,820	16,020	27,027,840	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	10,317,436		10,317,436	2,983	10,320,419	62.00
64.00	06400 INTRAVENOUS THERAPY	12,000,448		12,000,448	0	12,000,448	64.00
65.00	06500 RESPIRATORY THERAPY	6,833,335	0	6,833,335	0	6,833,335	65.00
66.00	06600 PHYSICAL THERAPY	4,387,597	0	4,387,597	0	4,387,597	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,039,891	0	2,039,891	0	2,039,891	67.00
68.00	06800 SPEECH PATHOLOGY	359,671	0	359,671	0	359,671	68.00
69.00	06900 ELECTROCARDIOLOGY	4,722,785		4,722,785	598	4,723,383	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,216,359		1,216,359	291	1,216,650	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	47,108,981		47,108,981	0	47,108,981	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,343,289		27,343,289	0	27,343,289	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,673,566		59,673,566	0	59,673,566	73.00
74.00	07400 RENAL DIALYSIS	2,950,410		2,950,410	0	2,950,410	74.00
76.00	03330 ENDOSCOPY	4,106,227		4,106,227	0	4,106,227	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	11,110,778		11,110,778	0	11,110,778	90.00
91.00	09100 EMERGENCY	21,021,894		21,021,894	5,895	21,027,789	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	5,090,121		5,090,121	0	5,090,121	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	9,688,847		9,688,847	0	9,688,847	105.00
107.00	10700 LIVER ACQUISITION	5,710,576		5,710,576	0	5,710,576	107.00
109.00	10900 PANCREAS ACQUISITION	92,526		92,526	0	92,526	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	454,806,217	0	454,806,217	566,989	455,373,206	200.00
201.00	Less Observation Beds	5,090,121		5,090,121	0	5,090,121	201.00
202.00	Total (see instructions)	449,716,096	0	449,716,096	566,989	450,283,085	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		Title XIX			Hospital	Cost			
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
		Inpatient	Outpatient	Total (col. 6 + col. 7)					
6.00	7.00	8.00	9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	109,299,849		109,299,849				30.00
31.00	03100	INTENSIVE CARE UNIT	77,666,784		77,666,784				31.00
40.00	04000	SUBPROVIDER - IPF	19,829,006		19,829,006				40.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	85,402,538	59,344,252	144,746,790	0.204039	0.000000		50.00
51.00	05100	RECOVERY ROOM	8,553,636	5,504,655	14,058,291	0.289628	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	17,460,030	10,583,431	28,043,461	0.107431	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,325,818	46,985,548	90,311,366	0.182957	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	725,277	13,993,700	14,718,977	0.232054	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,821,830	10,122,141	12,943,971	0.277251	0.000000		56.00
57.00	05700	CT SCAN	71,169,634	65,272,202	136,441,836	0.037724	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,840,742	26,807,974	40,648,716	0.114270	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,268,361	26,376,468	47,644,829	0.124300	0.000000		59.00
60.00	06000	LABORATORY	134,384,683	87,353,896	221,738,579	0.121818	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	23,095,002	4,191,152	27,286,154	0.378120	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	38,623,994	12,375,613	50,999,607	0.235305	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	29,602,266	1,686,425	31,288,691	0.218396	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	10,979,372	3,458,649	14,438,021	0.303892	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	9,483,734	1,244,303	10,728,037	0.190146	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,979,499	143,804	2,123,303	0.169392	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	21,633,449	6,104,908	27,738,357	0.170262	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,571,307	515,700	3,087,007	0.394025	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	91,796,802	41,728,641	133,525,443	0.352809	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,649,140	36,566,811	102,215,951	0.267505	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	256,594,201	263,538,607	520,132,808	0.114728	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,989,120	405,921	5,395,041	0.546874	0.000000		74.00
76.00	03330	ENDOSCOPY	5,810,654	12,824,074	18,634,728	0.220353	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	344,243	64,925,103	65,269,346	0.170230	0.000000		90.00
91.00	09100	EMERGENCY	64,328,239	99,831,457	164,159,696	0.128058	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	2,282,635	4,989,892	7,272,527	0.699911	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	5,063,209	5,585,668	10,648,877				105.00
107.00	10700	LIVER ACQUISITION	2,511,049	1,721,835	4,232,884				107.00
109.00	10900	PANCREAS ACQUISITION	133,392	1,546	134,938				109.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	1,243,219,495	914,184,376	2,157,403,871				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,243,219,495	914,184,376	2,157,403,871				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/18/2018 1:32 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03330 ENDOSCOPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/18/2018 1:32 pm

