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: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/24/2017 11:08 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/24/2017 Time: 11:08 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY 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 ST. LUKE'S HOSPITAL (26-0179) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 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.

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	42,579	77,229	0	1,181,280	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	37,093	965		3,937	7.00
9.00	HOME HEALTH AGENCY I	0	0	2,927		0	9.00
200.00	Total	0	79,672	81,121	0	1,185,217	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: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/24/2017 11:08 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 232 S. WOODS MILL RD.	PO Box:			1.00
2.00	City: CHESTERFIELD	State: MO	Zip Code: 63017	County: SAINT LOUIS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. LUKE'S HOSPITAL	260179	41180	1	05/02/1975	N	P	O	3.00
4.00	Subprovider - IPF									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	SURREY PLACE	265414	41180		01/30/1990	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. LUKE'S HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. LUKE'S HOSPICE SERVICES	261627	41180		09/01/2010				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2016	06/30/2017	20.00
21.00	Type of Control (see instructions)	2		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.	N	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)	N	N	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.	1	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.	953	0	19	0	1,191	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		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2017 11:08 am

		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)(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)(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)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	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 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
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			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)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			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).		0.00	0.00			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)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/24/2017 11:08 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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)		0.00	0.00			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 and enter in column 4, 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 and enter in column 4, 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 64-67. (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)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.23	38.99	0.054100	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/24/2017 11:08 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.23	38.99	0.054100	67.00

		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.	N			70.00
71.00	If line 70 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)			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 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	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

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		V	XIX	
		1.00	2.00	
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
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (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

		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 Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		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.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	479,516	0	0	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 state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2017 11:08 am

		1.00	2.00	
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		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/24/2017 11:08 am

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2016	06/30/2017	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: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/24/2017 11:08 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	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)	N		N		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)	Y	10/06/2017	Y	10/06/2017	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: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/24/2017 11:08 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	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.				N	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.				N	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N		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.			N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANTHONY		GANOUSIS		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. LUKE'S HOSPITAL				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-576-2411		ANTHONY.GANOUSIS@STLUKES-STL .COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/24/2017 11:08 am

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

HFS Supplemental Information	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part IX Date/Time Prepared: 11/24/2017 11:08 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
	RHC			
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
	FQHC			
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2017 11:08 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	368	131,115	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)		368	131,115	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		402	143,525	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	60	21,900		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46.00	80	29,200			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	23,023			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)		542				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2017 11:08 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,498	696	52,495			1.00
2.00	HMO and other (see instructions)	10,177	1,191				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	25,498	696	52,495			7.00
8.00	INTENSIVE CARE UNIT	1,735	114	2,999			8.00
9.00	CORONARY CARE UNIT	1,340	32	2,821			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		130	5,506			13.00
14.00	Total (see instructions)	28,573	972	63,821	38.98	2,479.56	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	7,806	4,180	14,051	0.01	49.51	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			24,808	0.00	46.17	21.00
22.00	HOME HEALTH AGENCY	19,068	327	35,320	0.00	48.96	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	21,613	33	23,023	0.00	22.51	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)				38.99	2,646.71	27.00
28.00	Observation Bed Days		33	6,465			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	16	1,138			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2017 11:08 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,922	392	14,024	1.00
2.00	HMO and other (see instructions)			2,078	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,922	392	14,024	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00				751	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					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						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 11/24/2017 11:08 am

		Worksheet A Line Number	Amount Reported	Reclassification 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 II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	178,092,695	626,818	178,719,513	5,505,152.88	32.46	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		3,279,750	0	3,279,750	24,286.65	135.04	4.00
4.01	Physicians - Part A - Teaching		1,380,528	0	1,380,528	12,596.17	109.60	4.01
5.00	Physician and Non Physician-Part B		18,860,218	0	18,860,218	157,388.09	119.83	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	2,337,180	0	2,337,180	85,835.00	27.23	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,247,269	2,467	2,249,736	102,980.00	21.85	9.00
10.00	Excluded area salaries (see instructions)		12,799,266	441,046	13,240,312	468,448.04	28.26	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,850,003	0	1,850,003	17,071.71	108.37	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		605,688	0	605,688	5,521.35	109.70	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		37,538,378	0	37,538,378			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,219,433	0	4,219,433			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		634,722	0	634,722			22.00
22.01	Physician Part A - Teaching		252,163	0	252,163			22.01
23.00	Physician Part B		3,597,409	0	3,597,409			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		624,113	0	624,113			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,652,763	500,937	2,153,700	48,366.48	44.53	26.00
27.00	Administrative & General	5.00	23,477,985	-301,526	23,176,459	659,809.13	35.13	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0179

Period: From 07/01/2016 To 06/30/2017

Worksheet S-3 Part II Date/Time Prepared: 11/24/2017 11:08 am

		Worksheet A Line Number	Amount Reported	Reclassification 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	
28.00	Administrative & General under contract (see inst.)		7,492,794	0	7,492,794	100,272.61	74.72	28.00
29.00	Maintenance & Repairs	6.00	2,735,608	2,474	2,738,082	103,267.21	26.51	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	100,879	192	101,071	8,007.97	12.62	31.00
32.00	Housekeeping	9.00	2,817,145	163,790	2,980,935	224,818.67	13.26	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,109,599	-428,454	2,681,145	171,320.34	15.65	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	454,700	766	455,466	31,980.37	14.24	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,712,398	993	1,713,391	41,484.99	41.30	38.00
39.00	Central Services and Supply	14.00	1,403,493	1,831	1,405,324	76,432.34	18.39	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	3,371,816	3,372	3,375,188	140,803.95	23.97	41.00
42.00	Social Service	17.00	318,192	259	318,451	10,829.19	29.41	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0179

Period: From 07/01/2016 To 06/30/2017

Worksheet S-3 Part III Date/Time Prepared: 11/24/2017 11:08 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		163,007,563	626,818	163,634,381	5,349,606.23	30.59	1.00
2.00	Excluded area salaries (see instructions)		15,046,535	443,513	15,490,048	571,428.04	27.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)		147,961,028	183,305	148,144,333	4,778,178.19	31.00	3.00
4.00	Subtotal other wages & related costs (see inst.)		2,455,691	0	2,455,691	22,593.06	108.69	4.00
5.00	Subtotal wage-related costs (see inst.)		38,173,100	0	38,173,100	0.00	25.77	5.00
6.00	Total (sum of lines 3 thru 5)		188,589,819	183,305	188,773,124	4,800,771.25	39.32	6.00
7.00	Total overhead cost (see instructions)		48,647,372	-55,366	48,592,006	1,617,393.25	30.04	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2017 11:08 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,463,959	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	4,194,781	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	11	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	17,420,026	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	7,703,427	9.00
10.00	Dental, Hearing and Vision Plan	999,101	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	230,193	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)	602,392	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,133,909	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	12,096,428	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	83,924	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	938,067	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	46,866,218	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS	36,449	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part V Date/Time Prepared: 11/24/2017 11:08 am

	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	9,948,484	0	1.00
2.00	Hospital	9,948,484	0	2.00
3.00	Subprovider - IPF			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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 26-0179
Component CCN: 26-7561

Period: From 07/01/2016 To 06/30/2017

Worksheet S-4
Date/Time Prepared: 11/24/2017 11:08 am

Home Health Agency I | PPS

		1.00	
0.00	County	SAINT LOUIS COUNTY	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,253	74	629	1,956	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	661.00	10.00	534.00	1,205.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	1.59	0.00	1.59	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		8.55	0.00	8.55	5.00
6.00	Direct Nursing Service		18.51	0.00	18.51	6.00
7.00	Nursing Supervisor		1.47	0.00	1.47	7.00
8.00	Physical Therapy Service		11.85	0.02	11.87	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		4.26	0.08	4.34	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.38	0.01	0.39	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		1.98	0.00	1.98	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		0.94	0.00	0.94	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		41180			20.00

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	7,478	878	241	525	9,122	21.00
22.00	Skilled Nursing Visit Charges	1,308,125	153,650	42,000	91,875	1,595,650	22.00
23.00	Physical Therapy Visits	5,704	236	266	285	6,491	23.00
24.00	Physical Therapy Visit Charges	993,650	41,125	46,375	49,525	1,130,675	24.00
25.00	Occupational Therapy Visits	2,172	140	32	122	2,466	25.00
26.00	Occupational Therapy Visit Charges	376,250	24,500	5,600	21,350	427,700	26.00
27.00	Speech Pathology Visits	179	43	0	22	244	27.00
28.00	Speech Pathology Visit Charges	31,325	7,525	0	3,850	42,700	28.00
29.00	Medical Social Service Visits	178	21	4	13	216	29.00
30.00	Medical Social Service Visit Charges	31,150	3,675	700	2,275	37,800	30.00
31.00	Home Health Aide Visits	446	53	0	30	529	31.00
32.00	Home Health Aide Visit Charges	37,910	4,505	0	2,550	44,965	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	16,157	1,371	543	997	19,068	33.00
34.00	Other Charges	39,517	6,131	503	1,478	47,629	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,817,927	241,111	95,178	172,903	3,327,119	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,230		190	62	1,482	36.00
37.00	Total Number of Outlier Episodes		38		11	49	37.00
38.00	Total Non-Routine Medical Supply Charges	39,517	6,131	503	1,478	47,629	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-7 Date/Time Prepared: 11/24/2017 11:08 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	14	0	14	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	745	0	745	12.00
13.00		RUB	780	0	780	13.00
14.00		RUA	1,122	0	1,122	14.00
15.00		RVC	1,036	0	1,036	15.00
16.00		RVB	864	0	864	16.00
17.00		RVA	1,002	0	1,002	17.00
18.00		RHC	627	0	627	18.00
19.00		RHB	476	0	476	19.00
20.00		RHA	472	0	472	20.00
21.00		RMC	79	0	79	21.00
22.00		RMB	73	0	73	22.00
23.00		RMA	109	0	109	23.00
24.00		RLB	4	0	4	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	8	0	8	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	29	0	29	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	5	0	5	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	80	0	80	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	22	0	22	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	92	0	92	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	42	0	42	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	17	0	17	44.00
45.00		CE2	6	0	6	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	21	0	21	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	6	0	6	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	39	0	39	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	25	0	25	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-7 Date/Time Prepared: 11/24/2017 11:08 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	6	0	6	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	5	0	5	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		7,806	0	7,806	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	2,247,269	57.12		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,934,560			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
11/24/2017 11:08 am

Hospice I

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
	Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	1	1	10.00
11.00	Hospice Routine Home Care	21,404	33	1,376	22,813	11.00
12.00	Hospice Inpatient Respite Care	129	0	0	129	12.00
13.00	Hospice General Inpatient Care	80	0	0	80	13.00
14.00	Total Hospice Days	21,613	33	1,377	23,023	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/24/2017 11:08 am

		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)	0.255992	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,614,519	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 or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid	302,468	5.00
6.00	Medicaid charges	23,398,221	6.00
7.00	Medicaid cost (line 1 times line 6)	5,989,757	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)	1,072,770	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	349,271	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)	1,072,770	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)	11,647,191	0	11,647,191	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,981,588	0	2,981,588	21.00
22.00	Payments received from patients for amounts previously written off as charity care	529,654	0	529,654	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,451,934	0	2,451,934	23.00

		1.00	
24.00	Does the amount in 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)	8,741,792	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	639,490	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	983,831	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)	7,757,961	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,330,317	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,782,251	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,855,021	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (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		0	0	9,425,190	9,425,190	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		30,829,389	30,829,389	-16,664,146	14,165,243	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		539,810	539,810	413,130	952,940	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,652,763	44,557,791	46,210,554	2,236,237	48,446,791	4.00
5.01	00591	NONPATIENT TELEPHONES	389,907	55,362	445,269	338,698	783,967	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	17,989	17,989	5.03
5.04	00540	ADMITTING	1,006,784	2,975	1,009,759	1,407	1,011,166	5.04
5.05	00593	ADMIN & GENERAL - SURREY	549,409	303,152	852,561	-28,147	824,414	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	21,531,885	13,031,851	34,563,736	1,772,231	36,335,967	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,881,142	9,007,215	10,888,357	117,670	11,006,027	6.00
6.01	00601	PURCHASING	648,910	737,495	1,386,405	581	1,386,986	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	205,556	414,645	620,201	-3,502	616,699	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	77,367	-70,728	6,639	1,190,664	1,197,303	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	23,512	89,962	113,474	49	113,523	8.01
9.00	00900	HOUSEKEEPING	2,588,442	660,999	3,249,441	190,403	3,439,844	9.00
9.01	00901	HOUSEKEEPING - SURREY	228,703	56,009	284,712	396	285,108	9.01
10.00	01000	DIETARY	2,405,811	499,519	2,905,330	712,500	3,617,830	10.00
10.01	01001	DIETARY - SURREY	703,788	691,822	1,395,610	1,245	1,396,855	10.01
11.00	01100	CAFETERIA	454,700	1,213,642	1,668,342	-1,098,005	570,337	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,499,390	124,696	1,624,086	880	1,624,966	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	213,008	6,217	219,225	113	219,338	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,403,493	1,983,170	3,386,663	-930,329	2,456,334	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,119,449	1,385,219	4,504,668	2,987	4,507,655	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	252,367	564	252,931	385	253,316	16.01
17.00	01700	SOCIAL SERVICE	34,025	8,439	42,464	41	42,505	17.00
17.01	01701	SOCIAL SERVICE - SURREY	284,167	0	284,167	218	284,385	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,337,180	0	2,337,180	0	2,337,180	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,909,932	407,133	2,317,065	-369,954	1,947,111	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	165,042	165,042	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	269,449	269,449	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,248,223	5,674,592	37,922,815	-5,352,455	32,570,360	30.00
31.00	03100	INTENSIVE CARE UNIT	4,120,700	547,144	4,667,844	-390,248	4,277,596	31.00
32.00	03200	CORONARY CARE UNIT	3,749,190	464,707	4,213,897	-188,065	4,025,832	32.00
43.00	04300	NURSERY	1,570,477	115,763	1,686,240	2,720,983	4,407,223	43.00
44.00	04400	SKILLED NURSING FACILITY	2,247,269	192,474	2,439,743	-85,741	2,354,002	44.00
46.00	04600	OTHER LONG TERM CARE	1,893,002	92,059	1,985,061	-10,653	1,974,408	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,526,533	38,810,196	53,336,729	-28,884,309	24,452,420	50.00
50.01	03650	VASCULAR ACCESS CENTER	330,603	979,068	1,309,671	-326,149	983,522	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	268,268	114,840	383,108	-38,320	344,788	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,145,604	1,377,669	2,523,273	-694,364	1,828,909	50.04
51.00	05100	RECOVERY ROOM	1,293,509	122,618	1,416,127	-54,005	1,362,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,936	49,936	1,265,831	1,315,767	52.00
53.00	05300	ANESTHESIOLOGY	320,951	1,508,967	1,829,918	-700,517	1,129,401	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,145,331	3,633,271	9,778,602	-1,567,694	8,210,908	54.00
54.01	05401	TDOC RADIOLOGY	409,943	171,974	581,917	-95,579	486,338	54.01
54.02	05402	CDI RADIOLOGY	1,681,412	11,992,877	13,674,289	-389,629	13,284,660	54.02
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	649,912	612,559	1,262,471	-549,922	712,549	57.00
57.01	05701	TDOC CT SCAN	141,411	70,216	211,627	-19,600	192,027	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	277,550	129,040	406,590	-56,139	350,451	58.00
58.01	05801	TDOC - MRI	176,659	77,173	253,832	-31,485	222,347	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,262,497	8,115,164	9,377,661	-7,714,683	1,662,978	59.00
60.00	06000	LABORATORY	4,352,803	6,474,062	10,826,865	-64,170	10,762,695	60.00
64.00	06400	INTRAVENOUS THERAPY	3,474,914	21,616,518	25,091,432	-362,517	24,728,915	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	154,276	47,395	201,671	-1,650	200,021	64.01
65.00	06500	RESPIRATORY THERAPY	1,851,889	204,677	2,056,566	-34,469	2,022,097	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	13,010	13,010	0	13,010	65.01
66.00	06600	PHYSICAL THERAPY	4,074,359	444,856	4,519,215	-54,673	4,464,542	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,394,499	9,898	1,404,397	-153	1,404,244	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	71,360	682,214	753,574	-1,654	751,920	66.02
67.00	06700	OCCUPATIONAL THERAPY	645,347	1,383	646,730	247	646,977	67.00
68.00	06800	SPEECH PATHOLOGY	212,308	1,296	213,604	-68	213,536	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	1,234,768	402,874	1,637,642	-72,596	1,565,046	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	651,096	134,259	785,355	42,666	828,021	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	243,602	99,051	342,653	-3,972	338,681	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,974,423	614,933	3,589,356	5,674	3,595,030	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,882,427	10,882,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,537,648	32,537,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,969,071	9,706,305	13,675,376	-533,070	13,142,306	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	218,030	17,795	235,825	433,118	668,943	76.01
76.02	03952	CARDIAC REHAB	2,091,441	463,867	2,555,308	-164,854	2,390,454	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	263,630	220,089	483,719	-129,435	354,284	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30,764	4,843	35,607	-13	35,594	90.00
91.00	09100	EMERGENCY	9,006,690	1,040,809	10,047,499	-283,674	9,763,825	91.00
91.01	09101	URGENT CARE CENTERS	10,313,431	2,457,956	12,771,387	297,726	13,069,113	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	96,996	53,070	150,066	96	150,162	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,525,932	1,390,955	4,916,887	-926,026	3,990,861	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,318,315	1,012,439	2,330,754	-186,783	2,143,971	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	172,030,678	228,503,209	400,533,887	-4,019,496	396,514,391	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	103	103	-160	-57	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,361,608	3,637,842	5,999,450	3,862,901	9,862,351	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	315,093	138,319	453,412	-168	453,244	194.01
194.02	07952	COMMUNITY OUTREACH	511,015	251,446	762,461	41,445	803,906	194.02
194.03	07953	FOUNTAIN CAFE	28,703	84,743	113,446	-73,629	39,817	194.03
194.04	07954	SLEEP RESEARCH	143,365	-143,365	0	-9,712	-9,712	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	353,492	13,020	366,512	245	366,757	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	778,550	1,555,076	2,333,626	321	2,333,947	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	47,652	23,975	71,627	41	71,668	194.12
194.13	07963	VOLUNTEERS	239,252	28,060	267,312	215	267,527	194.13
194.14	07964	RETAIL PHARMACY	761,741	5,697,468	6,459,209	62,483	6,521,692	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	371,197	-36,905	334,292	61	334,353	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	118,422	6,734	125,156	60	125,216	194.16
194.17	07967	VALET SERVICES	31,927	29	31,956	135,393	167,349	194.17
200.00		TOTAL (SUM OF LINES 118-199)	178,092,695	239,759,754	417,852,449	0	417,852,449	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/24/2017 11:08 am