		Title V		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	69,703,000	69,703,000	532,168	70,235,168	30.00
31.00	03100 INTENSIVE CARE UNIT	35,613,120	35,613,120	0	35,613,120	31.00
40.00	04000 SUBPROVIDER - IPF	10,843,405	10,843,405	0	10,843,405	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	29,533,999	29,533,999	9,034	29,543,033	50.00
51.00	05100 RECOVERY ROOM	4,071,668	4,071,668	0	4,071,668	51.00
53.00	05300 ANESTHESIOLOGY	3,012,743	3,012,743	0	3,012,743	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,523,097	16,523,097	0	16,523,097	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,415,596	3,415,596	0	3,415,596	55.00
56.00	05600 RADIOISOTOPE	3,588,731	3,588,731	0	3,588,731	56.00
57.00	05700 CT SCAN	5,147,139	5,147,139	0	5,147,139	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,644,933	4,644,933	0	4,644,933	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,922,229	5,922,229	0	5,922,229	59.00
60.00	06000 LABORATORY	27,011,820	27,011,820	16,020	27,027,840	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	10,317,436	10,317,436	2,983	10,320,419	62.00
64.00	06400 INTRAVENOUS THERAPY	12,000,448	12,000,448	0	12,000,448	64.00
65.00	06500 RESPIRATORY THERAPY	6,833,335	6,833,335	0	6,833,335	65.00
66.00	06600 PHYSICAL THERAPY	4,387,597	4,387,597	0	4,387,597	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,039,891	2,039,891	0	2,039,891	67.00
68.00	06800 SPEECH PATHOLOGY	359,671	359,671	0	359,671	68.00
69.00	06900 ELECTROCARDIOLOGY	4,722,785	4,722,785	598	4,723,383	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,216,359	1,216,359	291	1,216,650	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	47,108,981	47,108,981	0	47,108,981	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,343,289	27,343,289	0	27,343,289	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,673,566	59,673,566	0	59,673,566	73.00
74.00	07400 RENAL DIALYSIS	2,950,410	2,950,410	0	2,950,410	74.00
76.00	03330 ENDOSCOPY	4,106,227	4,106,227	0	4,106,227	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	11,110,778	11,110,778	0	11,110,778	90.00
91.00	09100 EMERGENCY	21,021,894	21,021,894	5,895	21,027,789	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	5,090,121	5,090,121	0	5,090,121	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	9,688,847	9,688,847	0	9,688,847	105.00
107.00	10700 LIVER ACQUISITION	5,710,576	5,710,576	0	5,710,576	107.00
109.00	10900 PANCREAS ACQUISITION	92,526	92,526	0	92,526	109.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	454,806,217	454,806,217	566,989	455,373,206	200.00
201.00	Less Observation Beds	5,090,121	5,090,121	0	5,090,121	201.00
202.00	Total (see instructions)	449,716,096	449,716,096	566,989	450,283,085	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description	Charges			Hospital	Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,299,849		109,299,849		30.00
31.00	03100	INTENSIVE CARE UNIT	77,666,784		77,666,784		31.00
40.00	04000	SUBPROVIDER - IPF	19,829,006		19,829,006		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	85,402,538	59,344,252	144,746,790	0.204039	50.00
51.00	05100	RECOVERY ROOM	8,553,636	5,504,655	14,058,291	0.289628	51.00
53.00	05300	ANESTHESIOLOGY	17,460,030	10,583,431	28,043,461	0.107431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,325,818	46,985,548	90,311,366	0.182957	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	725,277	13,993,700	14,718,977	0.232054	55.00
56.00	05600	RADIOISOTOPE	2,821,830	10,122,141	12,943,971	0.277251	56.00
57.00	05700	CT SCAN	71,169,634	65,272,202	136,441,836	0.037724	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,840,742	26,807,974	40,648,716	0.114270	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,268,361	26,376,468	47,644,829	0.124300	59.00
60.00	06000	LABORATORY	134,384,683	87,353,896	221,738,579	0.121818	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	23,095,002	4,191,152	27,286,154	0.378120	62.00
64.00	06400	INTRAVENOUS THERAPY	38,623,994	12,375,613	50,999,607	0.235305	64.00
65.00	06500	RESPIRATORY THERAPY	29,602,266	1,686,425	31,288,691	0.218396	65.00
66.00	06600	PHYSICAL THERAPY	10,979,372	3,458,649	14,438,021	0.303892	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,483,734	1,244,303	10,728,037	0.190146	67.00
68.00	06800	SPEECH PATHOLOGY	1,979,499	143,804	2,123,303	0.169392	68.00
69.00	06900	ELECTROCARDIOLOGY	21,633,449	6,104,908	27,738,357	0.170262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,571,307	515,700	3,087,007	0.394025	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	91,796,802	41,728,641	133,525,443	0.352809	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,649,140	36,566,811	102,215,951	0.267505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	256,594,201	263,538,607	520,132,808	0.114728	73.00
74.00	07400	RENAL DIALYSIS	4,989,120	405,921	5,395,041	0.546874	74.00
76.00	03330	ENDOSCOPY	5,810,654	12,824,074	18,634,728	0.220353	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	344,243	64,925,103	65,269,346	0.170230	90.00
91.00	09100	EMERGENCY	64,328,239	99,831,457	164,159,696	0.128058	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	2,282,635	4,989,892	7,272,527	0.699911	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	5,063,209	5,585,668	10,648,877		105.00
107.00	10700	LIVER ACQUISITION	2,511,049	1,721,835	4,232,884		107.00
109.00	10900	PANCREAS ACQUISITION	133,392	1,546	134,938		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,243,219,495	914,184,376	2,157,403,871		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,243,219,495	914,184,376	2,157,403,871		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/18/2018 1:32 pm
		Title V	Hospital	Cost