		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	832,243	10,257,433		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,376,038	12,789,205		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-14,348	938,592		2.01
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-343,388	48,103,403		4.00
5.01	00591	NONPATIENT TELEPHONES	-183,797	600,170		5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0		5.02
5.03	00592	NONPATIENT TELEPHONES	0	17,989		5.03
5.04	00540	ADMITTING	-71	1,011,095		5.04
5.05	00593	ADMIN & GENERAL - SURREY	-43,543	780,871		5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	5,676,278	42,012,245		5.06
6.00	00600	MAINTENANCE & REPAIRS	-6,537	10,999,490		6.00
6.01	00601	PURCHASING	-778	1,386,208		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-9,979	606,720		6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,197,303		8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	-219	113,304		8.01
9.00	00900	HOUSEKEEPING	-134	3,439,710		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	285,108		9.01
10.00	01000	DIETARY	-1,872,225	1,745,605		10.00
10.01	01001	DIETARY - SURREY	-13,490	1,383,365		10.01
11.00	01100	CAFETERIA	-203	570,134		11.00
11.01	01101	CAFETERIA - SURREY	0	0		11.01
13.00	01300	NURSING ADMINISTRATION	-2,568	1,622,398		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	-1,386	217,952		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-6,054	2,450,280		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15	4,507,640		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	-109	253,207		16.01
17.00	01700	SOCIAL SERVICE	-11	42,494		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	284,385		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,337,180		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-429,917	1,517,194		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	-1,867	163,175		23.01
23.02	02302	PHARMACY EDUCATION	0	269,449		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-8,316,205	24,254,155		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,698,063	2,579,533		31.00
32.00	03200	CORONARY CARE UNIT	-1,238,125	2,787,707		32.00
43.00	04300	NURSERY	-50,000	4,357,223		43.00
44.00	04400	SKILLED NURSING FACILITY	-231	2,353,771		44.00
46.00	04600	OTHER LONG TERM CARE	-6,639	1,967,769		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,091,269	23,361,151		50.00
50.01	03650	VASCULAR ACCESS CENTER	-304,153	679,369		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-36,388	308,400		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-234,762	1,594,147		50.04
51.00	05100	RECOVERY ROOM	0	1,362,122		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,315,767		52.00
53.00	05300	ANESTHESIOLOGY	-551,029	578,372		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-631,349	7,579,559		54.00
54.01	05401	TDOC RADIOLOGY	0	486,338		54.01
54.02	05402	CDI RADIOLOGY	-5,112,712	8,171,948		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	-28,233	684,316		57.00
57.01	05701	TDOC CT SCAN	-17,020	175,007		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	350,451		58.00
58.01	05801	TDOC - MRI	0	222,347		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,662,978		59.00
60.00	06000	LABORATORY	-162,826	10,599,869		60.00
64.00	06400	INTRAVENOUS THERAPY	-971,104	23,757,811		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-134,384	65,637		64.01
65.00	06500	RESPIRATORY THERAPY	0	2,022,097		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	13,010		65.01
66.00	06600	PHYSICAL THERAPY	-209,842	4,254,700		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	-563	1,403,681		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-98,238	653,682		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	646,977		67.00
68.00	06800	SPEECH PATHOLOGY	-6,192	207,344		68.00
69.00	06900	ELECTROCARDIOLOGY	-89,384	1,475,662		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	480	828,501		69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	-56,721	281,960		70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,723,728	1,871,302		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,882,427		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,537,648		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-54,366	13,087,940		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	-25,425	643,518		76.01
76.02	03952	CARDIAC REHAB	-219,309	2,171,145		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	-994	353,290		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-299	35,295		90.00
91.00	09100	EMERGENCY	-5,860,547	3,903,278		91.00
91.01	09101	URGENT CARE CENTERS	-3,694,107	9,375,006		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-56,484	93,678		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-33,050	3,957,811		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-25,089	2,118,882		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-30,536,506	365,977,885		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-57		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,611,702	11,474,053		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	0	453,244		194.01
194.02	07952	COMMUNITY OUTREACH	92,366	896,272		194.02
194.03	07953	FOUNTAIN CAFE	-5,459	34,358		194.03
194.04	07954	SLEEP RESEARCH	208,193	198,481		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	-7,880	358,877		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	2,333,947		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	71,668		194.12
194.13	07963	VOLUNTEERS	0	267,527		194.13
194.14	07964	RETAIL PHARMACY	-25,930	6,495,762		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	65,325	399,678		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	125,216		194.16
194.17	07967	VALET SERVICES	0	167,349		194.17
200.00		TOTAL (SUM OF LINES 118-199)	-28,598,189	389,254,260		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet Non-CMS W | Date/Time Prepared: 11/24/2017 11:08 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	CAP REL COSTS-MVBLE EQUIP	00201		2.01
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00591		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	00590		5.02
5.03	NONPATIENT TELEPHONES	00592		5.03
5.04	ADMITTING	00540	NONPATIENT TELEPHONES	5.04
5.05	ADMIN & GENERAL - SURREY	00593		5.05
5.06	ADMIN & GENERAL - HOSPITAL	00594		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	PURCHASING	00601		6.01
6.02	MAINTENANCE & REPAIRS - SURREY	00602		6.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	00801		8.01
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING - SURREY	00901		9.01
10.00	DIETARY	01000		10.00
10.01	DIETARY - SURREY	01001		10.01
11.00	CAFETERIA	01100		11.00
11.01	CAFETERIA - SURREY	01101		11.01
13.00	NURSING ADMINISTRATION	01300		13.00
13.01	NURSING ADMINISTRATION - SURREY	01301		13.01
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	01601		16.01
17.00	SOCIAL SERVICE	01700		17.00
17.01	SOCIAL SERVICE - SURREY	01701		17.01
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01	CLINICAL PASTORAL EDUCATION	02301		23.01
23.02	PHARMACY EDUCATION	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
50.01	VASCULAR ACCESS CENTER	03650	VASCULAR LAB	50.01
50.02	PAIN MGMT - BRAIN & SPINE	05001		50.02
50.03	PAIN MGMT CENTER	05002		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	03340	GASTRO INTESTINAL SERVICES	50.04
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	TDOC RADIOLOGY	05401		54.01
54.02	CDI RADIOLOGY	05402		54.02
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
57.01	TDOC CT SCAN	05701		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
58.01	TDOC - MRI	05801		58.01
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
64.01	BRAIN & SPINE INFUSION CENTER	06401		64.01
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	RESPIRATORY THERAPY - SURREY	06501		65.01
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY - SURREY	06601		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	06602		66.02
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00

COST CENTERS USED IN COST REPORT | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet Non-CMS W | Date/Time Prepared: 11/24/2017 11:08 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	TDOC - ELECTROCARDIOLOGY	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP MEDICINE CLINIC	07001		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	NUTRITION/DIABETES EDUCATION	03020	ACUPUNCTURE	76.00
76.01	NUTRITION/DIABETES EDUCATION	03951		76.01
76.02	CARDIAC REHAB	03952		76.02
76.03	HYPERBARIC OXYGEN THERAPY	03950		76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
91.01	URGENT CARE CENTERS	09101		91.01
91.02	ADULT DOWN SYNDROME CENTER	04950		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	DEVELOPMENT	07951		194.01
194.02	COMMUNITY OUTREACH	07952		194.02
194.03	FOUNTAIN CAFE	07953		194.03
194.04	SLEEP RESEARCH	07954		194.04
194.05	MEALS ON WHEELS	07955		194.05
194.06	GUEST MEALS	07956		194.06
194.07	PHYSICIAN REFERRAL	07957		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	07958		194.08
194.09	VACANT SPACE	07959		194.09
194.10	TV STORAGE	07960		194.10
194.11	MARKETING	07961		194.11
194.12	CHILDBIRTH INSTRUCTION	07962		194.12
194.13	VOLUNTEERS	07963		194.13
194.14	RETAIL PHARMACY	07964		194.14
194.15	REHAB HOSPITAL COVERAGE	07965		194.15
194.16	EXECUTIVE HEALTH PROGRAM	07966		194.16
194.17	VALET SERVICES	07967		194.17
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/24/2017 11:08 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MED SUPPLIES CHGD TO PAT					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	334,195		1.00
	0		0	334,195		
	B - NUTRITION/DIABETES EDUCATION					
1.00	NUTRITION/DIABETES EDUCATION	76.01	432,558	0		1.00
	0		432,558	0		
	C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,230,446		1.00
2.00		0.00	0	0		2.00
	0		0	1,230,446		
	D - LAUNDRY/LINEN RECLASSIFICATION					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,190,521		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	1,190,521		
	E - RENTAL/LEASES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	989,310		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	402,578		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
	0		0	1,391,888		
	F - INSURANCE AND FEES					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	4,517,919		1.00
	0		0	4,517,919		

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/24/2017 11:08 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	G - TELEPHONE EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	0	338,156		1.00
2.00	NONPATIENT TELEPHONES	5.03	0	17,989		2.00
	0		0	356,145		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,929,153		1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	65,038		2.00
3.00	LABORATORY	60.00	0	780		3.00
4.00	SLEEP MEDICINE CLINIC	70.01	0	32,146		4.00
5.00	URGENT CARE CENTERS	91.01	0	390,508		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,344,213		6.00
	0		0	11,761,838		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,167,176		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	65,389		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	141,134		3.00
	0		0	1,373,699		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	77,473	87,495		1.00
	0		77,473	87,495		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	104,041	0		1.00
	0		104,041	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	147,567		1.00
2.00	HOUSEKEEPING	9.00	158,452	29,113		2.00
	0		158,452	176,680		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	461,215		1.00
	0		0	461,215		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	328,861		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,552		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	97,588		3.00
	0		0	437,001		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,133,909		1.00
	0		0	1,133,909		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	1,148,323		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,148,323		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	499,803	0		1.00
	0		499,803	0		
	U - AUDIO/VISUAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	24,620	3,068		1.00
2.00	COMMUNITY OUTREACH	194.02	36,113	4,500		2.00
	0		60,733	7,568		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	213,319	55,975		1.00
	0		213,319	55,975		
	W - LDRP ROUTINE EXPENSE					
1.00	NURSERY	43.00	2,362,665	368,588		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,123,665	175,297		2.00
	0		3,486,330	543,885		
	X - PHYSICIAN RECLASSIFICATION					
1.00	ADULTS & PEDIATRICS	30.00	606,359	53,880		1.00
2.00	ELECTROCARDIOLOGY	69.00	1,391	228		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
	0		607,750	54,108		
	Y - SUPERVISOR RECLASSIFICATION					
1.00	TDOC RADIOLOGY	54.01	51,643	0		1.00
2.00	TDOC CT SCAN	57.01	14,840	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	28,511	0		3.00
4.00	TDOC - MRI	58.01	17,799	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	131,108	0		5.00
6.00	TDOC - ELECTROCARDIOLOGY	69.01	63,640	0		6.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	RETAIL PHARMACY	194.14	63,038	0	7.00
	0		370,579	0	
	Z - VALET RECLASSIFICATION				
1.00	VALET SERVICES	194.17	135,090	0	1.00
	0		135,090	0	
	AA - PATIENT BILLING RECLASSIFICATION				
1.00	ADMIN & GENERAL - HOSPITAL	5.06	65,274	40,320	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		65,274	40,320	
	AB - MERCY CLINICAL ENGINEERING RECLASS				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	31,084	1.00
2.00	COMMUNITY OUTREACH	194.02	0	506	2.00
	0		0	31,590	
	AC - IMPLANT RECLASSIFICATION				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,548,232	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,537,648	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	0		0	43,085,880	
	AD - EMPLOYEE HOLIDAY GIFT CARDS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,134	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	542	0	2.00
3.00	ADMITTING	5.04	1,407	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	394	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	13,374	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,693	0	6.00
7.00	PURCHASING	6.01	581	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	200	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	143	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	49	0	10.00
11.00	HOUSEKEEPING	9.00	4,906	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	432	0	12.00
13.00	DIETARY	10.00	2,859	0	13.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
14.00	DIETARY - SURREY	10.01	1,245	0	14.00
15.00	CAFETERIA	11.00	766	0	15.00
16.00	NURSING ADMINISTRATION	13.00	880	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	113	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,831	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,987	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	385	0	20.00
21.00	SOCIAL SERVICE	17.00	41	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	218	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,110	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	74	0	24.00
25.00	PHARMACY EDUCATION	23.02	155	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	19,617	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	1,797	0	27.00
28.00	CORONARY CARE UNIT	32.00	1,983	0	28.00
29.00	NURSERY	43.00	2,565	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,467	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,300	0	31.00
32.00	OPERATING ROOM	50.00	8,993	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	210	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	249	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	907	0	35.00
36.00	RECOVERY ROOM	51.00	908	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	826	0	37.00
38.00	ANESTHESIOLOGY	53.00	348	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,210	0	39.00
40.00	TDOC RADIOLOGY	54.01	325	0	40.00
41.00	CDI RADIOLOGY	54.02	983	0	41.00
42.00	CT SCAN	57.00	477	0	42.00
43.00	TDOC CT SCAN	57.01	103	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	200	0	44.00
45.00	TDOC - MRI	58.01	138	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	839	0	46.00
47.00	LABORATORY	60.00	4,038	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,671	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	45	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,564	0	50.00
51.00	PHYSICAL THERAPY	66.00	3,304	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	1,075	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	102	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	494	0	54.00
55.00	SPEECH PATHOLOGY	68.00	133	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	914	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	611	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	225	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,592	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	2,045	0	60.00
61.00	NUTRITION/DIABETES EDUCATION	76.01	563	0	61.00
62.00	CARDIAC REHAB	76.02	1,493	0	62.00
63.00	HYPERBARIC OXYGEN THERAPY	76.03	212	0	63.00
64.00	CLINIC	90.00	43	0	64.00
65.00	EMERGENCY	91.00	3,323	0	65.00
66.00	URGENT CARE CENTERS	91.01	4,959	0	66.00
67.00	ADULT DOWN SYNDROME CENTER	91.02	96	0	67.00
68.00	HOME HEALTH AGENCY	101.00	2,403	0	68.00
69.00	HOSPICE	116.00	1,083	0	69.00
70.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,247	0	70.00
71.00	DEVELOPMENT	194.01	282	0	71.00
72.00	COMMUNITY OUTREACH	194.02	326	0	72.00
73.00	FOUNTAIN CAFE	194.03	53	0	73.00
74.00	SLEEP RESEARCH	194.04	93	0	74.00
75.00	PHYSICIAN REFERRAL	194.07	245	0	75.00
76.00	MARKETING	194.11	556	0	76.00
77.00	CHILDBIRTH INSTRUCTION	194.12	41	0	77.00
78.00	VOLUNTEERS	194.13	215	0	78.00
79.00	RETAIL PHARMACY	194.14	581	0	79.00
80.00	REHAB HOSPITAL COVERAGE	194.15	61	0	80.00
81.00	EXECUTIVE HEALTH PROGRAM	194.16	60	0	81.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
82.00	VALET SERVICES	194.17	303	0	82.00
	0		127,015	0	
500.00	Grand Total: Increases		6,338,417	69,420,600	500.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MED SUPPLIES CHGD TO PAT						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	334,195	0		1.00
	0		0	334,195			
	B - NUTRITION/DIABETES EDUCATION						
1.00	DIETARY	10.00	432,558	0	0		1.00
	0		432,558	0			
	C - EMPLOYEE BENEFITS						
1.00	CDI RADIOLOGY	54.02	0	348,963	0		1.00
2.00	HOME HEALTH AGENCY	101.00	0	881,483	0		2.00
	0		0	1,230,446			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,237	0		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	3,276	0		2.00
3.00	HOUSEKEEPING - SURREY	9.01	0	36	0		3.00
4.00	DIETARY	10.00	0	6,124	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,288	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	561,267	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	25,479	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	34,685	0		8.00
9.00	NURSERY	43.00	0	2,103	0		9.00
10.00	OPERATING ROOM	50.00	0	143,610	0		10.00
11.00	VASCULAR ACCESS CENTER	50.01	0	19,359	0		11.00
12.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	27,723	0		12.00
13.00	RECOVERY ROOM	51.00	0	19,117	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	56,781	0		14.00
15.00	TDOC RADIOLOGY	54.01	0	15,449	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,924	0		16.00
17.00	TDOC - MRI	58.01	0	10,324	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	10,818	0		18.00
19.00	LABORATORY	60.00	0	1,730	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	7,269	0		20.00
21.00	BRAIN & SPINE INFUSION CENTER	64.01	0	107	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	43,345	0		22.00
23.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,751	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	11,386	0		24.00
25.00	TDOC - ELECTROCARDIOLOGY	69.01	0	18,069	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,393	0		26.00
27.00	SLEEP MEDICINE CLINIC	70.01	0	2,580	0		27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.03	0	11,916	0		28.00
29.00	EMERGENCY	91.00	0	79,472	0		29.00
30.00	URGENT CARE CENTERS	91.01	0	25,619	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,479	0		31.00
32.00	SLEEP RESEARCH	194.04	0	9,805	0		32.00
	0		0	1,190,521			
	E - RENTAL/LEASES						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	88,282	10		1.00
2.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	3,702	10		2.00
3.00	HOUSEKEEPING	9.00	0	2,068	0		3.00
4.00	CAFETERIA	11.00	0	21,095	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	585,677	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,408	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	30,351	0		7.00
8.00	OPERATING ROOM	50.00	0	50,301	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	410	0		9.00
10.00	CDI RADIOLOGY	54.02	0	1,329	0		10.00
11.00	CT SCAN	57.00	0	368,525	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	740	0		12.00
13.00	PHYSICAL THERAPY - SURREY	66.01	0	180	0		13.00
14.00	SLEEP MEDICINE CLINIC	70.01	0	3,729	0		14.00
15.00	CARDIAC REHAB	76.02	0	36	0		15.00
16.00	EMERGENCY	91.00	0	55,803	0		16.00
17.00	HOSPICE	116.00	0	169,538	0		17.00
18.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,698	0		18.00
19.00	DEVELOPMENT	194.01	0	450	0		19.00
20.00	FOUNTAIN CAFE	194.03	0	3,195	0		20.00
21.00	MARKETING	194.11	0	235	0		21.00
22.00	RETAIL PHARMACY	194.14	0	1,136	0		22.00
	0		0	1,391,888			

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	F - INSURANCE AND FEES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,517,919	12	1.00
	0		0	4,517,919		
	G - TELEPHONE EXPENSE					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	338,156	0	1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	17,989	0	2.00
	0		0	356,145		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,761,838	9	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	0		0	11,761,838		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,373,699	11	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		0	1,373,699		
	K - CLINICAL PASTORAL EDUCATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	77,473	87,495	0	1.00
	0		77,473	87,495		
	L - ALLOCATION OF SECURITY					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	104,041	0	0	1.00
	0		104,041	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	158,452	176,680	0	1.00
2.00		0.00	0	0	0	2.00
	0		158,452	176,680		
	N - MOB PROPERTY TAX					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	461,215	0	1.00
	0		0	461,215		
	O - PROPERTY INSURANCE					
1.00	ADMIN & GENERAL - SURREY	5.05	0	10,552	12	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	426,449	12	2.00
3.00		0.00	0	0	0	3.00
	0		0	437,001		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,133,909	0	1.00
	0		0	1,133,909		
	R - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	0	1,077,676	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	160	0	2.00
3.00	FOUNTAIN CAFE	194.03	0	70,487	0	3.00
	0		0	1,148,323		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	499,803	0	1.00
	0		0	499,803		
	U - AUDIO/VISUAL					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	60,733	7,568	0	1.00
2.00		0.00	0	0	0	2.00
	0		60,733	7,568		
	V - PHARMACY EDUCATION					
1.00	DRUGS CHARGED TO PATIENTS	73.00	213,319	55,975	0	1.00
	0		213,319	55,975		
	W - LDRP ROUTINE EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	3,486,330	543,885	0	1.00
2.00		0.00	0	0	0	2.00
	0		3,486,330	543,885		
	X - PHYSICIAN RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	5,180	1,178	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	366,293	5,771	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	174,811	26,232	0	3.00
4.00	CORONARY CARE UNIT	32.00	33,681	5,593	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	26,207	14,497	0	5.00
6.00	LABORATORY	60.00	0	651	0	6.00
7.00	EMERGENCY	91.00	1,578	186	0	7.00
	0		607,750	54,108		

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	Y - SUPERVISOR RECLASSIFICATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	98,696	0	0		1.00
2.00	CT SCAN	57.00	14,095	0	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	30,846	0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	63,038	0	0		4.00
5.00	CARDIAC REHAB	76.02	163,904	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		370,579	0			
	Z - VALET RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	135,090	0	0		1.00
	0		135,090	0			
	AA - PATIENT BILLING RECLASSIFICATION						
1.00	CDI RADIOLOGY	54.02	0	40,320	0		1.00
2.00	HOME HEALTH AGENCY	101.00	46,946	0	0		2.00
3.00	HOSPICE	116.00	18,328	0	0		3.00
	0		65,274	40,320			
	AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	MAINTENANCE & REPAIRS	6.00	0	31,590	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	31,590			
	AC - IMPLANT RECLASSIFICATION						
1.00	ADULTS & PEDIATRICS	30.00	0	1,439,421	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	165,523	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	116,089	0		3.00
4.00	NURSERY	43.00	0	10,732	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	57,857	0		5.00
6.00	OTHER LONG TERM CARE	46.00	0	12,953	0		6.00
7.00	OPERATING ROOM	50.00	0	28,699,391	0		7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	372,038	0		8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	38,569	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	667,548	0		10.00
11.00	RECOVERY ROOM	51.00	0	35,796	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,957	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	700,865	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,417,017	0		14.00
15.00	TDOC RADIOLOGY	54.01	0	132,098	0		15.00
16.00	CT SCAN	57.00	0	167,779	0		16.00
17.00	TDOC CT SCAN	57.01	0	34,543	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	68,926	0		18.00
19.00	TDOC - MRI	58.01	0	39,098	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	7,795,108	0		20.00
21.00	LABORATORY	60.00	0	66,607	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	356,919	0		22.00
23.00	BRAIN & SPINE INFUSION CENTER	64.01	0	1,588	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	35,293	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	14,632	0		25.00
26.00	PHYSICAL THERAPY - SURREY	66.01	0	1,048	0		26.00
27.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	5	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	247	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	201	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	32,897	0		30.00
31.00	TDOC - ELECTROCARDIOLOGY	69.01	0	3,516	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	804	0		32.00
33.00	SLEEP MEDICINE CLINIC	70.01	0	21,755	0		33.00
34.00	DRUGS CHARGED TO PATIENTS	73.00	0	202,783	0		34.00
35.00	NUTRITION/DIABETES EDUCATION	76.01	0	3	0		35.00
36.00	CARDIAC REHAB	76.02	0	2,407	0		36.00
37.00	HYPERBARIC OXYGEN THERAPY	76.03	0	117,731	0		37.00
38.00	CLINIC	90.00	0	56	0		38.00
39.00	EMERGENCY	91.00	0	149,958	0		39.00
40.00	URGENT CARE CENTERS	91.01	0	72,122	0		40.00
	0		0	43,085,880			
	AD - EMPLOYEE HOLIDAY GIFT CARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	127,015	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

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/24/2017 11:08 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6

Date/Time Prepared:
11/24/2017 11:08 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
82.00		0.00	0	0	0	82.00
	0		0	127,015		
500.00	Grand Total: Decreases		5,711,599	70,047,418		500.00