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
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03330 ENDOSCOPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 26-0105		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/18/2018 1:32 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)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,661,785	0	3,661,785	73,324	49.94	30.00
31.00	INTENSIVE CARE UNIT	1,740,342		1,740,342	20,126	86.47	31.00
40.00	SUBPROVIDER - IPF	675,458	0	675,458	10,003	67.53	40.00
200.00	Total (Lines 30 through 199)	6,077,585		6,077,585	103,453		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	20,599	1,028,714				
31.00	INTENSIVE CARE UNIT	5,951	514,583				
40.00	SUBPROVIDER - IPF	3,751	253,305				
200.00	Total (Lines 30 through 199)	30,301	1,796,602				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		Title XVIII				Hospital		
		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)	PPS	
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,883,453	144,746,790	0.033738	34,761,625	1,172,788	50.00
51.00	05100	RECOVERY ROOM	292,982	14,058,291	0.020841	2,151,569	44,841	51.00
53.00	05300	ANESTHESIOLOGY	290,394	28,043,461	0.010355	4,731,355	48,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,492,339	90,311,366	0.038670	13,572,707	524,857	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	883,184	14,718,977	0.060003	161,770	9,707	55.00
56.00	05600	RADIOISOTOPE	221,845	12,943,971	0.017139	423,007	7,250	56.00
57.00	05700	CT SCAN	768,139	136,441,836	0.005630	19,599,053	110,343	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,853,649	40,648,716	0.045602	3,704,239	168,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,870,798	47,644,829	0.039265	10,771,947	422,960	59.00
60.00	06000	LABORATORY	1,163,315	221,738,579	0.005246	42,609,399	223,529	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	297,680	27,286,154	0.010910	5,587,064	60,955	62.00
64.00	06400	INTRAVENOUS THERAPY	854,653	50,999,607	0.016758	43,837	735	64.00
65.00	06500	RESPIRATORY THERAPY	509,293	31,288,691	0.016277	7,939,659	129,234	65.00
66.00	06600	PHYSICAL THERAPY	231,051	14,438,021	0.016003	3,578,393	57,265	66.00
67.00	06700	OCCUPATIONAL THERAPY	62,398	10,728,037	0.005816	3,137,958	18,250	67.00
68.00	06800	SPEECH PATHOLOGY	8,906	2,123,303	0.004194	730,063	3,062	68.00
69.00	06900	ELECTROCARDIOLOGY	756,501	27,738,357	0.027273	2,201,325	60,037	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,953	3,087,007	0.053435	642,836	34,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	899,397	133,525,443	0.006736	29,781,181	200,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	522,169	102,215,951	0.005108	22,705,472	115,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,192,378	520,132,808	0.002292	76,157,465	174,553	73.00
74.00	07400	RENAL DIALYSIS	119,886	5,395,041	0.022222	2,746,886	61,041	74.00
76.00	03330	ENDOSCOPY	1,594,785	18,634,728	0.085581	1,877,204	160,653	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,154,535	65,269,346	0.017689	94,700	1,675	90.00
91.00	09100	EMERGENCY	1,188,211	164,159,696	0.007238	16,559,473	119,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	265,379	7,272,527	0.036491	976,448	35,632	92.00
200.00		Total (lines 50 through 199)	25,542,273	1,935,591,533		307,246,635	3,968,074	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/18/2018 1:32 pm
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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	199,589	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	142,754	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	11,873	0	40.00
200.00		Total (lines 30 through 199)	0	0	0	354,216	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	199,589	73,324	2.72	20,599	30.00
31.00	03100	INTENSIVE CARE UNIT		142,754	20,126	7.09	5,951	31.00
40.00	04000	SUBPROVIDER - IPF	0	11,873	10,003	1.19	3,751	40.00
200.00		Total (lines 30 through 199)		354,216	103,453		30,301	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,029					30.00
31.00	03100	INTENSIVE CARE UNIT	42,193					31.00
40.00	04000	SUBPROVIDER - IPF	4,464					40.00
200.00		Total (lines 30 through 199)	102,686					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	118,865	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PAT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	29,716	90.00
91.00	09100 EMERGENCY	0	0	0	0	59,432	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	14,466	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	222,479	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	144,746,790	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,058,291	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	28,043,461	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,311,366	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,718,977	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	12,943,971	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	136,441,836	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	40,648,716	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	47,644,829	0.000000	59.00
60.00	06000	LABORATORY	0	118,865	118,865	221,738,579	0.000536	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	27,286,154	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	50,999,607	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,288,691	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,438,021	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,728,037	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,123,303	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,738,357	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,087,007	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	133,525,443	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	102,215,951	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	520,132,808	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,395,041	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	18,634,728	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	29,716	29,716	65,269,346	0.000455	90.00
91.00	09100	EMERGENCY	0	59,432	59,432	164,159,696	0.000362	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	14,466	14,466	7,272,527	0.001989	92.00
200.00		Total (lines 50 through 199)	0	222,479	222,479	1,935,591,533		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		Title XVIII					Hospital	
		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)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	34,761,625	0	18,458,834	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,151,569	0	2,492,026	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	4,731,355	0	3,028,567	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	13,572,707	0	11,117,324	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	161,770	0	5,231,420	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	423,007	0	675,455	0	56.00
57.00	05700	CT SCAN	0.000000	19,599,053	0	15,031,747	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,704,239	0	5,391,200	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	10,771,947	0	7,969,110	0	59.00
60.00	06000	LABORATORY	0.000536	42,609,399	22,839	12,676,266	6,794	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	5,587,064	0	811,886	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	43,837	0	821,182	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,939,659	0	1,111,272	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,578,393	0	130,281	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,137,958	0	106,827	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	730,063	0	6,954	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,201,325	0	927,676	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	642,836	0	109,593	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	29,781,181	0	11,659,658	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	22,705,472	0	10,164,048	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	76,157,465	0	73,080,776	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,746,886	0	59,400	0	74.00
76.00	03330	ENDOSCOPY	0.000000	1,877,204	0	3,475,367	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000455	94,700	43	2,154,359	980	90.00
91.00	09100	EMERGENCY	0.000362	16,559,473	5,995	11,163,931	4,041	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.001989	976,448	1,942	1,438,088	2,860	92.00
200.00		Total (lines 50 through 199)		307,246,635	30,819	199,293,247	14,675	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 1:32 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	0.204039	18,458,834	349,807	0	3,766,322	50.00
51.00	05100 RECOVERY ROOM	0.289628	2,492,026	0	0	721,761	51.00
53.00	05300 ANESTHESIOLOGY	0.107431	3,028,567	0	0	325,362	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182957	11,117,324	18,098	0	2,033,992	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.232054	5,231,420	0	0	1,213,972	55.00
56.00	05600 RADIOISOTOPE	0.277251	675,455	0	0	187,271	56.00
57.00	05700 CT SCAN	0.037724	15,031,747	0	0	567,058	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114270	5,391,200	0	0	616,052	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.124300	7,969,110	0	0	990,560	59.00
60.00	06000 LABORATORY	0.121818	12,676,266	0	0	1,544,197	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.378120	811,886	0	0	306,990	62.00
64.00	06400 INTRAVENOUS THERAPY	0.235305	821,182	0	0	193,228	64.00
65.00	06500 RESPIRATORY THERAPY	0.218396	1,111,272	0	0	242,697	65.00
66.00	06600 PHYSICAL THERAPY	0.303892	130,281	44,744	0	39,591	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.190146	106,827	19,200	0	20,313	67.00
68.00	06800 SPEECH PATHOLOGY	0.169392	6,954	0	0	1,178	68.00
69.00	06900 ELECTROCARDIOLOGY	0.170262	927,676	0	0	157,948	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.394025	109,593	0	0	43,182	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352809	11,659,658	677	0	4,113,632	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.267505	10,164,048	0	0	2,718,934	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114728	73,080,776	3,020	500,128	8,384,411	73.00
74.00	07400 RENAL DIALYSIS	0.546874	59,400	0	0	32,484	74.00
76.00	03330 ENDOSCOPY	0.220353	3,475,367	0	0	765,808	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.170230	2,154,359	0	4,657	366,737	90.00
91.00	09100 EMERGENCY	0.128058	11,163,931	0	0	1,429,631	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.699911	1,438,088	0	0	1,006,534	92.00
200.00	Subtotal (see instructions)		199,293,247	435,546	504,785	31,789,845	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		199,293,247	435,546	504,785	31,789,845	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 1:32 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	71,374	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	3,311	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	13,597	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	3,651	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 PAT	239	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	346	57,379		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	793		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
200.00 Subtotal (see instructions)	92,518	58,172		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	92,518	58,172		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/18/2018 1:32 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,883,453	144,746,790	0.033738	109,123	3,682	50.00
51.00	05100	RECOVERY ROOM	292,982	14,058,291	0.020841	2,870	60	51.00
53.00	05300	ANESTHESIOLOGY	290,394	28,043,461	0.010355	91,810	951	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,492,339	90,311,366	0.038670	106,705	4,126	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	883,184	14,718,977	0.060003	2,596	156	55.00
56.00	05600	RADIOISOTOPE	221,845	12,943,971	0.017139	12,902	221	56.00
57.00	05700	CT SCAN	768,139	136,441,836	0.005630	209,971	1,182	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,853,649	40,648,716	0.045602	36,200	1,651	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,870,798	47,644,829	0.039265	10,347	406	59.00
60.00	06000	LABORATORY	1,163,315	221,738,579	0.005246	692,212	3,631	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	297,680	27,286,154	0.010910	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	854,653	50,999,607	0.016758	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	509,293	31,288,691	0.016277	28,505	464	65.00
66.00	06600	PHYSICAL THERAPY	231,051	14,438,021	0.016003	62,998	1,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	62,398	10,728,037	0.005816	66,109	384	67.00
68.00	06800	SPEECH PATHOLOGY	8,906	2,123,303	0.004194	6,328	27	68.00
69.00	06900	ELECTROCARDIOLOGY	756,501	27,738,357	0.027273	91,990	2,509	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,953	3,087,007	0.053435	9,996	534	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	899,397	133,525,443	0.006736	42,208	284	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	522,169	102,215,951	0.005108	15,771	81	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,192,378	520,132,808	0.002292	1,621,476	3,716	73.00
74.00	07400	RENAL DIALYSIS	119,886	5,395,041	0.022222	10,800	240	74.00
76.00	03330	ENDOSCOPY	1,594,785	18,634,728	0.085581	860	74	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,154,535	65,269,346	0.017689	155,636	2,753	90.00
91.00	09100	EMERGENCY	1,188,211	164,159,696	0.007238	639,470	4,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	7,272,527	0.000000	11,463	0	92.00
200.00		Total (lines 50 through 199)	25,276,894	1,935,591,533		4,038,346	32,768	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/18/2018 1:32 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	118,865	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	29,716	90.00
91.00 09100 EMERGENCY	0	0	0	0	59,432	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	208,013	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/18/2018 1:32 pm
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	144,746,790	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	14,058,291	0.000000	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	28,043,461	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	90,311,366	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	14,718,977	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	12,943,971	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	136,441,836	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	40,648,716	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	47,644,829	0.000000	59.00
60.00	06000 LABORATORY	0	118,865	118,865	221,738,579	0.000536	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	27,286,154	0.000000	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	50,999,607	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	31,288,691	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	14,438,021	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	10,728,037	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	2,123,303	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	27,738,357	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	3,087,007	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	133,525,443	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	102,215,951	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	520,132,808	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	5,395,041	0.000000	74.00
76.00	03330 ENDOSCOPY	0	0	0	18,634,728	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	29,716	29,716	65,269,346	0.000455	90.00
91.00	09100 EMERGENCY	0	59,432	59,432	164,159,696	0.000362	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	7,272,527	0.000000	92.00
200.00	Total (lines 50 through 199)	0	208,013	208,013	1,935,591,533		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/18/2018 1:32 pm
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Title XVIII		Subprovider - IPF	PPS
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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	109,123	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,870	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	91,810	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	106,705	0	2,832	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,596	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	12,902	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	209,971	0	4,872	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	36,200	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	10,347	0	0	0	59.00
60.00	06000 LABORATORY	0.000536	692,212	371	3,860	2	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	28,505	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	62,998	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	66,109	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	6,328	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	91,990	0	1,710	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	9,996	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	42,208	0	163	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,771	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,621,476	0	1,078	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	10,800	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	860	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000455	155,636	71	1,436	1	90.00
91.00	09100 EMERGENCY	0.000362	639,470	231	3,430	1	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	11,463	0	0	0	92.00
200.00	Total (lines 50 through 199)		4,038,346	673	19,381	4	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.204039	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.289628	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.107431	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.182957	2,832	0	0	518	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.232054	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.277251	0	0	0	0	56.00
57.00 05700 CT SCAN	0.037724	4,872	0	0	184	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114270	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.124300	0	0	0	0	59.00
60.00 06000 LABORATORY	0.121818	3,860	0	0	470	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.378120	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.235305	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.218396	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.303892	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.190146	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.169392	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.170262	1,710	0	0	291	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.394025	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352809	163	0	0	58	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.267505	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.114728	1,078	0	12,557	124	73.00
74.00 07400 RENAL DIALYSIS	0.546874	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.220353	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.170230	1,436	0	0	244	90.00
91.00 09100 EMERGENCY	0.128058	3,430	0	0	439	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.699911	0	0	0	0	92.00
200.00 Subtotal (see instructions)		19,381	0	12,557	2,328	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 - line 201)		19,381	0	12,557	2,328	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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 PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,441		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
200.00 Subtotal (see instructions)	0	1,441		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	1,441		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 1:32 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.204039	0	6,011,136	0	0	50.00
51.00	05100	RECOVERY ROOM	0.289628	0	926,627	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.107431	0	965,646	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182957	0	5,690,910	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232054	0	2,351,626	0	0	55.00
56.00	05600	RADIOISOTOPE	0.277251	0	174,132	0	0	56.00
57.00	05700	CT SCAN	0.037724	0	11,783,945	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114270	0	2,061,528	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.124300	0	1,858,265	0	0	59.00
60.00	06000	LABORATORY	0.121818	0	10,445,485	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.378120	0	328,306	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.235305	0	388,336	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.218396	0	244,186	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.303892	0	171,475	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.190146	0	82,000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.169392	0	17,169	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.170262	0	894,183	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.394025	0	39,458	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.352809	0	3,698,545	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.267505	0	3,116,785	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114728	0	25,081,932	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.546874	0	4,050	0	0	74.00
76.00	03330	ENDOSCOPY	0.220353	0	860,598	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.170230	0	993,586	0	0	90.00
91.00	09100	EMERGENCY	0.128058	0	18,272,167	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.699911	0	996,471	0	0	92.00
200.00		Subtotal (see instructions)		0	97,458,547	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	97,458,547	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 1:32 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,226,506	0		50.00
51.00 05100 RECOVERY ROOM	268,377	0		51.00
53.00 05300 ANESTHESIOLOGY	103,740	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,041,192	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	545,704	0		55.00
56.00 05600 RADIOISOTOPE	48,278	0		56.00
57.00 05700 CT SCAN	444,538	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	235,571	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	230,982	0		59.00
60.00 06000 LABORATORY	1,272,448	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	124,139	0		62.00
64.00 06400 INTRAVENOUS THERAPY	91,377	0		64.00
65.00 06500 RESPIRATORY THERAPY	53,329	0		65.00
66.00 06600 PHYSICAL THERAPY	52,110	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	15,592	0		67.00
68.00 06800 SPEECH PATHOLOGY	2,908	0		68.00
69.00 06900 ELECTROCARDIOLOGY	152,245	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	15,547	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	1,304,880	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	833,756	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,877,600	0		73.00
74.00 07400 RENAL DIALYSIS	2,215	0		74.00
76.00 03330 ENDOSCOPY	189,635	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	169,138	0		90.00
91.00 09100 EMERGENCY	2,339,897	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	697,441	0		92.00
200.00	Subtotal (see instructions)	14,339,145	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	14,339,145	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/18/2018 1:32 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		73,324	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		73,324	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.		28,457	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		39,553	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)		20,599	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)		20,556	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)		70,235,168	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)		70,235,168	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		109,299,850	28.00
29.00	Private room charges (excluding swing-bed charges)		50,386,431	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		58,913,419	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.642592	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,770.62	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,489.48	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		281.14	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		180.66	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		5,141,042	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		65,094,126	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)		957.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,731,164	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)		19,731,164	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 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	35,613,120	20,126	1,769.51	5,951	10,530,354	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)					54,907,984	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					85,169,502	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,641,519	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,998,893	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,640,412	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					79,529,090	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,314	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					957.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,090,121	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,661,785	70,235,168	0.052136	5,090,121	265,379	90.00
91.00	Nursing School cost	0	70,235,168	0.000000	5,090,121	0	91.00
92.00	Allied health cost	199,589	70,235,168	0.002842	5,090,121	14,466	92.00
93.00	All other Medical Education	0	70,235,168	0.000000	5,090,121	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			10,003 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,003 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.			2,593 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,410 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)			3,751 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)			1,287 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)			10,843,405 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)			10,843,405 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			19,829,006 28.00
29.00	Private room charges (excluding swing-bed charges)			5,679,130 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			14,149,876 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.546846 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,190.18 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,909.56 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			280.62 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			153.46 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			397,922 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,445,483 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,084.02 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,066,159 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			4,066,159 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm			