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/24/2017 11:08 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - MED SUPPLIES CHGD TO PAT								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	334,195	CENTRAL SERVICES & SUPPLY	14.00	0	334,195	1.00
	0		0	334,195	0		0	334,195	
	B - NUTRITION/DIABETES EDUCATION								
1.00	NUTRITION/DIABETES EDUCATION	76.01	432,558	0	DIETARY	10.00	432,558	0	1.00
	0		432,558	0	0		432,558	0	
	C - EMPLOYEE BENEFITS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,230,446	CDI RADIOLOGY	54.02	0	348,963	1.00
2.00		0.00	0	0	HOME HEALTH AGENCY	101.00	0	881,483	2.00
	0		0	1,230,446	0		0	1,230,446	
	D - LAUNDRY/LINEN RECLASSIFICATION								
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,190,521	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,237	1.00
2.00		0.00	0	0	ADMIN & GENERAL - HOSPITAL	5.06	0	3,276	2.00
3.00		0.00	0	0	HOUSEKEEPING - SURREY	9.01	0	36	3.00
4.00		0.00	0	0	DIETARY	10.00	0	6,124	4.00
5.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	12,288	5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	561,267	6.00
7.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	25,479	7.00
8.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	34,685	8.00
9.00		0.00	0	0	NURSERY	43.00	0	2,103	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	143,610	10.00
11.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	19,359	11.00
12.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	27,723	12.00
13.00		0.00	0	0	RECOVERY ROOM	51.00	0	19,117	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	56,781	14.00
15.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	15,449	15.00
16.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,924	16.00
17.00		0.00	0	0	TDOC - MRI	58.01	0	10,324	17.00
18.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	10,818	18.00
19.00		0.00	0	0	LABORATORY	60.00	0	1,730	19.00
20.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	7,269	20.00
21.00		0.00	0	0	BRAIN & SPINE INFUSION CENTER	64.01	0	107	21.00
22.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	43,345	22.00
23.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,751	23.00
24.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	11,386	24.00
25.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	18,069	25.00
26.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	3,393	26.00
27.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	2,580	27.00
28.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	11,916	28.00
29.00		0.00	0	0	EMERGENCY	91.00	0	79,472	29.00
30.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	25,619	30.00
31.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,479	31.00
32.00		0.00	0	0	SLEEP RESEARCH	194.04	0	9,805	32.00
	0		0	1,190,521	0		0	1,190,521	
	E - RENTAL/LEASES								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	989,310	ADMIN & GENERAL - HOSPITAL	5.06	0	88,282	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	402,578	MAINTENANCE & REPAIRS - SURREY	6.02	0	3,702	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	2,068	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	21,095	4.00
5.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	585,677	5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,408	6.00
7.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	30,351	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	50,301	8.00
9.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	410	9.00
10.00		0.00	0	0	CDI RADIOLOGY	54.02	0	1,329	10.00

RECLASSIFICATIONS

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
11.00		0.00	0	0	CT SCAN	57.00	0	368,525	11.00
12.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	740	12.00
13.00		0.00	0	0	PHYSICAL THERAPY - SURREY	66.01	0	180	13.00
14.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	3,729	14.00
15.00		0.00	0	0	CARDIAC REHAB	76.02	0	36	15.00
16.00		0.00	0	0	EMERGENCY	91.00	0	55,803	16.00
17.00		0.00	0	0	HOSPICE	116.00	0	169,538	17.00
18.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,698	18.00
19.00		0.00	0	0	DEVELOPMENT	194.01	0	450	19.00
20.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	3,195	20.00
21.00		0.00	0	0	MARKETING	194.11	0	235	21.00
22.00		0.00	0	0	RETAIL PHARMACY	194.14	0	1,136	22.00
	0		0	1,391,888	0		0	1,391,888	
	F - INSURANCE AND FEES								
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	4,517,919	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,517,919	1.00
	0		0	4,517,919	0		0	4,517,919	
	G - TELEPHONE EXPENSE								
1.00	NONPATIENT TELEPHONES	5.01	0	338,156	ADMIN & GENERAL - HOSPITAL	5.06	0	338,156	1.00
2.00	NONPATIENT TELEPHONES	5.03	0	17,989	ADMIN & GENERAL - SURREY	5.05	0	17,989	2.00
	0		0	356,145	0		0	356,145	
	H - MOB DEPRECIATION								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,929,153	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,761,838	1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	65,038		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	780		0.00	0	0	3.00
4.00	SLEEP MEDICINE CLINIC	70.01	0	32,146		0.00	0	0	4.00
5.00	URGENT CARE CENTERS	91.01	0	390,508		0.00	0	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,344,213		0.00	0	0	6.00
	0		0	11,761,838	0		0	11,761,838	
	I - INTEREST ON BONDS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,167,176	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,373,699	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	65,389		0.00	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	141,134		0.00	0	0	3.00
	0		0	1,373,699	0		0	1,373,699	
	K - CLINICAL PASTORAL EDUCATION								
1.00	CLINICAL PASTORAL EDUCATION	23.01	77,473	87,495	ADMIN & GENERAL - HOSPITAL	5.06	77,473	87,495	1.00
	0		77,473	87,495	0		77,473	87,495	
	L - ALLOCATION OF SECURITY								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	104,041	0	ADMIN & GENERAL - HOSPITAL	5.06	104,041	0	1.00
	0		104,041	0	0		104,041	0	
	M - MAINT AND HOUSEKEEPING RECLASS								
1.00	MAINTENANCE & REPAIRS	6.00	0	147,567	PHYSICIANS' PRIVATE OFFICES	192.00	158,452	176,680	1.00
2.00	HOUSEKEEPING	9.00	158,452	29,113		0.00	0	0	2.00
	0		158,452	176,680	0		158,452	176,680	
	N - MOB PROPERTY TAX								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	461,215	ADMIN & GENERAL - HOSPITAL	5.06	0	461,215	1.00
	0		0	461,215	0		0	461,215	
	O - PROPERTY INSURANCE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	328,861	ADMIN & GENERAL - SURREY	5.05	0	10,552	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,552	ADMIN & GENERAL - HOSPITAL	5.06	0	426,449	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	97,588		0.00	0	0	3.00
	0		0	437,001	0		0	437,001	
	P - WORKMENS COMPENSATION EXPENSE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,133,909	ADMIN & GENERAL - HOSPITAL	5.06	0	1,133,909	1.00
	0		0	1,133,909	0		0	1,133,909	

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/24/2017 11:08 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	R - CAFETERIA RECLASS								
1.00	DIETARY	10.00	0	1,148,323	CAFETERIA	11.00	0	1,077,676	1.00
2.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	160	2.00
3.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	70,487	3.00
	0		0	1,148,323	0		0	1,148,323	
	T - LOAN FORGIVENESS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	499,803	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	499,803	1.00
	0		499,803	0	0		0	499,803	
	U - AUDIO/VISUAL								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	24,620	3,068	ADMIN & GENERAL - HOSPITAL	5.06	60,733	7,568	1.00
2.00	COMMUNITY OUTREACH	194.02	36,113	4,500		0.00	0	0	2.00
	0		60,733	7,568	0		60,733	7,568	
	V - PHARMACY EDUCATION								
1.00	PHARMACY EDUCATION	23.02	213,319	55,975	DRUGS CHARGED TO PATIENTS	73.00	213,319	55,975	1.00
	0		213,319	55,975	0		213,319	55,975	
	W - LDRP ROUTINE EXPENSE								
1.00	NURSERY	43.00	2,362,665	368,588	ADULTS & PEDIATRICS	30.00	3,486,330	543,885	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,123,665	175,297		0.00	0	0	2.00
	0		3,486,330	543,885	0		3,486,330	543,885	
	X - PHYSICIAN RECLASSIFICATION								
1.00	ADULTS & PEDIATRICS	30.00	606,359	53,880	ADMIN & GENERAL - HOSPITAL	5.06	5,180	1,178	1.00
2.00	ELECTROCARDIOLOGY	69.00	1,391	228	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	366,293	5,771	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	174,811	26,232	3.00
4.00		0.00	0	0	CORONARY CARE UNIT	32.00	33,681	5,593	4.00
5.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	26,207	14,497	5.00
6.00		0.00	0	0	LABORATORY	60.00	0	651	6.00
7.00		0.00	0	0	EMERGENCY	91.00	1,578	186	7.00
	0		607,750	54,108	0		607,750	54,108	
	Y - SUPERVISOR RECLASSIFICATION								
1.00	TDOC RADIOLOGY	54.01	51,643	0	RADIOLOGY-DIAGNOSTIC	54.00	98,696	0	1.00
2.00	TDOC CT SCAN	57.01	14,840	0	CT SCAN	57.00	14,095	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	28,511	0	ELECTROCARDIOLOGY	69.00	30,846	0	3.00
4.00	TDOC - MRI	58.01	17,799	0	DRUGS CHARGED TO PATIENTS	73.00	63,038	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	131,108	0	CARDIAC REHAB	76.02	163,904	0	5.00
6.00	TDOC - ELECTROCARDIOLOGY	69.01	63,640	0		0.00	0	0	6.00
7.00	RETAIL PHARMACY	194.14	63,038	0		0.00	0	0	7.00
	0		370,579	0	0		370,579	0	
	Z - VALET RECLASSIFICATION								
1.00	VALET SERVICES	194.17	135,090	0	ADMIN & GENERAL - HOSPITAL	5.06	135,090	0	1.00
	0		135,090	0	0		135,090	0	
	AA - PATIENT BILLING RECLASSIFICATION								
1.00	ADMIN & GENERAL - HOSPITAL	5.06	65,274	40,320	CDI RADIOLOGY	54.02	0	40,320	1.00
2.00		0.00	0	0	HOME HEALTH AGENCY	101.00	46,946	0	2.00
3.00		0.00	0	0	HOSPICE	116.00	18,328	0	3.00
	0		65,274	40,320	0		65,274	40,320	
	AB - MERCY CLINICAL ENGINEERING RECLASS								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	31,084	MAINTENANCE & REPAIRS	6.00	0	31,590	1.00
2.00	COMMUNITY OUTREACH	194.02	0	506		0.00	0	0	2.00
	0		0	31,590	0		0	31,590	
	AC - IMPLANT RECLASSIFICATION								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,548,232	ADULTS & PEDIATRICS	30.00	0	1,439,421	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,537,648	INTENSIVE CARE UNIT	31.00	0	165,523	2.00
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	116,089	3.00
4.00		0.00	0	0	NURSERY	43.00	0	10,732	4.00
5.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	57,857	5.00
6.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	12,953	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	28,699,391	7.00

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/24/2017 11:08 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
8.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	372,038	8.00
9.00		0.00	0	0	PAIN MGMT - BRAIN & SPINE	50.02	0	38,569	9.00
10.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	667,548	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	35,796	11.00
12.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33,957	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	700,865	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,417,017	14.00
15.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	132,098	15.00
16.00		0.00	0	0	CT SCAN	57.00	0	167,779	16.00
17.00		0.00	0	0	TDOC CT SCAN	57.01	0	34,543	17.00
18.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	68,926	18.00
19.00		0.00	0	0	TDOC - MRI	58.01	0	39,098	19.00
20.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	7,795,108	20.00
21.00		0.00	0	0	LABORATORY	60.00	0	66,607	21.00
22.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	356,919	22.00
23.00		0.00	0	0	BRAIN & SPINE INFUSION CENTER	64.01	0	1,588	23.00
24.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	35,293	24.00
25.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	14,632	25.00
26.00		0.00	0	0	PHYSICAL THERAPY - SURREY	66.01	0	1,048	26.00
27.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	5	27.00
28.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	247	28.00
29.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	201	29.00
30.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	32,897	30.00
31.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	3,516	31.00
32.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	804	32.00
33.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	21,755	33.00
34.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	202,783	34.00
35.00		0.00	0	0	NUTRITION/DIABETES EDUCATION	76.01	0	3	35.00
36.00		0.00	0	0	CARDIAC REHAB	76.02	0	2,407	36.00
37.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	117,731	37.00
38.00		0.00	0	0	CLINIC	90.00	0	56	38.00
39.00		0.00	0	0	EMERGENCY	91.00	0	149,958	39.00
40.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	72,122	40.00
	0		0	43,085,880	0		0	43,085,880	
	AD - EMPLOYEE HOLIDAY GIFT CARDS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,134	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	127,015	1.00
2.00	NONPATIENT TELEPHONES	5.01	542	0		0.00	0	0	2.00
3.00	ADMITTING	5.04	1,407	0		0.00	0	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	394	0		0.00	0	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	13,374	0		0.00	0	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,693	0		0.00	0	0	6.00
7.00	PURCHASING	6.01	581	0		0.00	0	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	200	0		0.00	0	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	143	0		0.00	0	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	49	0		0.00	0	0	10.00
11.00	HOUSEKEEPING	9.00	4,906	0		0.00	0	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	432	0		0.00	0	0	12.00
13.00	DIETARY	10.00	2,859	0		0.00	0	0	13.00
14.00	DIETARY - SURREY	10.01	1,245	0		0.00	0	0	14.00
15.00	CAFETERIA	11.00	766	0		0.00	0	0	15.00
16.00	NURSING ADMINISTRATION	13.00	880	0		0.00	0	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	113	0		0.00	0	0	17.00

RECLASSIFICATIONS

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,831	0		0.00	0	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,987	0		0.00	0	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	385	0		0.00	0	0	20.00
21.00	SOCIAL SERVICE	17.00	41	0		0.00	0	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	218	0		0.00	0	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,110	0		0.00	0	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	74	0		0.00	0	0	24.00
25.00	PHARMACY EDUCATION	23.02	155	0		0.00	0	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	19,617	0		0.00	0	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	1,797	0		0.00	0	0	27.00
28.00	CORONARY CARE UNIT	32.00	1,983	0		0.00	0	0	28.00
29.00	NURSERY	43.00	2,565	0		0.00	0	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,467	0		0.00	0	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,300	0		0.00	0	0	31.00
32.00	OPERATING ROOM	50.00	8,993	0		0.00	0	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	210	0		0.00	0	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	249	0		0.00	0	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	907	0		0.00	0	0	35.00
36.00	RECOVERY ROOM	51.00	908	0		0.00	0	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	826	0		0.00	0	0	37.00
38.00	ANESTHESIOLOGY	53.00	348	0		0.00	0	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,210	0		0.00	0	0	39.00
40.00	TDOC RADIOLOGY	54.01	325	0		0.00	0	0	40.00
41.00	CDI RADIOLOGY	54.02	983	0		0.00	0	0	41.00
42.00	CT SCAN	57.00	477	0		0.00	0	0	42.00
43.00	TDOC CT SCAN	57.01	103	0		0.00	0	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	200	0		0.00	0	0	44.00
45.00	TDOC - MRI	58.01	138	0		0.00	0	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	839	0		0.00	0	0	46.00
47.00	LABORATORY	60.00	4,038	0		0.00	0	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,671	0		0.00	0	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	45	0		0.00	0	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,564	0		0.00	0	0	50.00
51.00	PHYSICAL THERAPY	66.00	3,304	0		0.00	0	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	1,075	0		0.00	0	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	102	0		0.00	0	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	494	0		0.00	0	0	54.00
55.00	SPEECH PATHOLOGY	68.00	133	0		0.00	0	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	914	0		0.00	0	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	611	0		0.00	0	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	225	0		0.00	0	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,592	0		0.00	0	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	2,045	0		0.00	0	0	60.00
61.00	NUTRITION/DIABETES EDUCATION	76.01	563	0		0.00	0	0	61.00
62.00	CARDIAC REHAB	76.02	1,493	0		0.00	0	0	62.00
63.00	HYPERBARIC OXYGEN THERAPY	76.03	212	0		0.00	0	0	63.00
64.00	CLINIC	90.00	43	0		0.00	0	0	64.00
65.00	EMERGENCY	91.00	3,323	0		0.00	0	0	65.00
66.00	URGENT CARE CENTERS	91.01	4,959	0		0.00	0	0	66.00
67.00	ADULT DOWN SYNDROME CENTER	91.02	96	0		0.00	0	0	67.00
68.00	HOME HEALTH AGENCY	101.00	2,403	0		0.00	0	0	68.00
69.00	HOSPICE	116.00	1,083	0		0.00	0	0	69.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/24/2017 11:08 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
70.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,247	0		0.00	0	0	70.00
71.00	DEVELOPMENT	194.01	282	0		0.00	0	0	71.00
72.00	COMMUNITY OUTREACH	194.02	326	0		0.00	0	0	72.00
73.00	FOUNTAIN CAFE	194.03	53	0		0.00	0	0	73.00
74.00	SLEEP RESEARCH	194.04	93	0		0.00	0	0	74.00
75.00	PHYSICIAN REFERRAL	194.07	245	0		0.00	0	0	75.00
76.00	MARKETING	194.11	556	0		0.00	0	0	76.00
77.00	CHILDBIRTH INSTRUCTION	194.12	41	0		0.00	0	0	77.00
78.00	VOLUNTEERS	194.13	215	0		0.00	0	0	78.00
79.00	RETAIL PHARMACY	194.14	581	0		0.00	0	0	79.00
80.00	REHAB HOSPITAL COVERAGE	194.15	61	0		0.00	0	0	80.00
81.00	EXECUTIVE HEALTH PROGRAM	194.16	60	0		0.00	0	0	81.00
82.00	VALET SERVICES	194.17	303	0		0.00	0	0	82.00
	0		127,015	0	0		0	127,015	
500.00	Grand Total: Increases		6,338,417	69,420,600	Grand Total: Decreases		5,711,599	70,047,418	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part I Date/Time Prepared: 11/24/2017 11:08 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,809,249	1,458,603	0	1,458,603	0	1.00
2.00	Land Improvements	12,760,905	303,982	0	303,982	0	2.00
3.00	Buildings and Fixtures	319,678,936	41,651,566	2,387	41,653,953	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	235,912,659	10,807,491	17,555	10,825,046	14,700,519	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	584,161,749	54,221,642	19,942	54,241,584	14,700,519	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	584,161,749	54,221,642	19,942	54,241,584	14,700,519	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	17,267,852	0	1.00
2.00	Land Improvements	13,064,887	0	2.00
3.00	Buildings and Fixtures	361,332,889	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	232,037,186	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	623,702,814	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	623,702,814	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part II Date/Time Prepared: 11/24/2017 11:08 am

	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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,561,733	0	2,749,737	4,517,919	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	476,102	0	63,708	0	0	2.01
3.00	Total (sum of lines 1-2)	24,037,835	0	2,813,445	4,517,919	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	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	30,829,389	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	539,810	2.01
3.00	Total (sum of lines 1-2)	0	31,369,199	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 11/24/2017 11:08 am

	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	348,249,090	0	348,249,090	0.596152	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	235,912,659	0	235,912,659	0.403848	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	584,161,749	0	584,161,749	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,890,512	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,799,895	989,310	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	476,102	402,578	2.01
3.00	Total (sum of lines 1-2)	0	0	0	20,166,509	1,391,888	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,038,060	328,861	0	0	10,257,433	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	12,789,205	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	49,360	10,552	0	0	938,592	2.01
3.00	Total (sum of lines 1-2)	2,087,420	339,413	0	0	23,985,230	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/24/2017 11:08 am

	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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-262,865	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	2.01
3.00	Investment income - other (chapter 2)	B	-14,348	CAP REL COSTS-MVBLE EQUIP	2.01	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-176,741	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-24,699,248			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-5,112,160			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,473,521	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-82,150	DIETARY	10.00	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
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	27.01
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

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/24/2017 11:08 am

	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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-31,785	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.00
33.01	NON-ALLOWABLE INTEREST OFFSET	A	-1,376,038	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	TELEPHONE BENEFITS	A	-23,082	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	GUEST MEALS	B	-60,347	DIETARY	10.00	0	33.03
33.04	CHAPLAIN INCOME	B	-4,433	ADMIN & GENERAL - HOSPITAL	5.06	0	33.04
33.05	MEALS ON WHEELS	B	-58,616	DIETARY	10.00	0	33.05
33.06	TDOC CORNER GOURMET INCOME	B	-196,941	DIETARY	10.00	0	33.06
33.07	SNF CAFETERIA MEALS	B	-12,960	DIETARY - SURREY	10.01	0	33.07
33.08	LACTATION INCOME	B	-10,377	ADULTS & PEDIATRICS	30.00	0	33.08
33.09	PHYSICAL THERAPY INCOME	B	-14,850	PHYSICAL THERAPY	66.00	0	33.09
33.10	SPORTS MEDICINE INCOME	B	-31,116	PHYSICAL THERAPY	66.00	0	33.10
33.11	SPORTS MEDICINE INCOME	B	-3,190	PHYSICAL THERAPY	66.00	0	33.11
33.12	SPORTS MEDICINE INCOME	B	-25,628	PHYSICAL THERAPY	66.00	0	33.12
33.13	MASSAGE THERAPY	B	-92,558	PHYSICAL THERAPY	66.00	0	33.13
33.14	SPORTS MEDICINE INCOME	B	-22,761	PHYSICAL THERAPY	66.00	0	33.14
33.15	SPORTS MEDICINE INCOME	B	-516	PHYSICAL THERAPY	66.00	0	33.15
33.16	THERAPY SERVICESWINGHAVEN	B	-3,322	PHYSICAL THERAPY	66.00	0	33.16
33.17	THERAPY SERVICES-JCC BAXTER	B	-6,192	SPEECH PATHOLOGY	68.00	0	33.17
33.18	NUTRITION REFERENCE BOOKS	B	-21,985	SLEEP MEDICINE CLINIC	70.01	0	33.18
33.19	NUTRITION REFERENCE BOOKS	B	-9,373	NUTRITION/DIABETES EDUCATION	76.01	0	33.19
33.20	MISCELLANEOUS INCOME	B	-33,913	ADMIN & GENERAL - HOSPITAL	5.06	0	33.20
33.21	MOONLIGHTERS SALARIES	A	-54,124	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.21
33.22	MOONLIGHTERS BENEFITS	A	-14,204	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23	ADVERTISING	A	-3,192	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	ADVERTISING	A	-3,084	ADMIN & GENERAL - SURREY	5.05	0	33.24
33.25	ADVERTISING	A	-414	ADMIN & GENERAL - HOSPITAL	5.06	0	33.25
33.26	ADVERTISING	A	-2,161	VASCULAR ACCESS CENTER	50.01	0	33.26
33.27	ADVERTISING	A	-1,237	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28	ADVERTISING	A	-2,012	PHYSICAL THERAPY	66.00	0	33.28
33.29	ADVERTISING	A	-540	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.29
33.30	ADVERTISING	A	-49	SLEEP MEDICINE CLINIC	70.01	0	33.30
33.31	ADVERTISING	A	-405	CARDIAC REHAB	76.02	0	33.31
33.32	ADVERTISING	A	-299	CLINIC	90.00	0	33.32
33.33	ADVERTISING	A	-2,558	URGENT CARE CENTERS	91.01	9	33.33
33.34	ADVERTISING	A	-193	HOME HEALTH AGENCY	101.00	9	33.34
33.35	ADVERTISING	A	-190	HOSPICE	116.00	0	33.35
33.36	ASSET LIVES	A	27,703	CAP REL COSTS-BLDG & FIXT	1.00	9	33.36
33.37	ASSET LIVES	A	14,850	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.37
33.38	FRA TAX	A	6,411,826	ADMIN & GENERAL - HOSPITAL	5.06	0	33.38
33.39	RENT EXPENSE PAID FOR MOB SPACE	A	-128,630	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.39
33.40	RENT EXPENSE PAID FOR MOB SPACE	A	-7,056	NONPATIENT TELEPHONES	5.01	0	33.40
33.41	RENT EXPENSE PAID FOR MOB SPACE	A	-197,883	ADMIN & GENERAL - HOSPITAL	5.06	0	33.41
33.42	RENT EXPENSE PAID FOR MOB SPACE	A	-117,452	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.42
33.43	RENT EXPENSE PAID FOR MOB SPACE	A	-41,039	ADULTS & PEDIATRICS	30.00	0	33.43
33.44	RENT EXPENSE PAID FOR MOB SPACE	A	-107,467	OPERATING ROOM	50.00	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-36,388	PAIN MGMT - BRAIN & SPINE	50.02	0	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-234,198	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-550,145	RADIOLOGY-DIAGNOSTIC	54.00	0	33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	A	-28,233	CT SCAN	57.00	0	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-154,915	LABORATORY	60.00	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-153,110	INTRAVENOUS THERAPY	64.00	0	33.50
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-38,040	BRAIN & SPINE INFUSION CENTER	64.01	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-13,469	PHYSICAL THERAPY	66.00	0	33.52

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/24/2017 11:08 am

	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	
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-96,263	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.53
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-89,384	ELECTROCARDIOLOGY	69.00	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-56,721	ELECTROENCEPHALOGRAPHY	70.00	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-391,129	SLEEP MEDICINE CLINIC	70.01	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-54,366	DRUGS CHARGED TO PATIENTS	73.00	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-16,052	NUTRITION/DIABETES EDUCATION	76.01	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-118,714	CARDIAC REHAB	76.02	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-94,889	URGENT CARE CENTERS	91.01	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-40,911	ADULT DOWN SYNDROME CENTER	91.02	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-32,784	HOME HEALTH AGENCY	101.00	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-23,616	HOSPICE	116.00	0	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	A	-56,954	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	A	-5,459	FOUNTAIN CAFE	194.03	0	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	A	-7,880	PHYSICIAN REFERRAL	194.07	0	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	A	-25,930	RETAIL PHARMACY	194.14	0	33.67
33.68	NON-ALLOWABLE	A	-600,408	ADMIN & GENERAL - HOSPITAL	5.06	0	33.68
33.69	NON-ALLOWABLE	A	-12,905	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.69
33.70	NON-ALLOWABLE	A	-71	ADMITTING	5.04	0	33.70
33.71	NON-ALLOWABLE	A	-20,395	ADMIN & GENERAL - SURREY	5.05	0	33.71
33.72	NON-ALLOWABLE	A	-46,908	ADMIN & GENERAL - HOSPITAL	5.06	0	33.72
33.73	NON-ALLOWABLE	A	-6,537	MAINTENANCE & REPAIRS	6.00	0	33.73
33.74	NON-ALLOWABLE	A	-778	PURCHASING	6.01	0	33.74
33.75	NON-ALLOWABLE	A	-9,979	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.75
33.76	NON-ALLOWABLE	A	-219	LAUNDRY & LINEN SERVICE - SURREY	8.01	0	33.76
33.77	NON-ALLOWABLE	A	-134	HOUSEKEEPING	9.00	0	33.77
33.78	NON-ALLOWABLE	A	-650	DIETARY	10.00	0	33.78
33.79	NON-ALLOWABLE	A	-530	DIETARY - SURREY	10.01	0	33.79
33.80	NON-ALLOWABLE	A	-203	CAFETERIA	11.00	0	33.80
33.81	NON-ALLOWABLE	A	-2,568	NURSING ADMINISTRATION	13.00	0	33.81
33.82	NON-ALLOWABLE	A	-1,386	NURSING ADMINISTRATION - SURREY	13.01	0	33.82
33.83	NON-ALLOWABLE	A	-6,054	CENTRAL SERVICES & SUPPLY	14.00	0	33.83
33.84	NON-ALLOWABLE	A	-15	MEDICAL RECORDS & LIBRARY	16.00	0	33.84
33.85	NON-ALLOWABLE	A	-109	MEDICAL RECORDS & LIBRARY - SURREY	16.01	0	33.85
33.86	NON-ALLOWABLE	A	-11	SOCIAL SERVICE	17.00	0	33.86
33.87	NON-ALLOWABLE	A	-24,189	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.87
33.88	NON-ALLOWABLE	A	-2,719	ADULTS & PEDIATRICS	30.00	0	33.88
33.89	NON-ALLOWABLE	A	-33,534	INTENSIVE CARE UNIT	31.00	0	33.89
33.90	NON-ALLOWABLE	A	-409	CORONARY CARE UNIT	32.00	0	33.90
33.91	NON-ALLOWABLE	A	-231	SKILLED NURSING FACILITY	44.00	0	33.91
33.92	NON-ALLOWABLE	A	-6,639	OTHER LONG TERM CARE	46.00	0	33.92
33.93	NON-ALLOWABLE	A	-4,185	OPERATING ROOM	50.00	0	33.93
33.94	NON-ALLOWABLE	A	-1,988	VASCULAR ACCESS CENTER	50.01	0	33.94
33.95	NON-ALLOWABLE	A	-564	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.95
33.96	NON-ALLOWABLE	A	-195	ANESTHESIOLOGY	53.00	0	33.96
33.97	NON-ALLOWABLE	A	-32,342	RADIOLOGY-DIAGNOSTIC	54.00	0	33.97
33.98	NON-ALLOWABLE	A	-7,911	LABORATORY	60.00	0	33.98
33.99	NON-ALLOWABLE	A	-119	INTRAVENOUS THERAPY	64.00	0	33.99
34.00	NON-ALLOWABLE	A	-420	PHYSICAL THERAPY	66.00	0	34.00
34.01	NON-ALLOWABLE	A	-563	PHYSICAL THERAPY - SURREY	66.01	0	34.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/24/2017 11:08 am

	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	
34.02	NON-ALLOWABLE	A	-1,435	THERAPY SVCS - BRAIN & SPINE	66.02	0	34.02
34.03	NON-ALLOWABLE	A	-85	SLEEP MEDICINE CLINIC	70.01	0	34.03
34.04	NON-ALLOWABLE	A	-11,353	CARDIAC REHAB	76.02	0	34.04
34.05	NON-ALLOWABLE	A	-183	HYPERBARIC OXYGEN THERAPY	76.03	0	34.05
34.06	NON-ALLOWABLE	A	-34,119	EMERGENCY	91.00	0	34.06
34.07	NON-ALLOWABLE	A	-12,804	URGENT CARE CENTERS	91.01	0	34.07
34.08	NON-ALLOWABLE	A	-9,952	ADULT DOWN SYNDROME CENTER	91.02	0	34.08
34.09	NON-ALLOWABLE	A	-73	HOME HEALTH AGENCY	101.00	0	34.09
34.10	NON-ALLOWABLE	A	-1,283	HOSPICE	116.00	0	34.10
34.11	LOBBYING	A	-43,706	ADMIN & GENERAL - HOSPITAL	5.06	0	34.11
34.12	PHYSICIAN BILLING	A	-367,341	ADULTS & PEDIATRICS	30.00	0	34.12
34.13	PHYSICIAN BILLING	A	-18,347	CORONARY CARE UNIT	32.00	0	34.13
34.14	PHYSICIAN BILLING	A	-62,578	SLEEP MEDICINE CLINIC	70.01	0	34.14
34.15	PHYSICIAN BILLING	A	-828	URGENT CARE CENTERS	91.01	0	34.15
34.16	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-247,553	ADMIN & GENERAL - HOSPITAL	5.06	0	34.16
34.17	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-64,968	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.17
34.18	REVENUE ADD BACK	A	51,315	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.18
34.19	REVENUE ADD BACK	A	439,670	ADMIN & GENERAL - HOSPITAL	5.06	0	34.19
34.20	REVENUE ADD BACK	A	140,817	INTRAVENOUS THERAPY	64.00	0	34.20
34.21	REVENUE ADD BACK	A	432,612	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.21
34.22	REVENUE ADD BACK	A	92,366	COMMUNITY OUTREACH	194.02	0	34.22
34.23	SLEEP RESEARCH	A	208,193	SLEEP RESEARCH	194.04	0	34.23
34.24	REHAB HOSPITAL	A	65,325	REHAB HOSPITAL COVERAGE	194.15	0	34.24
34.25	CHAPLAIN INCOME	B	-1,867	CLINICAL PASTORAL EDUCATION	23.01	0	34.25
34.26	EDUCATION CENTER DEPRECIATION	A	-66,344	CAP REL COSTS-BLDG & FIXT	1.00	9	34.26
34.27	RCE	A	-234,152	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.27
34.28	LOSS ON REFINANCING	A	1,133,749	CAP REL COSTS-BLDG & FIXT	1.00	11	34.28
34.29	LOSS ON REFINANCING	A	1,252,979	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.29
34.30			0		0.00	0	34.30
34.31			0		0.00	0	34.31
34.32			0		0.00	0	34.32
34.33			0		0.00	0	34.33
34.34			0		0.00	0	34.34
34.35			0		0.00	0	34.35
34.36			0		0.00	0	34.36
34.37			0		0.00	0	34.37
34.38			0		0.00	0	34.38
34.39			0		0.00	0	34.39
34.40			0		0.00	0	34.40
34.41			0		0.00	0	34.41
34.42			0		0.00	0	34.42
34.43			0		0.00	0	34.43
34.44			0		0.00	0	34.44
34.45			0		0.00	0	34.45
34.46			0		0.00	0	34.46
34.47			0		0.00	0	34.47
34.48			0		0.00	0	34.48
34.49			0		0.00	0	34.49
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,598,189				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/24/2017 11:08 am

	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	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILIL	3,433,674	8,180,260	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	1,149,946	1,468,216	2.00
3.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	841,646	888,950	3.00
4.00	0.00			0	0	4.00
5.00	0		0	5,425,266	10,537,426	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: 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	C		0.00	ST.LUKE'S CDI	31.00	6.00
7.00	C		0.00	ST. LUKE'S CDI	43.30	7.00
8.00	C		0.00	ST. LUKE'S CDI	30.00	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: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/24/2017 11:08 am

	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	-4,746,586	0		1.00
2.00	-318,270	0		2.00
3.00	-47,304	0		3.00
4.00	0	0		4.00
5.00	-5,112,160			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	RADIOLOGY MGMT		6.00
7.00	RADIOLOGY MGMT		7.00
8.00	RADIOLOGY MGMT		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: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/24/2017 11:08 am

	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	147,722	147,722	0	211,500	0	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	22,704	0	22,704	211,500	24	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	318,935	0	318,935	211,500	3,342	3.00
4.00	30.00	ADULTS & PEDIATRICS	9,335,058	7,702,753	1,632,305	211,500	13,741	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,731,287	1,664,529	66,758	211,500	1,009	5.00
6.00	32.00	CORONARY CARE UNIT	1,226,883	1,209,727	17,156	211,500	71	6.00
7.00	43.00	NURSERY	50,000	50,000	0	211,500	0	7.00
8.00	50.00	OPERATING ROOM	1,337,013	502,202	834,811	246,400	2,742	8.00
9.00	50.01	VASCULAR ACCESS CENTER	300,004	300,004	0	246,400	0	9.00
10.00	53.00	ANESTHESIOLOGY	550,834	550,834	0	239,400	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	47,625	47,625	0	271,900	0	11.00
12.00	54.02	CDI RADIOLOGY	552	552	0	271,900	0	12.00
13.00	57.01	TDOC CT SCAN	17,020	17,020	0	271,900	0	13.00
14.00	60.00	LABORATORY	189,350	0	189,350	260,300	1,665	14.00
15.00	64.00	INTRAVENOUS THERAPY	1,369,560	958,692	410,868	271,900	8,149	15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	96,344	96,344	0	211,500	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	1,619	0	1,619	211,500	19	17.00
18.00	69.01	TDOC - ELECTROCARDIOLOGY	-480	-480	0	211,500	0	18.00
19.00	59.00	CARDIAC CATHETERIZATION	48,381	0	48,381	211,500	768	19.00
20.00	70.01	SLEEP MEDICINE CLINIC	1,247,902	1,247,902	0	211,500	0	20.00
21.00	76.02	CARDIAC REHAB	90,628	88,837	1,791	211,500	28	21.00
22.00	76.03	HYPERBARIC OXYGEN THERAPY	2,438	0	2,438	211,500	16	22.00
23.00	91.00	EMERGENCY	6,166,278	5,502,226	664,052	211,500	3,204	23.00
24.00	91.01	URGENT CARE CENTERS	3,583,028	3,583,028	0	211,500	0	24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	6,340	5,621	719	211,500	8	25.00
200.00			27,887,025	23,675,138	4,211,887		34,786	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	2,097	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	2,440	122	0	0	200	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	339,824	16,991	0	0	2,859	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,397,222	69,861	0	0	246,528	4.00
5.00	31.00	INTENSIVE CARE UNIT	102,598	5,130	0	0	23,445	5.00
6.00	32.00	CORONARY CARE UNIT	7,220	361	0	0	21,014	6.00
7.00	43.00	NURSERY	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	324,821	16,241	0	0	52,172	8.00
9.00	50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	1,158	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	54.02	CDI RADIOLOGY	0	0	0	0	0	12.00
13.00	57.01	TDOC CT SCAN	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	208,365	10,418	0	0	0	14.00
15.00	64.00	INTRAVENOUS THERAPY	1,065,247	53,262	0	0	18,240	15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	1,301	16.00
17.00	69.00	ELECTROCARDIOLOGY	1,932	97	0	0	17	17.00
18.00	69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	18.00
19.00	59.00	CARDIAC CATHETERIZATION	78,092	3,905	0	0	466	19.00
20.00	70.01	SLEEP MEDICINE CLINIC	0	0	0	0	8,185	20.00
21.00	76.02	CARDIAC REHAB	2,847	142	0	0	0	21.00
22.00	76.03	HYPERBARIC OXYGEN THERAPY	1,627	81	0	0	0	22.00
23.00	91.00	EMERGENCY	325,791	16,290	0	0	130,545	23.00
24.00	91.01	URGENT CARE CENTERS	0	0	0	0	53,301	24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	813	41	0	0	141	25.00
200.00			3,858,839	192,942	0	0	561,669	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	147,722		1.00
2.00	5.05	ADMIN & GENERAL - SURREY	200	2,640	20,064	20,064		2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	2,859	342,683	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	43,107	1,440,329	191,976	7,894,729		4.00
5.00	31.00	INTENSIVE CARE UNIT	904	103,502	0	1,664,529		5.00
6.00	32.00	CORONARY CARE UNIT	294	7,514	9,642	1,219,369		6.00
7.00	43.00	NURSERY	0	0	0	50,000		7.00
8.00	50.00	OPERATING ROOM	32,575	357,396	477,415	979,617		8.00
9.00	50.01	VASCULAR ACCESS CENTER	0	0	0	300,004		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/24/2017 11:08 am