		Title XVIII		Subprovider - IPF		PPS			
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)				
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)						
	1.00	2.00	3.00	4.00	5.00				
42.00	NURSERY (title V & XIX only)							42.00	
	Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT							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)							540,665	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							4,606,824	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)							257,769	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							33,441	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							291,210	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							4,315,614	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	675,458	10,843,405	0.062292	0	0	90.00
91.00	Nursing School cost	0	10,843,405	0.000000	0	0	91.00
92.00	Allied health cost	11,873	10,843,405	0.001095	0	0	92.00
93.00	All other Medical Education	0	10,843,405	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			73,324 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			73,324 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.			28,457 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			39,553 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)			8,915 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)			4,011 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)			69,703,000 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)			69,703,000 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			109,299,850 28.00
29.00	Private room charges (excluding swing-bed charges)			50,386,431 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			58,913,419 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.637723 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,770.62 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,489.48 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			281.14 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			179.29 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			5,102,056 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			64,600,944 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)			881.03 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,854,382 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			719,132 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			8,573,514 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	35,613,120	20,126	1,769.51	2,561	4,531,715	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)					18,280,244	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,385,473	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,314	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					950.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,051,595	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm	
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	3,661,785	69,703,000	0.052534	5,051,595	265,380	90.00
91.00	Nursing School cost	0	69,703,000	0.000000	5,051,595	0	91.00
92.00	Allied health cost	0	69,703,000	0.000000	5,051,595	0	92.00
93.00	All other Medical Education	0	69,703,000	0.000000	5,051,595	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			10,003 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,003 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.			2,593 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,410 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)			2,227 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)			544 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)			10,843,405 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)			10,843,405 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			19,829,006 28.00
29.00	Private room charges (excluding swing-bed charges)			5,679,130 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			14,149,876 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.546846 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,190.18 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,909.56 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			280.62 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			153.46 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			397,922 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,445,483 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,044.24 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,325,522 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			83,482 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,409,004 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						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)					161,549	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,570,553	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 1:32 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	675,458	10,843,405	0.062292	0	0	90.00
91.00	Nursing School cost	0	10,843,405	0.000000	0	0	91.00
92.00	Allied health cost	0	10,843,405	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,843,405	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/18/2018 1:32 pm	
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		32,751,123		30.00
31.00	03100 INTENSIVE CARE UNIT		23,237,965		31.00
40.00	04000 SUBPROVIDER - IPF		50,600		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.204101	34,761,625	7,094,882	50.00
51.00	05100 RECOVERY ROOM	0.289628	2,151,569	623,155	51.00
53.00	05300 ANESTHESIOLOGY	0.107431	4,731,355	508,294	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182957	13,572,707	2,483,222	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.232054	161,770	37,539	55.00
56.00	05600 RADIOISOTOPE	0.277251	423,007	117,279	56.00
57.00	05700 CT SCAN	0.037724	19,599,053	739,355	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114270	3,704,239	423,283	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.124300	10,771,947	1,338,953	59.00
60.00	06000 LABORATORY	0.121891	42,609,399	5,193,702	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.378229	5,587,064	2,113,190	62.00
64.00	06400 INTRAVENOUS THERAPY	0.235305	43,837	10,315	64.00
65.00	06500 RESPIRATORY THERAPY	0.218396	7,939,659	1,733,990	65.00
66.00	06600 PHYSICAL THERAPY	0.303892	3,578,393	1,087,445	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.190146	3,137,958	596,670	67.00
68.00	06800 SPEECH PATHOLOGY	0.169392	730,063	123,667	68.00
69.00	06900 ELECTROCARDIOLOGY	0.170283	2,201,325	374,848	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.394120	642,836	253,355	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352809	29,781,181	10,507,069	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.267505	22,705,472	6,073,827	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114728	76,157,465	8,737,394	73.00
74.00	07400 RENAL DIALYSIS	0.546874	2,746,886	1,502,201	74.00
76.00	03330 ENDOSCOPY	0.220353	1,877,204	413,648	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.170230	94,700	16,121	90.00
91.00	09100 EMERGENCY	0.128093	16,559,473	2,121,153	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.699911	976,448	683,427	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		307,246,635	54,907,984	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		307,246,635		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/18/2018 1:32 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		7,519,479	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.204101	109,123	50.00
51.00	05100	RECOVERY ROOM	0.289628	2,870	51.00
53.00	05300	ANESTHESIOLOGY	0.107431	91,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182957	106,705	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232054	2,596	55.00
56.00	05600	RADIOISOTOPE	0.277251	12,902	56.00
57.00	05700	CT SCAN	0.037724	209,971	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114270	36,200	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.124300	10,347	59.00
60.00	06000	LABORATORY	0.121891	692,212	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.378229	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.235305	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.218396	28,505	65.00
66.00	06600	PHYSICAL THERAPY	0.303892	62,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.190146	66,109	67.00
68.00	06800	SPEECH PATHOLOGY	0.169392	6,328	68.00
69.00	06900	ELECTROCARDIOLOGY	0.170283	91,990	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.394120	9,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.352809	42,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.267505	15,771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114728	1,621,476	73.00
74.00	07400	RENAL DIALYSIS	0.546874	10,800	74.00
76.00	03330	ENDOSCOPY	0.220353	860	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.170230	155,636	90.00
91.00	09100	EMERGENCY	0.128093	639,470	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.699911	11,463	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,038,346	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)		4,038,346	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/18/2018 1:32 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		15,709,253		30.00
31.00	03100 INTENSIVE CARE UNIT		9,592,133		31.00
40.00	04000 SUBPROVIDER - IPF		23,156		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.204039	11,158,943	2,276,860	50.00
51.00	05100 RECOVERY ROOM	0.289628	865,449	250,658	51.00
53.00	05300 ANESTHESIOLOGY	0.107431	1,715,558	184,304	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182957	4,376,464	800,705	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.232054	126,446	29,342	55.00
56.00	05600 RADIOISOTOPE	0.277251	157,712	43,726	56.00
57.00	05700 CT SCAN	0.037724	3,836,208	144,717	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114270	1,391,374	158,992	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.124300	2,956,532	367,497	59.00
60.00	06000 LABORATORY	0.121818	14,998,133	1,827,043	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.378120	2,259,746	854,455	62.00
64.00	06400 INTRAVENOUS THERAPY	0.235305	1,967	463	64.00
65.00	06500 RESPIRATORY THERAPY	0.218396	3,995,900	872,689	65.00
66.00	06600 PHYSICAL THERAPY	0.303892	1,254,036	381,092	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.190146	1,098,107	208,801	67.00
68.00	06800 SPEECH PATHOLOGY	0.169392	234,403	39,706	68.00
69.00	06900 ELECTROCARDIOLOGY	0.170262	482,993	82,235	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.394025	389,848	153,610	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352809	9,708,790	3,425,348	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.267505	5,697,160	1,524,019	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114728	36,591,785	4,198,102	73.00
74.00	07400 RENAL DIALYSIS	0.546874	423,981	231,864	74.00
76.00	03330 ENDOSCOPY	0.220353	670,127	147,664	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.170230	49,181	8,372	90.00
91.00	09100 EMERGENCY	0.128058	354,722	45,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.699911	32,225	22,555	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		104,827,790	18,280,244	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		104,827,790		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/18/2018 1:32 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		4,239,388		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.204039	3,480	710	50.00
51.00	05100 RECOVERY ROOM	0.289628	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.107431	15,800	1,697	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182957	34,685	6,346	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.232054	0	0	55.00
56.00	05600 RADIOISOTOPE	0.277251	0	0	56.00
57.00	05700 CT SCAN	0.037724	43,172	1,629	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114270	7,800	891	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.124300	14,505	1,803	59.00
60.00	06000 LABORATORY	0.121818	227,122	27,668	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.378120	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.235305	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.218396	16,477	3,599	65.00
66.00	06600 PHYSICAL THERAPY	0.303892	14,763	4,486	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.190146	11,799	2,244	67.00
68.00	06800 SPEECH PATHOLOGY	0.169392	816	138	68.00
69.00	06900 ELECTROCARDIOLOGY	0.170262	36,677	6,245	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.394025	1,270	500	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352809	7,060	2,491	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.267505	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114728	794,158	91,112	73.00
74.00	07400 RENAL DIALYSIS	0.546874	4,050	2,215	74.00
76.00	03330 ENDOSCOPY	0.220353	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.170230	27,676	4,711	90.00
91.00	09100 EMERGENCY	0.128058	23,930	3,064	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.699911	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,285,240	161,549	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,285,240		202.00