	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		
10.00	53.00	ANESTHESIOLOGY	0	0	0	550,834		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	47,625		11.00
12.00	54.02	CDI RADIOLOGY	0	0	0	552		12.00
13.00	57.01	TDOC CT SCAN	0	0	0	17,020		13.00
14.00	60.00	LABORATORY	0	208,365	0	0		14.00
15.00	64.00	INTRAVENOUS THERAPY	5,472	1,070,719	0	958,692		15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	96,344		16.00
17.00	69.00	ELECTROCARDIOLOGY	17	1,949	0	0		17.00
18.00	69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	-480		18.00
19.00	59.00	CARDIAC CATHETERIZATION	466	78,558	0	0		19.00
20.00	70.01	SLEEP MEDICINE CLINIC	0	0	0	1,247,902		20.00
21.00	76.02	CARDIAC REHAB	0	2,847	0	88,837		21.00
22.00	76.03	HYPERBARIC OXYGEN THERAPY	0	1,627	811	811		22.00
23.00	91.00	EMERGENCY	14,059	339,850	324,202	5,826,428		23.00
24.00	91.01	URGENT CARE CENTERS	0	0	0	3,583,028		24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	16	829	0	5,621		25.00
200.00			99,969	3,958,808	1,024,110	24,699,248		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,257,433	10,257,433				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,789,205		12,789,205			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	938,592		0	938,592		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	48,103,403	83,140	103,661	0	48,290,204	4.00
5.01	00591	NONPATIENT TELEPHONES	600,170	20,534	25,602	0	106,787	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	17,989	0	0	0	0	5.03
5.04	00540	ADMITTING	1,011,095	22,812	28,442	0	275,737	5.04
5.05	00593	ADMIN & GENERAL - SURREY	780,871	0	0	46,870	150,369	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	42,012,245	957,825	1,194,238	0	5,805,798	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,999,490	1,147,970	1,431,315	0	514,950	6.00
6.01	00601	PURCHASING	1,386,208	32,772	40,861	0	177,634	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	606,720	0	0	30,406	56,274	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,197,303	54,830	68,363	0	21,199	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	113,304	0	0	15,601	6,444	8.01
9.00	00900	HOUSEKEEPING	3,439,710	59,637	74,357	0	752,609	9.00
9.01	00901	HOUSEKEEPING - SURREY	285,108	0	0	0	62,668	9.01
10.00	01000	DIETARY	1,745,605	222,713	277,683	0	540,461	10.00
10.01	01001	DIETARY - SURREY	1,383,365	0	0	34,986	192,824	10.01
11.00	01100	CAFETERIA	570,134	198,990	248,105	0	124,569	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	64,678	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,622,398	25,121	31,322	0	410,319	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	217,952	0	0	3,054	58,288	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,450,280	243,812	303,990	0	384,352	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,507,640	90,226	112,495	0	853,977	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	253,207	0	0	0	69,127	16.01
17.00	01700	SOCIAL SERVICE	42,494	27,368	34,123	0	9,317	17.00
17.01	01701	SOCIAL SERVICE - SURREY	284,385	0	0	2,191	77,778	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,337,180	0	0	0	639,212	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,517,194	5,169	6,445	0	422,758	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	163,175	19,670	24,525	0	21,209	23.01
23.02	02302	PHARMACY EDUCATION	269,449	5,483	6,836	0	58,384	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,254,155	2,047,982	2,553,472	0	8,037,479	30.00
31.00	03100	INTENSIVE CARE UNIT	2,579,533	132,550	165,266	0	1,079,680	31.00
32.00	03200	CORONARY CARE UNIT	2,787,707	192,988	240,622	0	1,016,723	32.00
43.00	04300	NURSERY	4,357,223	292,798	365,067	0	1,076,404	43.00
44.00	04400	SKILLED NURSING FACILITY	2,353,771	0	0	254,863	615,296	44.00
46.00	04600	OTHER LONG TERM CARE	1,967,769	0	0	447,969	518,359	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,361,151	974,981	1,215,629	0	3,975,423	50.00
50.01	03650	VASCULAR ACCESS CENTER	679,369	0	0	0	90,476	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	308,400	59,951	74,749	0	73,439	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,594,147	127,978	159,566	0	313,567	50.04
51.00	05100	RECOVERY ROOM	1,362,122	73,400	91,516	0	354,019	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,315,767	98,615	122,956	0	307,545	52.00
53.00	05300	ANESTHESIOLOGY	578,372	2,278	2,840	0	87,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,579,559	739,307	921,785	0	1,655,161	54.00
54.01	05401	TDOC RADIOLOGY	486,338	41,617	51,889	0	126,331	54.01
54.02	05402	CDI RADIOLOGY	8,171,948	0	0	0	460,130	54.02
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	684,316	57,642	71,869	0	174,024	57.00
57.01	05701	TDOC CT SCAN	175,007	20,235	25,230	0	42,762	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	350,451	64,727	80,704	0	83,761	58.00
58.01	05801	TDOC - MRI	222,347	35,160	43,839	0	53,221	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,662,978	147,773	184,247	0	374,209	59.00
60.00	06000	LABORATORY	10,599,869	293,630	366,105	0	1,191,583	60.00
64.00	06400	INTRAVENOUS THERAPY	23,757,811	84,397	105,228	0	950,836	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	65,637	26,928	33,574	0	42,206	64.01
65.00	06500	RESPIRATORY THERAPY	2,022,097	26,315	32,810	0	506,914	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	13,010	0	0	797	0	65.01
66.00	06600	PHYSICAL THERAPY	4,254,700	240,151	299,426	0	1,115,229	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,403,681	0	0	34,190	381,685	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	653,682	56,919	70,968	0	19,545	66.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
67.00	06700	OCCUPATIONAL THERAPY	646,977	0	0	0	176,636	67.00
68.00	06800	SPEECH PATHOLOGY	207,344	1,178	1,469	0	58,102	68.00
69.00	06900	ELECTROCARDIOLOGY	1,475,662	57,312	71,458	0	329,899	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	828,501	69,708	86,913	0	195,645	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	281,960	30,039	37,453	0	66,686	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,871,302	129,062	160,918	0	813,931	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,882,427	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,537,648	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,087,940	83,926	104,641	0	1,010,506	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	643,518	4,603	5,739	0	178,088	76.01
76.02	03952	CARDIAC REHAB	2,171,145	166,233	207,264	0	527,584	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	353,290	61,098	76,179	0	72,160	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	35,295	0	0	0	8,426	90.00
91.00	09100	EMERGENCY	3,903,278	151,026	188,302	0	2,463,780	91.00
91.01	09101	URGENT CARE CENTERS	9,375,006	86,314	107,618	0	2,822,049	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	93,678	20,424	25,465	0	26,554	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,957,811	21,099	26,307	0	952,149	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,118,882	7,431	9,265	0	355,839	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	365,977,885	9,945,847	12,400,711	935,605	46,574,959	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-57	24,131	30,088	2,987	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,474,053	86,816	108,245	0	638,360	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	453,244	25,168	31,380	0	86,254	194.01
194.02	07952	COMMUNITY OUTREACH	896,272	19,230	23,976	0	149,727	194.02
194.03	07953	FOUNTAIN CAFE	34,358	3,378	4,211	0	7,865	194.03
194.04	07954	SLEEP RESEARCH	198,481	0	0	0	39,235	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	358,877	3,393	4,231	0	96,746	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	81,286	101,350	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,333,947	24,304	30,303	0	213,083	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	71,668	0	0	0	13,044	194.12
194.13	07963	VOLUNTEERS	267,527	20,738	25,857	0	65,494	194.13
194.14	07964	RETAIL PHARMACY	6,495,762	15,821	19,725	0	225,733	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	399,678	0	0	0	101,538	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	125,216	7,321	9,128	0	32,404	194.16
194.17	07967	VALET SERVICES	167,349	0	0	0	45,762	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	389,254,260	10,257,433	12,789,205	938,592	48,290,204	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES	753,093					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	21,166	39,155	0	39,155		5.03
5.04	00540	ADMITTING	13,655	1,351,741	0	0	1,351,741	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	978,110	0	8,210	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	122,215	50,092,321	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	11,266	14,104,991	0	0	0	6.00
6.01	00601	PURCHASING	4,097	1,641,572	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	693,400	0	2,526	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	341	1,342,036	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	135,349	0	632	0	8.01
9.00	00900	HOUSEKEEPING	12,973	4,339,286	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	347,776	0	632	0	9.01
10.00	01000	DIETARY	8,876	2,795,338	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,611,175	0	3,789	0	10.01
11.00	01100	CAFETERIA	2,390	1,144,188	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	64,678	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	7,169	2,096,329	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	279,294	0	1,263	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	7,852	3,390,286	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,386	5,580,724	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	322,334	0	1,895	0	16.01
17.00	01700	SOCIAL SERVICE	0	113,302	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	364,354	0	1,263	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,976,392	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,731	1,954,297	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	683	229,262	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	341	340,493	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	107,877	37,000,965	0	0	104,803	30.00
31.00	03100	INTENSIVE CARE UNIT	5,804	3,962,833	0	0	12,040	31.00
32.00	03200	CORONARY CARE UNIT	9,559	4,247,599	0	0	11,359	32.00
43.00	04300	NURSERY	20,483	6,111,975	0	0	10,402	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,223,930	0	9,472	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,934,097	0	6,947	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	53,939	29,581,123	0	0	130,921	50.00
50.01	03650	VASCULAR ACCESS CENTER	683	770,528	0	0	5,293	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	4,097	520,636	0	0	4,293	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	7,510	2,202,768	0	0	16,657	50.04
51.00	05100	RECOVERY ROOM	7,169	1,888,226	0	0	10,835	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,145	1,851,028	0	0	5,496	52.00
53.00	05300	ANESTHESIOLOGY	1,707	673,071	0	0	11,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,525	10,946,337	0	0	77,735	54.00
54.01	05401	TDOC RADIOLOGY	2,390	708,565	0	0	11,763	54.01
54.02	05402	CDI RADIOLOGY	0	8,632,078	0	0	50,086	54.02
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	3,755	991,606	0	0	65,975	57.00
57.01	05701	TDOC CT SCAN	341	263,575	0	0	10,981	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,755	583,398	0	0	16,665	58.00
58.01	05801	TDOC - MRI	341	354,908	0	0	13,944	58.01
59.00	05900	CARDIAC CATHETERIZATION	8,193	2,377,400	0	0	41,448	59.00
60.00	06000	LABORATORY	25,262	12,476,449	0	0	163,660	60.00
64.00	06400	INTRAVENOUS THERAPY	2,731	24,901,003	0	0	115,384	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	341	168,686	0	0	525	64.01
65.00	06500	RESPIRATORY THERAPY	6,145	2,594,281	0	0	19,882	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	13,807	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	15,021	5,924,527	0	0	22,572	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,819,556	0	2,526	1	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	2,731	803,845	0	0	2,226	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,097	827,710	0	0	3,767	67.00
68.00	06800	SPEECH PATHOLOGY	1,366	269,459	0	0	1,199	68.00
69.00	06900	ELECTROCARDIOLOGY	8,193	1,942,524	0	0	33,924	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	6,828	1,187,595	0	0	24,970	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,390	418,528	0	0	5,073	70.00
70.01	07001	SLEEP MEDICINE CLINIC	16,045	2,991,258	0	0	6,640	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,882,427	0	0	34,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,537,648	0	0	82,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,290	14,299,303	0	0	116,329	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,390	834,338	0	0	2,778	76.01
76.02	03952	CARDIAC REHAB	8,876	3,081,102	0	0	7,207	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	4,438	567,165	0	0	1,843	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	43,721	0	0	91	90.00
91.00	09100	EMERGENCY	20,824	6,727,210	0	0	51,875	91.00
91.01	09101	URGENT CARE CENTERS	0	12,390,987	0	0	42,275	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,024	167,145	0	0	4	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	21,849	4,979,215	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,314	2,504,731	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	702,569	363,509,049	0	39,155	1,351,728	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,024	58,173	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,628	12,334,102	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	2,390	598,436	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	4,438	1,093,643	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	341	50,153	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1,024	238,740	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	1,707	464,954	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	182,636	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	4,438	2,606,075	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	341	85,053	0	0	0	194.12
194.13	07963	VOLUNTEERS	4,779	384,395	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	2,390	6,759,431	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	501,216	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1,024	175,093	0	0	13	194.16
194.17	07967	VALET SERVICES	0	213,111	0	0	0	194.17
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	753,093	389,254,260	0	39,155	1,351,741	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	986,320	986,320				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	50,092,321	127,352	50,219,673	50,219,673		5.06
6.00	00600	MAINTENANCE & REPAIRS	14,104,991	35,827	14,140,818	2,094,623	16,235,441	6.00
6.01	00601	PURCHASING	1,641,572	4,170	1,645,742	243,777	66,300	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	695,926	1,768	697,694	103,347	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,342,036	3,409	1,345,445	199,295	110,925	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	135,981	345	136,326	20,193	0	8.01
9.00	00900	HOUSEKEEPING	4,339,286	11,022	4,350,308	644,394	120,650	9.00
9.01	00901	HOUSEKEEPING - SURREY	348,408	885	349,293	51,739	0	9.01
10.00	01000	DIETARY	2,795,338	7,100	2,802,438	415,114	450,563	10.00
10.01	01001	DIETARY - SURREY	1,614,964	4,102	1,619,066	239,826	0	10.01
11.00	01100	CAFETERIA	1,144,188	2,906	1,147,094	169,914	402,570	11.00
11.01	01101	CAFETERIA - SURREY	64,678	164	64,842	9,605	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,096,329	5,325	2,101,654	311,310	50,822	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	280,557	713	281,270	41,663	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,390,286	8,611	3,398,897	503,465	493,249	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,580,724	14,175	5,594,899	828,750	182,533	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	324,229	824	325,053	48,149	0	16.01
17.00	01700	SOCIAL SERVICE	113,302	288	113,590	16,826	55,367	17.00
17.01	01701	SOCIAL SERVICE - SURREY	365,617	929	366,546	54,295	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,976,392	7,560	2,983,952	442,001	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,954,297	4,964	1,959,261	290,217	10,457	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	229,262	582	229,844	34,046	39,793	23.01
23.02	02302	PHARMACY EDUCATION	340,493	865	341,358	50,564	11,092	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,105,768	94,249	37,200,017	5,510,124	4,143,203	30.00
31.00	03100	INTENSIVE CARE UNIT	3,974,873	10,096	3,984,969	590,278	268,158	31.00
32.00	03200	CORONARY CARE UNIT	4,258,958	10,818	4,269,776	632,465	390,429	32.00
43.00	04300	NURSERY	6,122,377	15,551	6,137,928	909,187	592,350	43.00
44.00	04400	SKILLED NURSING FACILITY	3,233,402	8,213	3,241,615	480,167	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,941,044	7,470	2,948,514	436,752	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,712,044	75,469	29,787,513	4,412,305	1,972,454	50.00
50.01	03650	VASCULAR ACCESS CENTER	775,821	1,971	777,792	115,211	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	524,929	1,333	526,262	77,953	121,286	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,219,425	5,637	2,225,062	329,590	258,909	50.04
51.00	05100	RECOVERY ROOM	1,899,061	4,824	1,903,885	282,015	148,493	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,856,524	4,716	1,861,240	275,698	199,505	52.00
53.00	05300	ANESTHESIOLOGY	685,052	1,740	686,792	101,732	4,609	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,024,072	28,001	11,052,073	1,637,099	1,495,669	54.00
54.01	05401	TDOC RADIOLOGY	720,328	1,830	722,158	106,970	84,195	54.01
54.02	05402	CDI RADIOLOGY	8,682,164	22,053	8,704,217	1,289,321	0	54.02
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	1,057,581	2,686	1,060,267	157,053	116,614	57.00
57.01	05701	TDOC CT SCAN	274,556	697	275,253	40,772	40,937	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	600,063	1,524	601,587	89,111	130,948	58.00
58.01	05801	TDOC - MRI	368,852	937	369,789	54,775	71,132	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,418,848	6,144	2,424,992	359,204	298,956	59.00
60.00	06000	LABORATORY	12,640,109	32,106	12,672,215	1,877,085	594,034	60.00
64.00	06400	INTRAVENOUS THERAPY	25,016,387	63,542	25,079,929	3,714,990	170,741	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	169,211	430	169,641	25,128	54,477	64.01
65.00	06500	RESPIRATORY THERAPY	2,614,163	6,640	2,620,803	388,209	53,237	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	13,807	35	13,842	2,050	0	65.01
66.00	06600	PHYSICAL THERAPY	5,947,099	15,106	5,962,205	883,158	485,843	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,822,083	4,628	1,826,711	270,583	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	806,071	2,047	808,118	119,703	115,152	66.02
67.00	06700	OCCUPATIONAL THERAPY	831,477	2,112	833,589	123,476	0	67.00
68.00	06800	SPEECH PATHOLOGY	270,658	687	271,345	40,193	2,384	68.00
69.00	06900	ELECTROCARDIOLOGY	1,976,448	5,020	1,981,468	293,507	115,946	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,212,565	3,080	1,215,645	180,069	141,024	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	423,601	1,076	424,677	62,906	60,770	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,997,898	7,615	3,005,513	445,195	261,102	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,917,137	27,730	10,944,867	1,621,219	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,619,764	82,854	32,702,618	4,844,108	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,415,632	36,616	14,452,248	2,140,754	169,788	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	837,116	2,126	839,242	124,314	9,313	76.01
76.02	03952	CARDIAC REHAB	3,088,309	7,844	3,096,153	458,621	336,302	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	569,008	1,445	570,453	84,499	123,606	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	43,812	111	43,923	6,506	0	90.00
91.00	09100	EMERGENCY	6,779,085	17,219	6,796,304	1,006,709	305,535	91.00
91.01	09101	URGENT CARE CENTERS	12,433,262	31,580	12,464,842	1,846,367	174,619	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	167,149	425	167,574	24,822	41,319	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,979,215	12,647	4,991,862	739,425	42,685	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,504,731	6,362	2,511,093	371,958	15,034	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	363,509,036	920,928	363,443,644	46,396,449	15,605,079	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,173	148	58,321	8,639	48,820	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,334,102	31,329	12,365,431	1,831,642	175,636	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	598,436	1,520	599,956	88,869	50,917	194.01
194.02	07952	COMMUNITY OUTREACH	1,093,643	2,778	1,096,421	162,408	38,903	194.02
194.03	07953	FOUNTAIN CAFE	50,153	127	50,280	7,448	6,833	194.03
194.04	07954	SLEEP RESEARCH	238,740	606	239,346	35,453	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	464,954	1,181	466,135	69,047	6,865	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	182,636	464	183,100	27,122	164,448	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,606,075	6,619	2,612,694	387,008	49,169	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	85,053	216	85,269	12,631	0	194.12
194.13	07963	VOLUNTEERS	384,395	976	385,371	57,083	41,954	194.13
194.14	07964	RETAIL PHARMACY	6,759,431	17,169	6,776,600	1,003,791	32,006	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	501,216	1,273	502,489	74,432	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	175,106	445	175,551	26,004	14,811	194.16
194.17	07967	VALET SERVICES	213,111	541	213,652	31,647	0	194.17
200.00		Cross Foot Adjustments	0		0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	389,254,260	986,320	389,254,260	50,219,673	16,235,441	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING	1,955,819					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	451	801,492				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,655,665			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	170	14,518	0	171,207		8.01
9.00	00900	HOUSEKEEPING	10,065	0	0	0	5,125,417	9.00
9.01	00901	HOUSEKEEPING - SURREY	1,279	0	0	0	0	9.01
10.00	01000	DIETARY	16,871	0	0	0	144,898	10.00
10.01	01001	DIETARY - SURREY	20,271	32,556	0	0	0	10.01
11.00	01100	CAFETERIA	39,257	0	0	0	129,464	11.00
11.01	01101	CAFETERIA - SURREY	0	60,186	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	714	0	0	0	16,344	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	113	2,842	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	12,990	0	67	0	158,626	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,070	0	0	0	58,701	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	13	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	53	0	0	0	17,806	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	2,039	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	840	0	0	0	3,363	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	12,797	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	3,567	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,958	0	859,692	0	1,332,429	30.00
31.00	03100	INTENSIVE CARE UNIT	7,489	0	45,215	0	86,238	31.00
32.00	03200	CORONARY CARE UNIT	7,746	0	65,658	0	125,559	32.00
43.00	04300	NURSERY	14,030	0	95,814	0	190,496	43.00
44.00	04400	SKILLED NURSING FACILITY	2,315	237,161	0	61,907	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,050	416,854	0	109,300	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	976,644	0	171,979	0	634,328	50.00
50.01	03650	VASCULAR ACCESS CENTER	8,896	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,700	0	0	0	39,005	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	11,041	0	36,388	0	83,263	50.04
51.00	05100	RECOVERY ROOM	1,898	0	31,053	0	47,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,126	0	32,748	0	64,160	52.00
53.00	05300	ANESTHESIOLOGY	8,216	0	0	0	1,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,380	0	90,124	0	480,998	54.00
54.01	05401	TDOC RADIOLOGY	510	0	0	0	27,076	54.01
54.02	05402	CDI RADIOLOGY	113	0	0	0	0	54.02
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	1,070	0	0	0	37,502	57.00
57.01	05701	TDOC CT SCAN	368	0	0	0	13,165	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,066	0	27,935	0	42,112	58.00
58.01	05801	TDOC - MRI	541	0	0	0	22,875	58.01
59.00	05900	CARDIAC CATHETERIZATION	209,706	0	17,811	0	96,142	59.00
60.00	06000	LABORATORY	87,232	0	0	0	191,038	60.00
64.00	06400	INTRAVENOUS THERAPY	15,988	0	12,808	0	54,909	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	242	0	0	0	17,519	64.01
65.00	06500	RESPIRATORY THERAPY	4,621	0	0	0	17,121	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	386	741	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,870	0	4,124	0	156,244	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	174	31,815	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	304	0	103	0	37,032	66.02
67.00	06700	OCCUPATIONAL THERAPY	12	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7	0	0	0	767	68.00
69.00	06900	ELECTROCARDIOLOGY	1,124	0	15,861	0	37,288	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	829	0	0	0	45,352	69.01

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		Cost Center Description	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	9.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,031	0	2,656	0	19,543	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,425	0	0	0	83,969	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	308,251	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,312	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,736	0	0	0	54,603	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	11	0	0	0	2,995	76.01
76.02	03952	CARDIAC REHAB	1,530	0	46	0	108,152	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	4,103	0	0	0	39,751	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	134	0	0	0	0	90.00
91.00	09100	EMERGENCY	19,133	0	141,665	0	98,258	91.00
91.01	09101	URGENT CARE CENTERS	16,053	0	0	0	56,156	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	132	0	0	0	13,288	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,759	0	0	0	13,727	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,175	0	0	0	4,835	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,932,594	798,712	1,651,747	171,207	4,922,697	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	2,780	0	0	15,700	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,657	0	3,918	0	56,483	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	867	0	0	0	16,375	194.01
194.02	07952	COMMUNITY OUTREACH	2,511	0	0	0	12,511	194.02
194.03	07953	FOUNTAIN CAFE	2,219	0	0	0	2,198	194.03
194.04	07954	SLEEP RESEARCH	65	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	55	0	0	0	2,208	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	52,885	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,302	0	0	0	15,812	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	602	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	212	0	0	0	13,492	194.13
194.14	07964	RETAIL PHARMACY	1,691	0	0	0	10,293	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	26	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	15	0	0	0	4,763	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,955,819	801,492	1,655,665	171,207	5,125,417	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY	402,311					9.01
10.00	01000	DIETARY	0	3,829,884				10.00
10.01	01001	DIETARY - SURREY	16,643	0	1,928,362			10.01
11.00	01100	CAFETERIA	0	2,047,296	49,293	3,984,888		11.00
11.01	01101	CAFETERIA - SURREY	30,768	0	0	0	165,401	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	46,662	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	1,453	0	0	0	2,807	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	97,048	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	9,571	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	2,192	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	1,042	0	0	0	5,416	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	108,984	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,852	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	3,908	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	8,239	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,148,308	0	1,039,831	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	64,209	0	95,226	0	31.00
32.00	03200	CORONARY CARE UNIT	0	60,400	0	105,129	0	32.00
43.00	04300	NURSERY	0	0	0	135,973	0	43.00
44.00	04400	SKILLED NURSING FACILITY	121,240	0	552,851	0	61,221	44.00
46.00	04600	OTHER LONG TERM CARE	213,101	0	976,099	0	57,092	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	476,658	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	13,204	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	46,477	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	48,115	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	43,810	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,459	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	263,363	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	17,244	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	25,299	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	5,466	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,616	0	58.00
58.01	05801	TDOC - MRI	0	0	0	7,341	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,444	0	59.00
60.00	06000	LABORATORY	0	0	0	192,670	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	88,598	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	2,377	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	82,894	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	379	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	139,829	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	16,264	0	0	0	26,672	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	5,414	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	26,196	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,024	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,180	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	32,376	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,936	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	84,372	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	105,763	1,237	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	25,695	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	79,117	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	11,223	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,297	0	90.00
91.00	09100	EMERGENCY	0	0	0	176,139	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	5,097	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	400,890	3,320,213	1,578,243	3,789,737	164,016	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,421	155,578	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	102,382	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	9,454	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,954	0	194.02
194.03	07953	FOUNTAIN CAFE	0	206,262	0	2,799	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	4,912	0	194.04
194.05	07955	MEALS ON WHEELS	0	94,367	0	0	0	194.05
194.06	07956	GUEST MEALS	0	53,464	20,217	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	12,993	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	2,165	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	11,408	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	30,791	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	329,902	3,195	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	13,098	1,385	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	402,311	3,829,884	1,928,362	3,984,888	165,401	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION	2,527,506					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	330,148				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,664,342			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1	6,665,954		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	382,786	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	7	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,447,066	0	291,898	517,030	0	30.00
31.00	03100	INTENSIVE CARE UNIT	179,759	0	49,149	59,396	0	31.00
32.00	03200	CORONARY CARE UNIT	203,270	0	50,280	56,038	0	32.00
43.00	04300	NURSERY	263,412	0	86,522	51,318	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	119,378	11,891	0	77,798	44.00
46.00	04600	OTHER LONG TERM CARE	0	210,770	11,657	0	119,526	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	645,877	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	60,454	26,111	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	11,318	21,177	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	69,329	82,176	0	50.04
51.00	05100	RECOVERY ROOM	0	0	9,253	53,452	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,278	0	32,156	27,112	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	57,745	59,106	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,412	0	181,832	383,494	929	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,982	58,030	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	125	247,092	0	54.02
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	6,609	325,475	0	57.00
57.01	05701	TDOC CT SCAN	0	0	2,341	54,174	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	6,395	82,214	0	58.00
58.01	05801	TDOC - MRI	0	0	2,842	68,789	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	74,358	0	391,122	204,479	0	59.00
60.00	06000	LABORATORY	0	0	617,199	804,754	9,996	60.00
64.00	06400	INTRAVENOUS THERAPY	25,819	0	105,822	569,230	22	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	1,123	2,589	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	14,880	98,086	3	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	1	0	496	65.01
66.00	06600	PHYSICAL THERAPY	0	0	6,135	111,357	17	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	532	5	111,595	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	451	10,982	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	83	18,582	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,916	29	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,745	167,359	158	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	4,871	123,186	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,407	25,025	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	5,649	32,755	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,335,436	171,235	7,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	405,106	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	23,468	573,890	54,560	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	28	13,704	1	76.01
76.02	03952	CARDIAC REHAB	24,057	0	1,738	35,557	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,818	9,092	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	859	447	0	90.00
91.00	09100	EMERGENCY	233,402	0	94,758	255,917	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	50,303	208,557	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	20	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	23,296	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	21,252	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,524,833	330,148	4,658,762	6,665,891	382,786	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,026	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	259	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	22	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	2	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	2,673	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	3	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	263	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	5	63	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,527,506	330,148	4,664,342	6,665,954	382,786	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			17.00	17.01	19.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE	205,834					17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	429,338				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		3,534,937		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			2,266,997	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0				23.01
23.02	02302	PHARMACY EDUCATION	0	0				23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	200,274	0	0	2,127,022	1,364,083	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	335,314	215,041	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	8,080	5,182	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	184	155,244	0	173,717	111,407	44.00
46.00	04600	OTHER LONG TERM CARE	0	274,094	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	562	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	28,279	18,136	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	18	0	0	12,120	7,773	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,120	7,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	230	0	0	38,379	24,613	54.00
54.01	05401	TDOC RADIOLOGY	55	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	46	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	18	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	55	0	0	0	0	58.00
58.01	05801	TDOC - MRI	18	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	9	0	0	42,419	27,204	59.00
60.00	06000	LABORATORY	249	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	249	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	167,657	107,520	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	74	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
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	74	0	0	88,878	56,999	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			17.00	17.01	19.00	21.00	22.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	18	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	28	0	0	66,659	42,749	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	138	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	18	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	24,240	15,545	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	183,817	117,884	90.00
91.00	09100	EMERGENCY	3,121	0	0	131,298	84,203	91.00
91.01	09101	URGENT CARE CENTERS	221	0	0	90,898	58,294	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	205,668	429,338	0	3,530,897	2,264,406	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	4,040	2,591	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	92	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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 118-201)	205,834	429,338	0	3,534,937	2,266,997	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION		320,388				23.01
23.02	02302	PHARMACY EDUCATION			414,820			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	173,079	0	57,403,014	-3,491,105	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,888	0	5,990,329	-550,355	31.00
32.00	03200	CORONARY CARE UNIT	0	9,301	0	5,989,313	-13,262	32.00
43.00	04300	NURSERY	0	0	0	8,477,030	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	46,327	0	5,454,423	-285,124	44.00
46.00	04600	OTHER LONG TERM CARE	0	81,793	0	5,857,602	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	39,078,320	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	988,464	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	858,320	-46,415	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,162,146	-19,893	50.04
51.00	05100	RECOVERY ROOM	0	0	0	2,525,918	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,607,833	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	958,034	-19,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,688,595	-62,992	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	1,018,220	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	10,240,914	0	54.02
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	1,729,889	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	432,494	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	992,039	0	58.00
58.01	05801	TDOC - MRI	0	0	0	598,102	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,190,846	-69,623	59.00
60.00	06000	LABORATORY	0	0	0	17,046,472	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	29,839,105	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	273,096	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,555,031	-275,177	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	17,895	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	7,750,856	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,284,351	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	1,097,259	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,001,938	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	327,665	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,809,587	-145,877	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	1,743,370	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	614,960	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	4,029,416	-109,408	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,388,664	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,957,144	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	414,820	18,001,005	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	1,015,303	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	4,141,291	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	885,330	-39,785	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	355,867	-301,701	90.00
91.00	09100	EMERGENCY	0	0	0	9,346,442	-215,501	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	14,966,310	-149,192	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	252,252	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,814,754	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	2,927,347	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	320,388	414,820	357,684,555	-5,795,303	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	291,262	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	14,553,249	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	766,438	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,314,967	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	278,061	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	279,776	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	94,367	0	194.05
194.06	07956	GUEST MEALS	0	0	0	73,681	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	557,305	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	6,631	-6,631	194.08
194.09	07959	VACANT SPACE	0	0	0	427,555	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	3,066,985	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	103,340	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	509,523	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	7,855,435	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	910,136	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	221,212	0	194.16
194.17	07967	VALET SERVICES	0	0	0	259,782	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	320,388	414,820	389,254,260	-5,801,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		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
2.01	00201	CAP REL COSTS-MVBLE EQUIP			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00591	NONPATIENT TELEPHONES			5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	00592	NONPATIENT TELEPHONES			5.03
5.04	00540	ADMITTING			5.04
5.05	00593	ADMIN & GENERAL - SURREY			5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	PURCHASING			6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY			6.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING - SURREY			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY - SURREY			10.01
11.00	01100	CAFETERIA			11.00
11.01	01101	CAFETERIA - SURREY			11.01
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01301	NURSING ADMINISTRATION - SURREY			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY			16.01
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	SOCIAL SERVICE - SURREY			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	CLINICAL PASTORAL EDUCATION			23.01
23.02	02302	PHARMACY EDUCATION			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	53,911,909		30.00
31.00	03100	INTENSIVE CARE UNIT	5,439,974		31.00
32.00	03200	CORONARY CARE UNIT	5,976,051		32.00
43.00	04300	NURSERY	8,477,030		43.00
44.00	04400	SKILLED NURSING FACILITY	5,169,299		44.00
46.00	04600	OTHER LONG TERM CARE	5,857,602		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	39,078,320		50.00
50.01	03650	VASCULAR ACCESS CENTER	988,464		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	811,905		50.02
50.03	05002	PAIN MGMT CENTER	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,142,253		50.04
51.00	05100	RECOVERY ROOM	2,525,918		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,607,833		52.00
53.00	05300	ANESTHESIOLOGY	938,141		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,625,603		54.00
54.01	05401	TDOC RADIOLOGY	1,018,220		54.01
54.02	05402	CDI RADIOLOGY	10,240,914		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	1,729,889		57.00
57.01	05701	TDOC CT SCAN	432,494		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	992,039		58.00
58.01	05801	TDOC - MRI	598,102		58.01
59.00	05900	CARDIAC CATHETERIZATION	4,121,223		59.00
60.00	06000	LABORATORY	17,046,472		60.00
64.00	06400	INTRAVENOUS THERAPY	29,839,105		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	273,096		64.01
65.00	06500	RESPIRATORY THERAPY	3,279,854		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	17,895		65.01
66.00	06600	PHYSICAL THERAPY	7,750,856		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,284,351		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,097,259		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,001,938		67.00
68.00	06800	SPEECH PATHOLOGY	327,665		68.00
69.00	06900	ELECTROCARDIOLOGY	2,663,710		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,743,370		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	614,960		70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,920,008		70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Total		
			26.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,388,664		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,957,144		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,001,005		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,015,303		76.01
76.02	03952	CARDIAC REHAB	4,141,291		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	845,545		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	54,166		90.00
91.00	09100	EMERGENCY	9,130,941		91.00
91.01	09101	URGENT CARE CENTERS	14,817,118		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	252,252		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	5,814,754		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	2,927,347		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	351,889,252		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	291,262		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,553,249		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	07951	DEVELOPMENT	766,438		194.01
194.02	07952	COMMUNITY OUTREACH	1,314,967		194.02
194.03	07953	FOUNTAIN CAFE	278,061		194.03
194.04	07954	SLEEP RESEARCH	279,776		194.04
194.05	07955	MEALS ON WHEELS	94,367		194.05
194.06	07956	GUEST MEALS	73,681		194.06
194.07	07957	PHYSICIAN REFERRAL	557,305		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0		194.08
194.09	07959	VACANT SPACE	427,555		194.09
194.10	07960	TV STORAGE	0		194.10
194.11	07961	MARKETING	3,066,985		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	103,340		194.12
194.13	07963	VOLUNTEERS	509,523		194.13
194.14	07964	RETAIL PHARMACY	7,855,435		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	910,136		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	221,212		194.16
194.17	07967	VALET SERVICES	259,782		194.17
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	383,452,326		202.00

COST ALLOCATION STATISTICS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet Non-CMS W | Date/Time Prepared: 11/24/2017 11:08 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31	SQUARE FEET	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	5	# OF PHONES	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	-29	ACCUM. COST	5.02
5.03	NONPATIENT TELEPHONES	6	# OF PHONES	5.03
5.04	ADMITTING	3	GROSS CHARGES	5.04
5.05	ADMIN & GENERAL - SURREY	-29	ACCUM. COST	5.05
5.06	ADMIN & GENERAL - HOSPITAL	-30	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
6.01	PURCHASING	9	PURCHASES	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	2	SQUARE FEET	6.02
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	16	TOTAL DAYS	8.01
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
9.01	HOUSEKEEPING - SURREY	2	SQUARE FEET	9.01
10.00	DIETARY	10	MEALS SERVED	10.00
10.01	DIETARY - SURREY	22	MEALS SERVED	10.01
11.00	CAFETERIA	11	FTE'S	11.00
11.01	CAFETERIA - SURREY	24	FTE'S	11.01
13.00	NURSING ADMINISTRATION	25	NURSING FTE'S	13.00
13.01	NURSING ADMINISTRATION - SURREY	16	TOTAL DAYS	13.01
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
16.00	MEDICAL RECORDS & LIBRARY	3	GROSS CHARGES	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	7	GROSS CHARGES	16.01
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
17.01	SOCIAL SERVICE - SURREY	16	TOTAL DAYS	17.01
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	83,140	103,661	0	186,801	4.00
5.01	00591	NONPATIENT TELEPHONES	0	20,534	25,602	0	46,136	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	0	5.03
5.04	00540	ADMITTING	0	22,812	28,442	0	51,254	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	0	46,870	46,870	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	957,825	1,194,238	0	2,152,063	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,147,970	1,431,315	0	2,579,285	6.00
6.01	00601	PURCHASING	0	32,772	40,861	0	73,633	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	30,406	30,406	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	54,830	68,363	0	123,193	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	15,601	15,601	8.01
9.00	00900	HOUSEKEEPING	0	59,637	74,357	0	133,994	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	222,713	277,683	0	500,396	10.00
10.01	01001	DIETARY - SURREY	0	0	0	34,986	34,986	10.01
11.00	01100	CAFETERIA	0	198,990	248,105	0	447,095	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	64,678	64,678	11.01
13.00	01300	NURSING ADMINISTRATION	0	25,121	31,322	0	56,443	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	3,054	3,054	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	243,812	303,990	0	547,802	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	90,226	112,495	0	202,721	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	27,368	34,123	0	61,491	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	2,191	2,191	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,169	6,445	0	11,614	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	19,670	24,525	0	44,195	23.01
23.02	02302	PHARMACY EDUCATION	0	5,483	6,836	0	12,319	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,047,982	2,553,472	0	4,601,454	30.00
31.00	03100	INTENSIVE CARE UNIT	0	132,550	165,266	0	297,816	31.00
32.00	03200	CORONARY CARE UNIT	0	192,988	240,622	0	433,610	32.00
43.00	04300	NURSERY	0	292,798	365,067	0	657,865	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	254,863	254,863	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	447,969	447,969	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	974,981	1,215,629	0	2,190,610	50.00
50.01	03650	VASCULAR ACCESS CENTER	274,877	0	0	0	274,877	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	59,951	74,749	0	134,700	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	76,929	127,978	159,566	0	364,473	50.04
51.00	05100	RECOVERY ROOM	0	73,400	91,516	0	164,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	98,615	122,956	0	221,571	52.00
53.00	05300	ANESTHESIOLOGY	0	2,278	2,840	0	5,118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	739,307	921,785	0	1,661,092	54.00
54.01	05401	TDOC RADIOLOGY	0	41,617	51,889	0	93,506	54.01
54.02	05402	CDI RADIOLOGY	1,895,956	0	0	0	1,895,956	54.02
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	57,642	71,869	0	129,511	57.00
57.01	05701	TDOC CT SCAN	0	20,235	25,230	0	45,465	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	64,727	80,704	0	145,431	58.00
58.01	05801	TDOC - MRI	0	35,160	43,839	0	78,999	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	147,773	184,247	0	332,020	59.00
60.00	06000	LABORATORY	58,137	293,630	366,105	0	717,872	60.00
64.00	06400	INTRAVENOUS THERAPY	0	84,397	105,228	0	189,625	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	26,928	33,574	0	60,502	64.01
65.00	06500	RESPIRATORY THERAPY	0	26,315	32,810	0	59,125	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	797	797	65.01
66.00	06600	PHYSICAL THERAPY	199,384	240,151	299,426	0	738,961	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	34,190	34,190	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	56,919	70,968	0	127,887	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
68.00	06800	SPEECH PATHOLOGY	0	1,178	1,469	0	2,647	68.00
69.00	06900	ELECTROCARDIOLOGY	59,539	57,312	71,458	0	188,309	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	69,708	86,913	0	156,621	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30,039	37,453	0	67,492	70.00
70.01	07001	SLEEP MEDICINE CLINIC	32,146	129,062	160,918	0	322,126	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	83,926	104,641	0	188,567	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	4,603	5,739	0	10,342	76.01
76.02	03952	CARDIAC REHAB	0	166,233	207,264	0	373,497	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	61,098	76,179	0	137,277	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	151,026	188,302	0	339,328	91.00
91.01	09101	URGENT CARE CENTERS	1,397,837	86,314	107,618	0	1,591,769	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	20,424	25,465	0	45,889	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	21,099	26,307	0	47,406	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,431	9,265	0	16,696	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,994,805	9,945,847	12,400,711	935,605	27,276,968	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,131	30,088	2,987	57,206	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	86,816	108,245	0	195,061	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	25,168	31,380	0	56,548	194.01
194.02	07952	COMMUNITY OUTREACH	0	19,230	23,976	0	43,206	194.02
194.03	07953	FOUNTAIN CAFE	0	3,378	4,211	0	7,589	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	3,393	4,231	0	7,624	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	81,286	101,350	0	182,636	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	24,304	30,303	0	54,607	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	20,738	25,857	0	46,595	194.13
194.14	07964	RETAIL PHARMACY	0	15,821	19,725	0	35,546	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	7,321	9,128	0	16,449	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,994,805	10,257,433	12,789,205	938,592	27,980,035	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	186,801					4.00
5.01	00591	NONPATIENT TELEPHONES	413	46,549				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	0	1,308	0	1,308		5.03
5.04	00540	ADMITTING	1,067	844	0	0	53,165	5.04
5.05	00593	ADMIN & GENERAL - SURREY	582	0	0	274	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	22,459	7,557	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,992	696	0	0	0	6.00
6.01	00601	PURCHASING	687	253	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	218	0	0	84	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	82	21	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	25	0	0	21	0	8.01
9.00	00900	HOUSEKEEPING	2,911	802	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	242	0	0	21	0	9.01
10.00	01000	DIETARY	2,091	549	0	0	0	10.00
10.01	01001	DIETARY - SURREY	746	0	0	127	0	10.01
11.00	01100	CAFETERIA	482	148	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,587	443	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	225	0	0	42	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,487	485	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,304	1,013	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	267	0	0	63	0	16.01
17.00	01700	SOCIAL SERVICE	36	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	301	0	0	42	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,473	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,635	169	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	82	42	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	226	21	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,087	6,668	0	0	4,171	30.00
31.00	03100	INTENSIVE CARE UNIT	4,177	359	0	0	479	31.00
32.00	03200	CORONARY CARE UNIT	3,933	591	0	0	452	32.00
43.00	04300	NURSERY	4,164	1,266	0	0	414	43.00
44.00	04400	SKILLED NURSING FACILITY	2,380	0	0	318	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,005	0	0	232	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,379	3,334	0	0	5,211	50.00
50.01	03650	VASCULAR ACCESS CENTER	350	42	0	0	211	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	284	253	0	0	171	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,213	464	0	0	663	50.04
51.00	05100	RECOVERY ROOM	1,369	443	0	0	431	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,190	380	0	0	219	52.00
53.00	05300	ANESTHESIOLOGY	340	106	0	0	477	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,403	3,123	0	0	3,094	54.00
54.01	05401	TDOC RADIOLOGY	489	148	0	0	468	54.01
54.02	05402	CDI RADIOLOGY	1,780	0	0	0	1,993	54.02
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	673	232	0	0	2,626	57.00
57.01	05701	TDOC CT SCAN	165	21	0	0	437	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	324	232	0	0	663	58.00
58.01	05801	TDOC - MRI	206	21	0	0	555	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,448	506	0	0	1,650	59.00
60.00	06000	LABORATORY	4,610	1,561	0	0	5,878	60.00
64.00	06400	INTRAVENOUS THERAPY	3,678	169	0	0	4,592	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	163	21	0	0	21	64.01
65.00	06500	RESPIRATORY THERAPY	1,961	380	0	0	791	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,314	928	0	0	898	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,477	0	0	84	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	76	169	0	0	89	66.02
67.00	06700	OCCUPATIONAL THERAPY	683	253	0	0	150	67.00
68.00	06800	SPEECH PATHOLOGY	225	84	0	0	48	68.00
69.00	06900	ELECTROCARDIOLOGY	1,276	506	0	0	1,350	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	757	422	0	0	994	69.01

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		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	258	148	0	0	202	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,149	992	0	0	264	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,381	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,909	760	0	0	4,630	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	689	148	0	0	111	76.01
76.02	03952	CARDIAC REHAB	2,041	549	0	0	287	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	279	274	0	0	73	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	33	0	0	0	4	90.00
91.00	09100	EMERGENCY	9,531	1,287	0	0	2,065	91.00
91.01	09101	URGENT CARE CENTERS	10,917	0	0	0	1,683	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	103	63	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,683	1,350	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,377	823	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	180,168	43,427	0	1,308	53,164	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	63	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,469	1,646	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	334	148	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	579	274	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	30	21	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	152	63	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	374	106	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	824	274	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	50	21	0	0	0	194.12
194.13	07963	VOLUNTEERS	253	295	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	873	148	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	393	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	125	63	0	0	1	194.16
194.17	07967	VALET SERVICES	177	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	186,801	46,549	0	1,308	53,165	202.00

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		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	47,726					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	6,128	2,188,207				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,735	91,265	2,674,973			6.00
6.01	00601	PURCHASING	202	10,622	10,924	96,321		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	86	4,503	0	22	35,319	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	165	8,684	18,276	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	17	880	0	8	640	8.01
9.00	00900	HOUSEKEEPING	534	28,077	19,879	496	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	43	2,254	0	63	0	9.01
10.00	01000	DIETARY	344	18,087	74,235	831	0	10.00
10.01	01001	DIETARY - SURREY	199	10,449	0	998	1,435	10.01
11.00	01100	CAFETERIA	141	7,403	66,328	1,934	0	11.00
11.01	01101	CAFETERIA - SURREY	8	418	0	0	2,652	11.01
13.00	01300	NURSING ADMINISTRATION	258	13,564	8,373	35	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	35	1,815	0	6	125	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	417	21,936	81,268	640	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	686	36,109	30,074	53	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	40	2,098	0	1	0	16.01
17.00	01700	SOCIAL SERVICE	14	733	9,122	3	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	45	2,366	0	0	90	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	366	19,258	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	240	12,645	1,723	41	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	28	1,483	6,556	0	0	23.01
23.02	02302	PHARMACY EDUCATION	42	2,203	1,828	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,564	240,169	682,644	2,412	0	30.00
31.00	03100	INTENSIVE CARE UNIT	489	25,719	44,182	369	0	31.00
32.00	03200	CORONARY CARE UNIT	524	27,557	64,328	382	0	32.00
43.00	04300	NURSERY	753	39,614	97,596	691	0	43.00
44.00	04400	SKILLED NURSING FACILITY	398	20,921	0	114	10,451	44.00
46.00	04600	OTHER LONG TERM CARE	362	19,030	0	101	18,368	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,655	192,249	324,984	48,088	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	95	5,020	0	438	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	65	3,396	19,983	84	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	273	14,361	42,658	544	0	50.04
51.00	05100	RECOVERY ROOM	234	12,288	24,466	94	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	228	12,012	32,871	252	0	52.00
53.00	05300	ANESTHESIOLOGY	84	4,433	759	405	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,356	71,330	246,428	1,595	0	54.00
54.01	05401	TDOC RADIOLOGY	89	4,661	13,872	25	0	54.01
54.02	05402	CDI RADIOLOGY	1,068	56,177	0	6	0	54.02
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	130	6,843	19,213	53	0	57.00
57.01	05701	TDOC CT SCAN	34	1,776	6,745	18	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	74	3,883	21,575	52	0	58.00
58.01	05801	TDOC - MRI	45	2,387	11,720	27	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	298	15,651	49,256	10,329	0	59.00
60.00	06000	LABORATORY	1,555	81,786	97,874	4,297	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,077	161,866	28,132	787	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	21	1,095	8,976	12	0	64.01
65.00	06500	RESPIRATORY THERAPY	322	16,915	8,771	228	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	2	89	0	19	33	65.01
66.00	06600	PHYSICAL THERAPY	731	38,480	80,048	92	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	224	11,790	0	9	1,402	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	99	5,216	18,973	15	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	102	5,380	0	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	33	1,751	393	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	243	12,788	19,103	55	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	149	7,846	23,235	41	0	69.01