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

Provider CCN: 26-0105

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/18/2018 1:32 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	26,720	957.87	16	15,326	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,890	1,769.51	11	19,465	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		30,610		27	34,791	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.204039	211,543	43,163	8.00
9.00	RECOVERY ROOM		51.00	0.289628	19,180	5,555	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.107431	35,850	3,851	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.182957	449,256	82,195	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.232054	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.277251	214,900	59,581	14.00
15.00	CT SCAN		57.00	0.037724	1,029,076	38,821	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.114270	73,096	8,353	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.124300	207,278	25,765	17.00
18.00	LABORATORY		60.00	0.121818	4,264,441	519,486	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.378120	2,725	1,030	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.235305	30,307	7,131	22.00
23.00	RESPIRATORY THERAPY		65.00	0.218396	14,156	3,092	23.00
24.00	PHYSICAL THERAPY		66.00	0.303892	2,655	807	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.190146	540	103	25.00
26.00	SPEECH PATHOLOGY		68.00	0.169392	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.170262	980,435	166,931	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.394025	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT		71.00	0.352809	303,332	107,018	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.267505	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.114728	609,866	69,969	31.00
32.00	RENAL DIALYSIS		74.00	0.546874	4,634	2,534	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.220353	4,197	925	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.170230	0	0	37.00
38.00	EMERGENCY		91.00	0.128058	3,890	498	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT		92.00	0.699911	1,365	955	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				8,462,722	1,147,763	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	16	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	11	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				27	0	48.00

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

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

Provider CCN: 26-0105

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Date/Time Prepared: 5/18/2018 1:32 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	22.00	0	0.000000	0	0	50.00
51.00	EMERGENCY	23.00	0	0.000000	0	0	51.00
52.00	OBSERVATION BEDS (NON-DISTINCT)	24.00	3,890	0.000000	0	0	52.00
53.00	OTHER OUTPATIENT SERVICE COST CENTER	25.00	1,365	0.000000	0	0	53.00
54.00	TOTAL (sum of lines 49 through 52)	26.00	0	0.000000	0	0	54.00
55.00			5,255		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,182,554		8,493,332			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	9,688,847		9,688,847			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	10,871,401		18,182,179			61.00
62.00	Total Usable Organs (see instructions)		64				62.00
63.00	Medicare Usable Organs (see instructions)		50				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.781250				64.00
65.00	Medicare Cost/Charges (see instructions)	8,493,282		14,204,827			65.00
66.00	Revenue for Organs Sold	16,989		0			66.00
67.00	Subtotal (Line 65 minus line 66)	8,476,293		14,204,827			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,476,293	0	14,204,827	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		8		2		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		54		73.00
74.00	Total (sum of lines 70 through 73)		8		56		74.00
75.00	Organs Transplanted		8		54	5,397,148	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		2	16,989	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		8		56		84.00

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

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

Provider CCN: 26-0105

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/18/2018 1:32 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	8,640	957.87	0	0
2.00	INTENSIVE CARE UNIT	43.00	0	1,769.51	14	24,773
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0
7.00	TOTAL (sum of lines 1 through 6)		8,640		14	24,773
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.204039	6,867	1,401
9.00	RECOVERY ROOM		51.00	0.289628	0	0
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0
11.00	ANESTHESIOLOGY		53.00	0.107431	1,977	212
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.182957	113,033	20,680
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.232054	0	0
14.00	RADIOISOTOPE		56.00	0.277251	29,503	8,180
15.00	CT SCAN		57.00	0.037724	243,063	9,169
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.114270	114,047	13,032
17.00	CARDIAC CATHETERIZATION		59.00	0.124300	114,719	14,260
18.00	LABORATORY		60.00	0.121818	663,485	80,824
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.378120	1,412	534
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0
22.00	INTRAVENOUS THERAPY		64.00	0.235305	6,044	1,422
23.00	RESPIRATORY THERAPY		65.00	0.218396	14,051	3,069
24.00	PHYSICAL THERAPY		66.00	0.303892	739	225
25.00	OCCUPATIONAL THERAPY		67.00	0.190146	760	145
26.00	SPEECH PATHOLOGY		68.00	0.169392	0	0
27.00	ELECTROCARDIOLOGY		69.00	0.170262	319,331	54,370
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.394025	0	0
29.00	MEDICAL SUPPLIES CHARGED TO PAT		71.00	0.352809	43,035	15,183
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.267505	0	0
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.114728	421,500	48,358
32.00	RENAL DIALYSIS		74.00	0.546874	675	369
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0
34.00	ENDOSCOPY		76.00	0.220353	7,631	1,682
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0
37.00	CLINIC		90.00	0.170230	0	0
38.00	EMERGENCY		91.00	0.128058	6,970	893
39.00	OBSERVATION BEDS (NON-DISTINCT		92.00	0.699911	0	0
40.00	OTHER OUTPATIENT SERVICE COST CENTER					
41.00	TOTAL (sum of lines 8 through 40)				2,108,842	274,008
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
			0	1.00	2.00	3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0
43.00	INTENSIVE CARE UNIT		3.00	0.00	14	0
44.00	CORONARY CARE UNIT		4.00	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0
48.00	TOTAL (sum of lines 42 through 47)				14	0

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

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

Provider CCN: 26-0105

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Date/Time Prepared: 5/18/2018 1:32 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	22.00	0	0.000000	0	0	50.00
51.00	EMERGENCY	23.00	0	0.000000	0	0	51.00
52.00	OBSERVATION BEDS (NON-DISTINCT)	24.00	6,970	0.000000	0	0	52.00
53.00	OTHER OUTPATIENT SERVICE COST CENTER	25.00	0	0.000000	0	0	53.00
54.00	TOTAL (sum of lines 49 through 52)	26.00	0	0.000000	0	0	54.00
55.00			6,970		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	298,781		2,117,482			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	5,710,576		5,710,576			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	6,009,357		7,828,058			61.00
62.00	Total Usable Organs (see instructions)		31				62.00
63.00	Medicare Usable Organs (see instructions)		7				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.225806				64.00
65.00	Medicare Cost/Charges (see instructions)	1,356,949		1,767,622			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	1,356,949		1,767,622			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,356,949	0	1,767,622	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	1			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	31			73.00
74.00	Total (sum of lines 70 through 73)		0	32			74.00
75.00	Organs Transplanted		0	31	14,300,681		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	1			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	32			84.00

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

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

Provider CCN: 26-0105

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/18/2018 1:32 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	957.87	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,769.51	1	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		1	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.204039	0	8.00
9.00	RECOVERY ROOM		51.00	0.289628	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.107431	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.182957	3,754	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.232054	0	13.00
14.00	RADIOISOTOPE		56.00	0.277251	0	14.00
15.00	CT SCAN		57.00	0.037724	4,739	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.114270	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.124300	5,125	17.00
18.00	LABORATORY		60.00	0.121818	25,756	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.378120	1,362	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.235305	179	22.00
23.00	RESPIRATORY THERAPY		65.00	0.218396	964	23.00
24.00	PHYSICAL THERAPY		66.00	0.303892	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.190146	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.169392	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.170262	4,958	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.394025	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT		71.00	0.352809	1,414	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.267505	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.114728	3,662	31.00
32.00	RENAL DIALYSIS		74.00	0.546874	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	33.00
34.00	ENDOSCOPY		76.00	0.220353	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	36.00
37.00	CLINIC		90.00	0.170230	0	37.00
38.00	EMERGENCY		91.00	0.128058	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT		92.00	0.699911	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)				51,913	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
			0	1.00	2.00	3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	1	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	48.00

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

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

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet D-4

Date/Time Prepared:
5/18/2018 1:32 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	8,942		51,913			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	92,526		92,526			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	101,468		144,439			61.00
62.00	Total Usable Organs (see instructions)		2				62.00
63.00	Medicare Usable Organs (see instructions)		2				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		1.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	101,468		144,439			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	101,468		144,439			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	101,468	0	144,439	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	2			73.00
74.00	Total (sum of lines 70 through 73)		0	2			74.00
75.00	Organs Transplanted		0	2	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	0			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	2			84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/18/2018 1:32 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)		36,114,156	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,114,415	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)		4,133,955	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		18,141,903	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		276.44	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)		219.45	5.00
6.00	FTE count for allopathic and osteopathic programs which 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).		36.00	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)		255.45	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		281.51	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)		255.45	12.00
13.00	Total allowable FTE count for the prior year.		254.45	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		255.95	14.00
15.00	Sum of lines 12 through 14 divided by 3.		255.28	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		0.40	17.00
18.00	Adjusted rolling average FTE count		255.68	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.924902	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.916476	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.916476	21.00
22.00	IME payment adjustment (see instructions)		19,217,400	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		7,381,977	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		1.73	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		26.06	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		1.73	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.006258	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001670	27.00
28.00	IME add-on adjustment amount (see instructions)		78,872	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		30,297	28.01
29.00	Total IME payment (sum of lines 22 and 28)		19,296,272	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		7,412,274	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		12.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.27	31.00
32.00	Sum of lines 30 and 31		41.70	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.62	33.00
34.00	Disproportionate share adjustment (see instructions)		2,788,847	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/18/2018 1:32 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)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000583061	0.000587905	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,485,237	3,978,174	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,606,766	1,002,719	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,609,485		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	77,057,130		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)		84,469,404	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,678,956	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).		11,373,858	52.00
53.00	Nursing and Allied Health Managed Care payment		94,414	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)		9,934,710	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).		98,222	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		30,819	58.00
59.00	Total (sum of amounts on lines 49 through 58)		111,680,383	59.00
60.00	Primary payer payments		86,194	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		111,594,189	61.00
62.00	Deductibles billed to program beneficiaries		3,541,888	62.00
63.00	Coinurance billed to program beneficiaries		417,529	63.00
64.00	Allowable bad debts (see instructions)		2,510,724	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,631,971	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,785,000	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		109,266,743	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)		-540,128	70.93
70.94	HRR adjustment amount (see instructions)		-44,175	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/18/2018 1:32 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			895,641	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			107,786,799	71.00
71.01	Sequestration adjustment (see instructions)			2,155,736	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			103,919,295	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,711,768	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/18/2018 1:32 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 (col s. 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	36,114,156	36,114,156		36,114,156	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,114,415		11,114,415	11,114,415	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	4,133,955	2,794,274	1,339,681	4,133,955	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	18,141,903	13,280,849	4,861,054	18,141,903	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.916476	0.916476	0.916476		5.00
6.00	IME payment adjustment (see instructions)	22.00	19,217,400	14,694,922	4,522,478	19,217,400	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,381,977	5,404,004	1,977,973	7,381,977	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	0.001670	0.001670	0.001670		7.00
8.00	IME adjustment (see instructions)	28.00	78,872	60,311	18,561	78,872	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	30,297	22,179	8,118	30,297	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	19,296,272	14,755,233	4,541,039	19,296,272	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,412,274	5,426,183	1,986,091	7,412,274	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2362	0.2362	0.2362		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,788,847	2,132,541	656,306	2,788,847	11.00
11.01	Uncompensated care payments	36.00	3,609,485	2,606,766	1,002,719	3,609,485	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	77,057,130	58,402,970	18,654,160	77,057,130	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	84,469,404	63,829,153	20,640,251	84,469,404	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,678,956	4,303,270	1,375,686	5,678,956	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			68,132,423	22,015,937	90,148,360	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/18/2018 1:32 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	3,799,301	2,901,110	898,191	3,799,301	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	211,762	128,573	83,189	211,762	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	0.3509	0.3509	0.3509		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,333,175	1,018,000	315,175	1,333,175	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0881	0.0881	0.0881		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	334,718	255,587	79,131	334,718	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,678,956	4,303,270	1,375,686	5,678,956	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	-540,128	-402,451	-137,677	-540,128	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	-44,175	-25,281	-18,894	-44,175	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		677,047	218,594	895,641	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/18/2018 1:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		150,690	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,775,170	2.00
3.00	OPPS payments		23,534,635	3.00
4.00	Outlier payment (see instructions)		199,001	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		14,675	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		150,690	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		940,331	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)		940,331	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		940,331	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		789,641	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)		150,690	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)		23,748,311	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		82,986	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,223,892	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)		19,592,123	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,645,359	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)		23,237,482	30.00
31.00	Primary payer payments		14,293	31.00
32.00	Subtotal (line 30 minus line 31)		23,223,189	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)		1,089,884	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		708,425	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		588,040	36.00
37.00	Subtotal (see instructions)		23,931,614	37.00
38.00	MSP-LCC reconciliation amount from PS&R		107	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)		23,931,507	40.00
40.01	Sequestration adjustment (see instructions)		478,630	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		19,138,668	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		4,314,209	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/18/2018 1:32 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,441	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,324	2.00
3.00	OPPS payments		2,024	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		4	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,441	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,557	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)		12,557	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		12,557	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,116	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)		1,441	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)		2,028	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		228	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)		3,241	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,241	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,241	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		3,241	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment 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)		3,241	40.00
40.01	Sequestration adjustment (see instructions)		65	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		3,348	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-172	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
5/18/2018 1:32 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		83,028,377		19,138,668	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		20,008,465		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/06/2017	882,453		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)		882,453		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)		103,919,295		19,138,668	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		1,711,768		4,314,209	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		105,631,063		23,452,877	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0105