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		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	52	2,741	10,013	51	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	369	19,398	43,019	70	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,343	70,638	0	15,183	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,012	211,063	0	262	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,773	93,275	27,974	480	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	103	5,416	1,534	1	0	76.01
76.02	03952	CARDIAC REHAB	380	19,983	55,409	75	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	70	3,682	20,366	202	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5	283	0	7	0	90.00
91.00	09100	EMERGENCY	834	43,863	50,340	942	0	91.00
91.01	09101	URGENT CARE CENTERS	1,529	80,448	28,770	791	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	21	1,082	6,808	7	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	612	32,217	7,033	185	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	308	16,207	2,477	156	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,560	2,021,627	2,571,114	95,178	35,196	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	376	8,044	0	123	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,517	79,806	28,938	623	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	74	3,872	8,389	43	0	194.01
194.02	07952	COMMUNITY OUTREACH	135	7,076	6,410	124	0	194.02
194.03	07953	FOUNTAIN CAFE	6	325	1,126	109	0	194.03
194.04	07954	SLEEP RESEARCH	29	1,545	0	3	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	57	3,008	1,131	3	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	22	1,182	27,095	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	321	16,862	8,101	113	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	10	550	0	30	0	194.12
194.13	07963	VOLUNTEERS	47	2,487	6,912	10	0	194.13
194.14	07964	RETAIL PHARMACY	831	43,736	5,273	83	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	62	3,243	0	1	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	22	1,133	2,440	1	0	194.16
194.17	07967	VALET SERVICES	26	1,379	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	47,726	2,188,207	2,674,973	96,321	35,319	202.00

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		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	150,421					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	17,192				8.01
9.00	00900	HOUSEKEEPING	0	0	186,693			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,623		9.01
10.00	01000	DIETARY	0	0	5,278	0	601,811	10.00
10.01	01001	DIETARY - SURREY	0	0	0	109	0	10.01
11.00	01100	CAFETERIA	0	0	4,716	0	321,703	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	201	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	595	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	9	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	6	0	5,778	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,138	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	649	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	7	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	122	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	466	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	130	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,105	0	48,537	0	180,440	30.00
31.00	03100	INTENSIVE CARE UNIT	4,108	0	3,141	0	10,090	31.00
32.00	03200	CORONARY CARE UNIT	5,965	0	4,573	0	9,491	32.00
43.00	04300	NURSERY	8,705	0	6,939	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,216	0	790	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	10,976	0	1,390	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,625	0	23,105	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	1,421	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,306	0	3,033	0	0	50.04
51.00	05100	RECOVERY ROOM	2,821	0	1,739	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,975	0	2,337	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	54	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,188	0	17,520	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	986	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	1,366	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	480	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,538	0	1,534	0	0	58.00
58.01	05801	TDOC - MRI	0	0	833	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,618	0	3,502	0	0	59.00
60.00	06000	LABORATORY	0	0	6,959	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,164	0	2,000	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	638	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	624	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	2	0	65.01
66.00	06600	PHYSICAL THERAPY	375	0	5,691	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	106	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	9	0	1,349	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	28	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,441	0	1,358	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,652	0	0	69.01

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		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	241	0	712	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,059	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,989	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	109	0	0	76.01
76.02	03952	CARDIAC REHAB	4	0	3,939	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	1,448	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,871	0	3,579	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	2,045	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	484	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	500	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	176	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	150,065	17,192	179,311	2,614	521,724	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	572	9	24,447	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	356	0	2,057	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	596	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	456	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	80	0	32,411	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	14,828	194.05
194.06	07956	GUEST MEALS	0	0	0	0	8,401	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	80	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	1,926	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	576	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	491	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	375	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	173	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	150,421	17,192	186,693	2,623	601,811	202.00

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		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	49,049					10.01
11.00	01100	CAFETERIA	1,254	851,204				11.00
11.01	01101	CAFETERIA - SURREY	0	0	67,957			11.01
13.00	01300	NURSING ADMINISTRATION	0	9,967	0	91,265		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	1,153	0	6,464	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,730	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	3,932	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	468	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	2,225	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	23,280	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	609	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	835	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	1,760	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	222,115	0	52,251	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,341	0	6,491	0	31.00
32.00	03200	CORONARY CARE UNIT	0	22,456	0	7,340	0	32.00
43.00	04300	NURSERY	0	29,045	0	9,511	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,062	0	25,154	0	2,337	44.00
46.00	04600	OTHER LONG TERM CARE	24,828	0	23,457	0	4,127	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	101,818	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	2,820	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	9,928	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	10,278	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,358	0	2,393	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,943	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,257	0	268	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,683	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	5,404	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	1,168	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,268	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,568	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	9,494	0	2,685	0	59.00
60.00	06000	LABORATORY	0	41,156	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	18,925	0	932	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	508	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	17,707	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	29,868	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	10,959	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,156	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	5,596	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,500	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,437	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	6,916	0	0	0	69.01

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		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,550	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	18,023	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,592	508	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	5,489	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	16,900	0	869	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,397	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	491	0	0	0	90.00
91.00	09100	EMERGENCY	0	37,625	0	8,428	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1,089	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,144	809,518	67,388	91,168	6,464	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,870	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	2,019	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	417	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	598	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	1,049	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	514	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	2,775	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	463	0	97	0	194.12
194.13	07963	VOLUNTEERS	0	2,437	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	6,577	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	8,391	683	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	2,798	569	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	49,049	851,204	67,957	91,265	6,464	202.00

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		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	680,549					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	276,098				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	6,401			16.01
17.00	01700	SOCIAL SERVICE	0	0	0	72,516		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	7,267	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,589	21,378	0	70,559	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,171	2,456	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	7,336	2,317	0	0	0	32.00
43.00	04300	NURSERY	12,624	2,122	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,735	0	1,302	65	2,628	44.00
46.00	04600	OTHER LONG TERM CARE	1,701	0	1,996	0	4,639	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	26,705	0	198	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	8,821	1,080	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,651	876	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	10,115	3,398	0	6	0	50.04
51.00	05100	RECOVERY ROOM	1,350	2,210	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,692	1,121	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,425	2,444	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,530	15,856	16	81	0	54.00
54.01	05401	TDOC RADIOLOGY	289	2,399	0	19	0	54.01
54.02	05402	CDI RADIOLOGY	18	10,217	0	16	0	54.02
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	964	13,458	0	0	0	57.00
57.01	05701	TDOC CT SCAN	342	2,240	0	6	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	933	3,399	0	19	0	58.00
58.01	05801	TDOC - MRI	415	2,844	0	6	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	57,066	8,455	0	3	0	59.00
60.00	06000	LABORATORY	90,052	33,753	167	88	0	60.00
64.00	06400	INTRAVENOUS THERAPY	15,440	23,536	0	88	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	164	107	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	2,171	4,056	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	8	0	0	65.01
66.00	06600	PHYSICAL THERAPY	895	4,604	0	26	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	78	0	1,868	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	66	454	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	12	768	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	245	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	984	6,920	3	26	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	711	5,093	0	6	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	935	1,035	0	3	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	824	1,354	0	10	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	340,753	7,080	128	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,750	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,424	23,729	913	49	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	4	567	0	0	0	76.01
76.02	03952	CARDIAC REHAB	254	1,470	0	6	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	411	376	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	125	18	0	0	0	90.00
91.00	09100	EMERGENCY	13,826	10,581	0	1,100	0	91.00
91.01	09101	URGENT CARE CENTERS	7,339	8,623	0	78	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,399	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,101	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	679,736	276,095	6,401	72,458	7,267	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	733	0	0	26	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	38	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	3	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	38	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	32	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1	3	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	680,549	276,098	6,401	72,516	7,267	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		45,377				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			28,799			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					53,687	23.01
23.02	02302	PHARMACY EDUCATION						23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	03650	VASCULAR ACCESS CENTER						50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE						50.02
50.03	05002	PAIN MGMT CENTER						50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS						50.04
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05401	TDOC RADIOLOGY						54.01
54.02	05402	CDI RADIOLOGY						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
57.01	05701	TDOC CT SCAN						57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
58.01	05801	TDOC - MRI						58.01
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
64.00	06400	INTRAVENOUS THERAPY						64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER						64.01
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	06501	RESPIRATORY THERAPY - SURREY						65.01
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	PHYSICAL THERAPY - SURREY						66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE						66.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00

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		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
69.00	06900	ELECTROCARDIOLOGY						69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY						69.01
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	07001	SLEEP MEDICINE CLINIC						70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
76.00	03020	NUTRITION/DIABETES EDUCATION						76.00
76.01	03951	NUTRITION/DIABETES EDUCATION						76.01
76.02	03952	CARDIAC REHAB						76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY						76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
91.01	09101	URGENT CARE CENTERS						91.01
91.02	04950	ADULT DOWN SYNDROME CENTER						91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01	07951	DEVELOPMENT						194.01
194.02	07952	COMMUNITY OUTREACH						194.02
194.03	07953	FOUNTAIN CAFE						194.03
194.04	07954	SLEEP RESEARCH						194.04
194.05	07955	MEALS ON WHEELS						194.05
194.06	07956	GUEST MEALS						194.06
194.07	07957	PHYSICIAN REFERRAL						194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS						194.08
194.09	07959	VACANT SPACE						194.09
194.10	07960	TV STORAGE						194.10
194.11	07961	MARKETING						194.11
194.12	07962	CHILDBIRTH INSTRUCTION						194.12
194.13	07963	VOLUNTEERS						194.13
194.14	07964	RETAIL PHARMACY						194.14
194.15	07965	REHAB HOSPITAL COVERAGE						194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM						194.16
194.17	07967	VALET SERVICES						194.17
200.00		Cross Foot Adjustments	0	45,377	28,799	0	53,687	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	45,377	28,799	0	53,687	202.00

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		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION						23.01
23.02	02302	PHARMACY EDUCATION	18,529					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,289,143	0	6,289,143		30.00
31.00	03100	INTENSIVE CARE UNIT		427,388	0	427,388		31.00
32.00	03200	CORONARY CARE UNIT		590,855	0	590,855		32.00
43.00	04300	NURSERY		871,309	0	871,309		43.00
44.00	04400	SKILLED NURSING FACILITY		343,734	0	343,734		44.00
46.00	04600	OTHER LONG TERM CARE		561,181	0	561,181		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,950,961	0	2,950,961		50.00
50.01	03650	VASCULAR ACCESS CENTER		290,934	0	290,934		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		165,704	0	165,704		50.02
50.03	05002	PAIN MGMT CENTER		0	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		454,435	0	454,435		50.04
51.00	05100	RECOVERY ROOM		222,639	0	222,639		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		291,599	0	291,599		52.00
53.00	05300	ANESTHESIOLOGY		26,588	0	26,588		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,119,137	0	2,119,137		54.00
54.01	05401	TDOC RADIOLOGY		120,634	0	120,634		54.01
54.02	05402	CDI RADIOLOGY		1,967,231	0	1,967,231		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0		55.00
56.00	05600	RADIOISOTOPE		0	0	0		56.00
57.00	05700	CT SCAN		180,473	0	180,473		57.00
57.01	05701	TDOC CT SCAN		58,897	0	58,897		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		182,925	0	182,925		58.00
58.01	05801	TDOC - MRI		99,626	0	99,626		58.01
59.00	05900	CARDIAC CATHETERIZATION		493,981	0	493,981		59.00
60.00	06000	LABORATORY		1,087,608	0	1,087,608		60.00
64.00	06400	INTRAVENOUS THERAPY		454,011	0	454,011		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		72,228	0	72,228		64.01
65.00	06500	RESPIRATORY THERAPY		113,051	0	113,051		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		950	0	950		65.01
66.00	06600	PHYSICAL THERAPY		905,911	0	905,911		66.00
66.01	06601	PHYSICAL THERAPY - SURREY		62,187	0	62,187		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		155,558	0	155,558		66.02
67.00	06700	OCCUPATIONAL THERAPY		12,945	0	12,945		67.00
68.00	06800	SPEECH PATHOLOGY		6,954	0	6,954		68.00

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		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
69.00	06900	ELECTROCARDIOLOGY		243,799	0	243,799		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		204,443	0	204,443		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		86,433	0	86,433		70.00
70.01	07001	SLEEP MEDICINE CLINIC		412,657	0	412,657		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		436,506	0	436,506		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		235,355	0	235,355		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		374,572	0	374,572		73.00
74.00	07400	RENAL DIALYSIS		0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		24,513	0	24,513		76.01
76.02	03952	CARDIAC REHAB		475,663	0	475,663		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		166,855	0	166,855		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		966	0	966		90.00
91.00	09100	EMERGENCY		536,200	0	536,200		91.00
91.01	09101	URGENT CARE CENTERS		1,733,992	0	1,733,992		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		55,547	0	55,547		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		96,385	0	96,385		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		41,321	0	41,321		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	26,705,984	0	26,705,984		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		90,847	0	90,847		190.00
191.00	19100	RESEARCH		0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		335,102	0	335,102		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.00
194.01	07951	DEVELOPMENT		72,023	0	72,023		194.01
194.02	07952	COMMUNITY OUTREACH		58,715	0	58,715		194.02
194.03	07953	FOUNTAIN CAFE		42,298	0	42,298		194.03
194.04	07954	SLEEP RESEARCH		2,841	0	2,841		194.04
194.05	07955	MEALS ON WHEELS		14,828	0	14,828		194.05
194.06	07956	GUEST MEALS		8,915	0	8,915		194.06
194.07	07957	PHYSICIAN REFERRAL		15,158	0	15,158		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.08
194.09	07959	VACANT SPACE		212,861	0	212,861		194.09
194.10	07960	TV STORAGE		0	0	0		194.10
194.11	07961	MARKETING		81,678	0	81,678		194.11
194.12	07962	CHILDBIRTH INSTRUCTION		1,221	0	1,221		194.12
194.13	07963	VOLUNTEERS		59,527	0	59,527		194.13
194.14	07964	RETAIL PHARMACY		93,480	0	93,480		194.14
194.15	07965	REHAB HOSPITAL COVERAGE		12,805	0	12,805		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		20,411	0	20,411		194.16
194.17	07967	VALET SERVICES		4,949	0	4,949		194.17
200.00		Cross Foot Adjustments	18,529	146,392	0	146,392		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	18,529	27,980,035	0	27,980,035		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	652,901					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		652,901				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	56,552			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,292	5,292	0	176,565,812		4.00
5.01	00591	NONPATIENT TELEPHONES	1,307	1,307	0	390,449	2,206	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	62	5.03
5.04	00540	ADMITTING	1,452	1,452	0	1,008,191	40	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	2,824	549,803	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	60,967	60,967	0	21,228,014	358	5.06
6.00	00600	MAINTENANCE & REPAIRS	73,070	73,070	0	1,882,835	33	6.00
6.01	00601	PURCHASING	2,086	2,086	0	649,491	12	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	205,756	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	77,510	1	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	23,561	0	8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,751,800	38	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	229,135	0	9.01
10.00	01000	DIETARY	14,176	14,176	0	1,976,112	26	10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	705,033	0	10.01
11.00	01100	CAFETERIA	12,666	12,666	0	455,466	7	11.00
11.01	01101	CAFETERIA - SURREY	0	0	3,897	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,599	1,599	0	1,500,270	21	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	213,121	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,405,324	23	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	3,122,436	48	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	252,752	0	16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	34,066	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	284,385	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,337,180	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	329	329	0	1,545,749	8	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,252	1,252	0	77,547	2	23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	213,474	1	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,357	130,357	0	29,387,869	316	30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	3,947,686	17	31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	3,717,492	28	32.00
43.00	04300	NURSERY	18,637	18,637	0	3,935,707	60	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,356	2,249,736	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	26,991	1,895,302	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,059	62,059	0	14,535,526	158	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	330,813	2	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,816	3,816	0	268,517	12	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,146	8,146	0	1,146,511	22	50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,294,417	21	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,277	6,277	0	1,124,491	18	52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	321,299	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,058	47,058	0	6,051,845	148	54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	461,911	7	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	1,682,395	0	54.02
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	3,669	3,669	0	636,293	11	57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	156,354	1	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	306,261	11	58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	194,596	1	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	1,368,237	24	59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,356,841	74	60.00
64.00	06400	INTRAVENOUS THERAPY	5,372	5,372	0	3,476,585	8	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	1,714	1,714	0	154,321	1	64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	1,853,453	18	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	48	0	0	65.01
66.00	06600	PHYSICAL THERAPY	15,286	15,286	0	4,077,663	44	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,060	1,395,574	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	71,462	8	66.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	645,841	12	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	212,441	4	68.00
69.00	06900	ELECTROCARDIOLOGY	3,648	3,648	0	1,206,227	24	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	715,347	20	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,912	1,912	0	243,827	7	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,976,015	47	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	5,342	5,342	0	3,694,759	36	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	293	293	0	651,151	7	76.01
76.02	03952	CARDIAC REHAB	10,581	10,581	0	1,929,032	26	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	3,889	3,889	0	263,842	13	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	30,807	0	90.00
91.00	09100	EMERGENCY	9,613	9,613	0	9,008,435	61	91.00
91.01	09101	URGENT CARE CENTERS	5,494	5,494	0	10,318,390	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	97,092	3	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,343	1,343	0	3,481,389	64	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,301,070	39	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	633,068	633,068	56,372	170,294,282	2,058	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,536	1,536	180	0	3	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,526	5,526	0	2,334,064	78	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,602	1,602	0	315,375	7	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	547,454	13	194.02
194.03	07953	FOUNTAIN CAFE	215	215	0	28,756	1	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	143,458	3	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	216	216	0	353,737	5	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	5,174	5,174	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	1,547	1,547	0	779,106	13	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	47,693	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	239,467	14	194.13
194.14	07964	RETAIL PHARMACY	1,007	1,007	0	825,360	7	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	371,258	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	118,482	3	194.16
194.17	07967	VALET SERVICES	0	0	0	167,320	0	194.17
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)	10,257,433	12,789,205	938,592	48,290,204	753,093	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.710549	19.588276	16.596973	0.273497	341.383953	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				186,801	46,549	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001058	21.101088	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5A.02	5.02	5.03	5.04	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	389,254,260				5.02
5.03	00592	NONPATIENT TELEPHONES	0	39,155	62			5.03
5.04	00540	ADMITTING	0	1,351,741	0	1,344,493,609		5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	978,110	13	0	-986,320	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	50,092,321	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	14,104,991	0	0	0	6.00
6.01	00601	PURCHASING	0	1,641,572	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	693,400	4	0	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,342,036	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	135,349	1	0	0	8.01
9.00	00900	HOUSEKEEPING	0	4,339,286	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	347,776	1	0	0	9.01
10.00	01000	DIETARY	0	2,795,338	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,611,175	6	0	0	10.01
11.00	01100	CAFETERIA	0	1,144,188	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	64,678	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	2,096,329	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	279,294	2	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,390,286	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,580,724	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	322,334	3	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	113,302	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	364,354	2	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,976,392	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,954,297	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	229,262	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	340,493	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	37,000,965	0	104,282,025	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,962,833	0	11,979,746	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,247,599	0	11,302,580	0	32.00
43.00	04300	NURSERY	0	6,111,975	0	10,350,644	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,223,930	15	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,934,097	11	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	29,581,123	0	130,269,766	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	770,528	0	5,266,381	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	520,636	0	4,271,348	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,202,768	0	16,574,368	0	50.04
51.00	05100	RECOVERY ROOM	0	1,888,226	0	10,781,028	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,851,028	0	5,468,382	0	52.00
53.00	05300	ANESTHESIOLOGY	0	673,071	0	11,921,367	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,946,337	0	77,348,491	0	54.00
54.01	05401	TDOC RADIOLOGY	0	708,565	0	11,704,309	0	54.01
54.02	05402	CDI RADIOLOGY	0	8,632,078	0	49,837,064	0	54.02
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	991,606	0	65,646,360	0	57.00
57.01	05701	TDOC CT SCAN	0	263,575	0	10,926,592	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	583,398	0	16,582,164	0	58.00
58.01	05801	TDOC - MRI	0	354,908	0	13,874,372	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	2,377,400	0	41,242,267	0	59.00
60.00	06000	LABORATORY	0	12,476,449	0	162,322,956	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	24,901,003	0	114,810,417	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	168,686	0	522,115	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,594,281	0	19,783,434	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	13,807	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	5,924,527	0	22,460,156	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,819,556	4	1,086	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	803,845	0	2,215,058	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	827,710	0	3,747,783	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	269,459	0	1,193,240	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,942,524	0	33,755,302	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5A.02	5.02	5.03	5.04	5A.05	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1,187,595	0	24,845,852	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	418,528	0	5,047,441	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	2,991,258	0	6,606,529	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,882,427	0	34,537,123	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,537,648	0	81,707,640	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,299,303	0	115,750,231	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	834,338	0	2,764,034	0	76.01
76.02	03952	CARDIAC REHAB	0	3,081,102	0	7,171,590	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	567,165	0	1,833,891	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	43,721	0	90,186	0	90.00
91.00	09100	EMERGENCY	0	6,727,210	0	51,616,951	0	91.00
91.01	09101	URGENT CARE CENTERS	0	12,390,987	0	42,064,776	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	167,145	0	3,950	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	4,979,215	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,504,731	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	363,509,049	62	1,344,480,995	-986,320	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,173	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,334,102	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	598,436	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,093,643	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	50,153	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	238,740	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	464,954	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	182,636	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	2,606,075	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	85,053	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	384,395	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	6,759,431	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	501,216	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	175,093	0	12,614	0	194.16
194.17	07967	VALET SERVICES	0	213,111	0	0	0	194.17
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)		0	39,155	1,351,741		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.000000	631.532258	0.001005		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	1,308	53,165		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	21.096774	0.000040		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
			5.05	5A.06	5.06	6.00	6.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	388,267,940					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	50,092,321	-50,219,673	339,034,587			5.06
6.00	00600	MAINTENANCE & REPAIRS	14,104,991	0	14,140,818	510,813		6.00
6.01	00601	PURCHASING	1,641,572	0	1,645,742	2,086	65,984,387	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	695,926	0	697,694	0	15,208	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,342,036	0	1,345,445	3,490	1	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	135,981	0	136,326	0	5,734	8.01
9.00	00900	HOUSEKEEPING	4,339,286	0	4,350,308	3,796	339,548	9.00
9.01	00901	HOUSEKEEPING - SURREY	348,408	0	349,293	0	43,164	9.01
10.00	01000	DIETARY	2,795,338	0	2,802,438	14,176	569,167	10.00
10.01	01001	DIETARY - SURREY	1,614,964	0	1,619,066	0	683,886	10.01
11.00	01100	CAFETERIA	1,144,188	0	1,147,094	12,666	1,324,422	11.00
11.01	01101	CAFETERIA - SURREY	64,678	0	64,842	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,096,329	0	2,101,654	1,599	24,076	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	280,557	0	281,270	0	3,796	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,390,286	0	3,398,897	15,519	438,258	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,580,724	0	5,594,899	5,743	36,114	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	324,229	0	325,053	0	437	16.01
17.00	01700	SOCIAL SERVICE	113,302	0	113,590	1,742	1,798	17.00
17.01	01701	SOCIAL SERVICE - SURREY	365,617	0	366,546	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,976,392	0	2,983,952	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,954,297	0	1,959,261	329	28,345	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	229,262	0	229,844	1,252	0	23.01
23.02	02302	PHARMACY EDUCATION	340,493	0	341,358	349	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,105,768	0	37,200,017	130,357	1,651,714	30.00
31.00	03100	INTENSIVE CARE UNIT	3,974,873	0	3,984,969	8,437	252,657	31.00
32.00	03200	CORONARY CARE UNIT	4,258,958	0	4,269,776	12,284	261,312	32.00
43.00	04300	NURSERY	6,122,377	0	6,137,928	18,637	473,347	43.00
44.00	04400	SKILLED NURSING FACILITY	3,233,402	0	3,241,615	0	78,092	44.00
46.00	04600	OTHER LONG TERM CARE	2,941,044	0	2,948,514	0	69,169	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,712,044	0	29,787,513	62,059	32,949,935	50.00
50.01	03650	VASCULAR ACCESS CENTER	775,821	0	777,792	0	300,131	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	524,929	0	526,262	3,816	57,349	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,219,425	0	2,225,062	8,146	372,491	50.04
51.00	05100	RECOVERY ROOM	1,899,061	0	1,903,885	4,672	64,044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,856,524	0	1,861,240	6,277	172,922	52.00
53.00	05300	ANESTHESIOLOGY	685,052	0	686,792	145	277,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,024,072	0	11,052,073	47,058	1,092,402	54.00
54.01	05401	TDOC RADIOLOGY	720,328	0	722,158	2,649	17,190	54.01
54.02	05402	CDI RADIOLOGY	8,682,164	0	8,704,217	0	3,805	54.02
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	1,057,581	0	1,060,267	3,669	36,083	57.00
57.01	05701	TDOC CT SCAN	274,556	0	275,253	1,288	12,421	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	600,063	0	601,587	4,120	35,957	58.00
58.01	05801	TDOC - MRI	368,852	0	369,789	2,238	18,250	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,418,848	0	2,424,992	9,406	7,074,879	59.00
60.00	06000	LABORATORY	12,640,109	0	12,672,215	18,690	2,942,955	60.00
64.00	06400	INTRAVENOUS THERAPY	25,016,387	0	25,079,929	5,372	539,381	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	169,211	0	169,641	1,714	8,178	64.01
65.00	06500	RESPIRATORY THERAPY	2,614,163	0	2,620,803	1,675	155,910	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	13,807	0	13,842	0	13,010	65.01
66.00	06600	PHYSICAL THERAPY	5,947,099	0	5,962,205	15,286	63,105	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,822,083	0	1,826,711	0	5,870	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	806,071	0	808,118	3,623	10,271	66.02
67.00	06700	OCCUPATIONAL THERAPY	831,477	0	833,589	0	416	67.00
68.00	06800	SPEECH PATHOLOGY	270,658	0	271,345	75	239	68.00
69.00	06900	ELECTROCARDIOLOGY	1,976,448	0	1,981,468	3,648	37,921	69.00