Period: From 01/01/2017

Worksheet E-1

Component CCN: 26-S105

To 12/31/2017

Part I
Date/Time Prepared:
5/18/2018 1:32 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,968,201		3,348	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	11/10/2017	18,737		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)		18,737		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)		2,986,938		3,348	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		71,847		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		172	6.02
7.00	Total Medicare program liability (see instructions)		3,058,785		3,176	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/18/2018 1:32 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/18/2018 1:32 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,100,105 1.00
2.00	Net IPF PPS Outlier Payments			42,470 2.00
3.00	Net IPF PPS ECT Payments			39,366 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			6.12 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			5.80 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			5.80 8.00
9.00	Average Daily Census (see instructions)			27.405479 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.103918 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			322,157 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,504,098 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,504,098 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,504,098 18.00
19.00	Deductibles			189,448 19.00
20.00	Subtotal (line 18 minus line 19)			3,314,650 20.00
21.00	Coinurance			239,729 21.00
22.00	Subtotal (line 20 minus line 21)			3,074,921 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			63,309 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			41,151 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			34,973 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,116,072 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			5,137 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,121,209 31.00
31.01	Sequestration adjustment (see instructions)			62,424 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,986,938 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			71,847 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			42,470 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/18/2018 1:32 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.			225.61	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			37.00	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)			262.61	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			298.21	6.00
7.00	Enter the lesser of line 5 or line 6			262.61	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.	69.99	195.83	265.82	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.	61.63	172.45	234.08	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	61.63	172.45		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	64.24	167.26		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	67.50	166.23		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	64.46	168.65		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	0.40		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	64.46	169.05		17.00
18.00	Per resident amount	144,442.41	144,902.84		18.00
19.00	Approved amount for resident costs	9,310,758	24,495,825	33,806,583	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			23.85	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			35.60	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			21.26	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			104,339.89	23.00
24.00	Multiply line 22 time line 23			2,218,266	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			36,024,849	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	30,301	12,361		26.00
27.00	Total Inpatient Days (see instructions)	98,139	98,139		27.00
28.00	Ratio of inpatient days to total inpatient days	0.308756	0.125954		28.00
29.00	Program direct GME amount	11,122,888	4,537,474		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		641,145		30.00
31.00	Net Program direct GME amount			15,019,217	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/18/2018 1:32 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)		5,395,041	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)		89,776,326	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		9,934,710	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		86,194	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		99,624,842	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		31,944,304	42.00
43.00	Primary payer payments (see instructions)		14,293	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		31,930,011	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		131,554,853	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.757287	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.242713	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		15,019,217	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		11,373,858	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,645,359	50.00

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

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet G
Date/Time Prepared:
5/18/2018 1:32 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	-138,720,621	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	120,152,705	0	0	0	4.00
5.00	Other receivable	4,338,070	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,599,046	0	0	0	7.00
8.00	Prepaid expenses	5,764,669	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,133,869	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,930,263	0	0	0	12.00
13.00	Land improvements	148,910	0	0	0	13.00
14.00	Accumulated depreciation	-69,490	0	0	0	14.00
15.00	Buildings	134,475,304	0	0	0	15.00
16.00	Accumulated depreciation	-27,733,125	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	822,405	0	0	0	19.00
20.00	Accumulated depreciation	-398,888	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	38,689,397	0	0	0	23.00
24.00	Accumulated depreciation	-20,569,732	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	141,295,044	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,698,026	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	4,185,721	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14,883,747	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	157,312,660	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	78,803,939	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,814,723	0	0	0	38.00
39.00	Payroll taxes payable	1,298	0	0	0	39.00
40.00	Notes and loans payable (short term)	629,172	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	8,259,409	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	95,508,541	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	220,920	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	220,920	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	95,729,461	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	61,583,199				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)	61,583,199	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	157,312,660	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-1

Date/Time Prepared:
5/18/2018 1:32 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		94,054,614		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-32,471,415			2.00
3.00	Total (sum of line 1 and line 2)		61,583,199		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		61,583,199		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		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)		61,583,199		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	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/18/2018 1:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	108,825,944		108,825,944	1.00
2.00	SUBPROVIDER - IPF	19,829,006		19,829,006	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	128,654,950		128,654,950	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	77,666,784		77,666,784	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)	77,666,784		77,666,784	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	206,321,734		206,321,734	17.00
18.00	Ancillary services	963,394,837	739,326,692	1,702,721,529	18.00
19.00	Outpatient services	74,662,766	177,055,501	251,718,267	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE PROFESSIONAL FEES	0	68,963,793	68,963,793	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,244,379,337	985,345,986	2,229,725,323	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		547,061,386		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		547,061,386		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0105

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-3

Date/Time Prepared:
5/18/2018 1:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,229,725,323	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,733,511,586	2.00
3.00	Net patient revenues (line 1 minus line 2)	496,213,737	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	547,061,386	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-50,847,649	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,000	6.00
7.00	Income from investments	17,924	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	35,803	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	9,268,068	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	75,175	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	2,935,622	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	6,047,285	24.00
25.00	Total other income (sum of lines 6-24)	18,381,877	25.00
26.00	Total (line 5 plus line 25)	-32,465,772	26.00
27.00	OTHER EXPENSES	5,643	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5,643	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-32,471,415	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0105	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/18/2018 1:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,799,301	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		211,762	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)		241.47	3.00
4.00	Number of interns & residents (see instructions)		257.41	4.00
5.00	Indirect medical education percentage (see instructions)		35.09	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		1,333,175	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		12.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.27	8.00
9.00	Sum of lines 7 and 8		41.70	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.81	10.00
11.00	Disproportionate share adjustment (see instructions)		334,718	11.00
12.00	Total prospective capital payments (see instructions)		5,678,956	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