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		Cost Center Description	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
			5.05	5A.06	5.06	6.00	6.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,212,565	0	1,215,645	4,437	27,966	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	423,601	0	424,677	1,912	34,790	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,997,898	0	3,005,513	8,215	48,080	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,917,137	0	10,944,867	0	10,399,489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,619,764	0	32,702,618	0	179,216	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,415,632	0	14,452,248	5,342	328,457	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	837,116	0	839,242	293	367	76.01
76.02	03952	CARDIAC REHAB	3,088,309	0	3,096,153	10,581	51,624	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	569,008	0	570,453	3,889	138,410	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	43,812	0	43,923	0	4,504	90.00
91.00	09100	EMERGENCY	6,779,085	0	6,796,304	9,613	645,481	91.00
91.01	09101	URGENT CARE CENTERS	12,433,262	0	12,464,842	5,494	541,583	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	167,149	0	167,574	1,300	4,464	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,979,215	0	4,991,862	1,343	126,801	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,504,731	0	2,511,093	473	107,104	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	362,522,716	-50,219,673	313,223,971	490,980	65,200,875	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,173	0	58,321	1,536	88	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,334,102	0	12,365,431	5,526	427,009	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	598,436	0	599,956	1,602	29,258	194.01
194.02	07952	COMMUNITY OUTREACH	1,093,643	0	1,096,421	1,224	84,725	194.02
194.03	07953	FOUNTAIN CAFE	50,153	0	50,280	215	74,849	194.03
194.04	07954	SLEEP RESEARCH	238,740	0	239,346	0	2,178	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	464,954	0	466,135	216	1,842	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	182,636	0	183,100	5,174	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,606,075	0	2,612,694	1,547	77,653	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	85,053	0	85,269	0	20,314	194.12
194.13	07963	VOLUNTEERS	384,395	0	385,371	1,320	7,153	194.13
194.14	07964	RETAIL PHARMACY	6,759,431	0	6,776,600	1,007	57,066	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	501,216	0	502,489	0	869	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	175,106	0	175,551	466	508	194.16
194.17	07967	VALET SERVICES	213,111	0	213,652	0	0	194.17
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)	986,320		50,219,673	16,235,441	1,955,819	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002540		0.148126	31.783531	0.029641	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	47,726		2,188,207	2,674,973	96,321	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000123		0.006454	5.236697	0.001460	205.00

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		Cost Center Description	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
			6.02	8.00	8.01	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	51,896					6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,182,645				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	940	0	38,859			8.01
9.00	00900	HOUSEKEEPING	0	0	0	501,441		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	50,956	9.01
10.00	01000	DIETARY	0	0	0	14,176	0	10.00
10.01	01001	DIETARY - SURREY	2,108	0	0	0	2,108	10.01
11.00	01100	CAFETERIA	0	0	0	12,666	0	11.00
11.01	01101	CAFETERIA - SURREY	3,897	0	0	0	3,897	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,599	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	184	0	0	0	184	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	88	0	15,519	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,743	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	1,742	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	132	0	0	0	132	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	329	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	1,252	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	349	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,133,323	0	130,357	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	59,606	0	8,437	0	31.00
32.00	03200	CORONARY CARE UNIT	0	86,556	0	12,284	0	32.00
43.00	04300	NURSERY	0	126,310	0	18,637	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,356	0	14,051	0	15,356	44.00
46.00	04600	OTHER LONG TERM CARE	26,991	0	24,808	0	26,991	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	226,718	0	62,059	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	3,816	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	47,970	0	8,146	0	50.04
51.00	05100	RECOVERY ROOM	0	40,937	0	4,672	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,171	0	6,277	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	145	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	118,809	0	47,058	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	2,649	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	3,669	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	1,288	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	36,827	0	4,120	0	58.00
58.01	05801	TDOC - MRI	0	0	0	2,238	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	23,480	0	9,406	0	59.00
60.00	06000	LABORATORY	0	0	0	18,690	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	16,885	0	5,372	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	1,714	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,675	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	48	0	0	0	48	65.01
66.00	06600	PHYSICAL THERAPY	0	5,437	0	15,286	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,060	0	0	0	2,060	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	136	0	3,623	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	75	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,910	0	3,648	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
			6.02	8.00	8.01	9.00	9.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	4,437	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,501	0	1,912	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	8,215	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,342	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	293	0	76.01
76.02	03952	CARDIAC REHAB	0	61	0	10,581	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	3,889	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	186,755	0	9,613	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	5,494	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	1,300	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,343	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	473	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,716	2,177,480	38,859	481,608	50,776	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	180	0	0	1,536	180	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,165	0	5,526	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	1,602	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,224	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	215	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	216	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	5,174	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	1,547	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	1,320	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	1,007	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	466	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	801,492	1,655,665	171,207	5,125,417	402,311	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.444196	0.758559	4.405852	10.221376	7.895263	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,319	150,421	17,192	186,693	2,623	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.680573	0.068917	0.442420	0.372313	0.051476	205.00

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		Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
			10.00	10.01	11.00	11.01	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY	632,315					10.00
10.01	01001	DIETARY - SURREY	0	144,980				10.01
11.00	01100	CAFETERIA	338,009	3,706	150,899			11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	13,376		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,767	0	41,605	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	227	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,675	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	774	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	83	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	438	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,127	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	108	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	148	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	312	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	189,586	0	39,376	0	23,820	30.00
31.00	03100	INTENSIVE CARE UNIT	10,601	0	3,606	0	2,959	31.00
32.00	03200	CORONARY CARE UNIT	9,972	0	3,981	0	3,346	32.00
43.00	04300	NURSERY	0	0	5,149	0	4,336	43.00
44.00	04400	SKILLED NURSING FACILITY	0	41,565	0	4,951	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	73,386	0	4,617	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	18,050	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	500	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	1,760	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	1,822	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,659	0	1,091	52.00
53.00	05300	ANESTHESIOLOGY	0	0	699	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,973	0	122	54.00
54.01	05401	TDOC RADIOLOGY	0	0	653	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	958	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	207	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	402	0	0	58.00
58.01	05801	TDOC - MRI	0	0	278	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,683	0	1,224	59.00
60.00	06000	LABORATORY	0	0	7,296	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,355	0	425	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	90	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,139	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	5,295	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,157	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	205	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	992	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	266	0	0	68.00

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		Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
			10.00	10.01	11.00	11.01	13.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	1,673	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,226	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	452	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,195	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,005	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	973	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	2,996	0	396	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	425	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	87	0	0	90.00
91.00	09100	EMERGENCY	0	0	6,670	0	3,842	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	193	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	548,168	118,657	143,509	13,264	41,561	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,686	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,877	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	358	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	74	0	0	194.02
194.03	07953	FOUNTAIN CAFE	34,054	0	106	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	186	0	0	194.04
194.05	07955	MEALS ON WHEELS	15,580	0	0	0	0	194.05
194.06	07956	GUEST MEALS	8,827	1,520	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	492	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	82	0	44	194.12
194.13	07963	VOLUNTEERS	0	0	432	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	1,166	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	24,803	121	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	496	112	0	194.17
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)	3,829,884	1,928,362	3,984,888	165,401	2,527,506	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.056924	13.300883	26.407650	12.365505	60.750054	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	601,811	49,049	851,204	67,957	91,265	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.951758	0.338316	5.640886	5.080517	2.193607	205.00

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		Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.01	14.00	16.00	16.01	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	38,859					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,734,422				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3	1,344,493,609			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	19,358,642		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	22,355	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	31	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,360,160	104,282,025	0	21,751	30.00
31.00	03100	INTENSIVE CARE UNIT	0	229,022	11,979,746	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	234,288	11,302,580	0	0	32.00
43.00	04300	NURSERY	0	403,165	10,350,644	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,051	55,410	0	3,934,560	20	44.00
46.00	04600	OTHER LONG TERM CARE	24,808	54,317	0	6,044,578	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	130,269,766	0	61	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	281,699	5,266,381	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	52,737	4,271,348	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	323,052	16,574,368	0	2	50.04
51.00	05100	RECOVERY ROOM	0	43,114	10,781,028	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	149,838	5,468,382	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	269,073	11,921,367	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	847,284	77,348,491	47,007	25	54.00
54.01	05401	TDOC RADIOLOGY	0	9,237	11,704,309	0	6	54.01
54.02	05402	CDI RADIOLOGY	0	582	49,837,064	0	5	54.02
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	30,795	65,646,360	0	0	57.00
57.01	05701	TDOC CT SCAN	0	10,907	10,926,592	0	2	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	29,798	16,582,164	0	6	58.00
58.01	05801	TDOC - MRI	0	13,244	13,874,372	0	2	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,822,511	41,242,267	0	1	59.00
60.00	06000	LABORATORY	0	2,875,965	162,322,956	505,524	27	60.00
64.00	06400	INTRAVENOUS THERAPY	0	493,101	114,810,417	1,095	27	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	5,234	522,115	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	69,335	19,783,434	170	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	3	0	25,080	0	65.01
66.00	06600	PHYSICAL THERAPY	0	28,585	22,460,156	836	8	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	2,481	1,086	5,643,799	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,101	2,215,058	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	386	3,747,783	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.01	14.00	16.00	16.01	17.00	
68.00	06800	SPEECH PATHOLOGY	0	0	1,193,240	1,454	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,432	33,755,302	7,989	8	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	22,698	24,845,852	0	2	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,856	5,047,441	0	1	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	26,323	6,606,529	0	3	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,882,427	34,537,123	387,174	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	81,707,640	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,355	115,750,231	2,759,325	15	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	129	2,764,034	26	0	76.01
76.02	03952	CARDIAC REHAB	0	8,098	7,171,590	0	2	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	13,132	1,833,891	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,002	90,186	0	0	90.00
91.00	09100	EMERGENCY	0	441,544	51,616,951	25	339	91.00
91.01	09101	URGENT CARE CENTERS	0	234,398	42,064,776	0	24	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	3,950	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	108,551	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	99,026	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,859	21,708,429	1,344,480,995	19,358,642	22,337	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	23,418	0	0	8	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,206	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	102	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	7	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	12	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	1,225	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	10	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	23	12,614	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	330,148	4,664,342	6,665,954	382,786	205,834	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.496050	0.214606	0.004958	0.019773	9.207515	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,464	680,549	276,098	6,401	72,516	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.166345	0.031312	0.000205	0.000331	3.243838	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			17.01	19.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY	38,859					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		1,750			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			1,750		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0					23.01
23.02	02302	PHARMACY EDUCATION	0					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,053	1,053	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	166	166	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	4	4	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,051	0	86	86	0	44.00
46.00	04600	OTHER LONG TERM CARE	24,808	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	14	14	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	6	6	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	100	6	6	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19	19	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	21	21	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	83	83	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			17.01	19.00	21.00	22.00	23.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	44	44	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	33	33	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	12	12	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	91	91	0	90.00
91.00	09100	EMERGENCY	0	0	65	65	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	45	45	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,859	100	1,748	1,748	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	2	2	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	429,338	0	3,534,937	2,266,997	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.048612	0.000000	2,019.964000	1,295.426857	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,267	0	45,377	28,799	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.187009	0.000000	25.929714	16.456571	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.01	23.02		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00591	NONPATIENT TELEPHONES				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL				5.02
5.03	00592	NONPATIENT TELEPHONES				5.03
5.04	00540	ADMITTING				5.04
5.05	00593	ADMIN & GENERAL - SURREY				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	PURCHASING				6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY				6.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - SURREY				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY - SURREY				10.01
11.00	01100	CAFETERIA				11.00
11.01	01101	CAFETERIA - SURREY				11.01
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01301	NURSING ADMINISTRATION - SURREY				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY				16.01
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	SOCIAL SERVICE - SURREY				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	97,174			23.01
23.02	02302	PHARMACY EDUCATION		100		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	52,495	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,999	0		31.00
32.00	03200	CORONARY CARE UNIT	2,821	0		32.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	14,051	0		44.00
46.00	04600	OTHER LONG TERM CARE	24,808	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	0		54.02
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
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.01	23.02		
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,174	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	0	0		194.01
194.02	07952	COMMUNITY OUTREACH	0	0		194.02
194.03	07953	FOUNTAIN CAFE	0	0		194.03
194.04	07954	SLEEP RESEARCH	0	0		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	0	0		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	0		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0		194.12
194.13	07963	VOLUNTEERS	0	0		194.13
194.14	07964	RETAIL PHARMACY	0	0		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0		194.16
194.17	07967	VALET SERVICES	0	0		194.17
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)	320,388	414,820		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.297055	4,148.200000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	53,687	18,529		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.552483	185.290000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs (Title XVIII)	Costs: RCE Disallowance (Hospital)	Costs: Total Costs (PPS)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,911,909		53,911,909	191,976	54,103,885	30.00
31.00	03100	INTENSIVE CARE UNIT	5,439,974		5,439,974	0	5,439,974	31.00
32.00	03200	CORONARY CARE UNIT	5,976,051		5,976,051	9,642	5,985,693	32.00
43.00	04300	NURSERY	8,477,030		8,477,030	0	8,477,030	43.00
44.00	04400	SKILLED NURSING FACILITY	5,169,299		5,169,299	0	5,169,299	44.00
46.00	04600	OTHER LONG TERM CARE	5,857,602		5,857,602	0	5,857,602	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,078,320		39,078,320	477,415	39,555,735	50.00
50.01	03650	VASCULAR ACCESS CENTER	988,464		988,464	0	988,464	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	811,905		811,905	0	811,905	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,142,253		3,142,253	0	3,142,253	50.04
51.00	05100	RECOVERY ROOM	2,525,918		2,525,918	0	2,525,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,607,833		2,607,833	0	2,607,833	52.00
53.00	05300	ANESTHESIOLOGY	938,141		938,141	0	938,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,625,603		15,625,603	0	15,625,603	54.00
54.01	05401	TDOC RADIOLOGY	1,018,220		1,018,220	0	1,018,220	54.01
54.02	05402	CDI RADIOLOGY	10,240,914		10,240,914	0	10,240,914	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,729,889		1,729,889	0	1,729,889	57.00
57.01	05701	TDOC CT SCAN	432,494		432,494	0	432,494	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	992,039		992,039	0	992,039	58.00
58.01	05801	TDOC - MRI	598,102		598,102	0	598,102	58.01
59.00	05900	CARDIAC CATHETERIZATION	4,121,223		4,121,223	0	4,121,223	59.00
60.00	06000	LABORATORY	17,046,472		17,046,472	0	17,046,472	60.00
64.00	06400	INTRAVENOUS THERAPY	29,839,105		29,839,105	0	29,839,105	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	273,096		273,096	0	273,096	64.01
65.00	06500	RESPIRATORY THERAPY	3,279,854	0	3,279,854	0	3,279,854	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	17,895	0	17,895	0	17,895	65.01
66.00	06600	PHYSICAL THERAPY	7,750,856	0	7,750,856	0	7,750,856	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,284,351	0	2,284,351	0	2,284,351	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,097,259	0	1,097,259	0	1,097,259	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,001,938	0	1,001,938	0	1,001,938	67.00
68.00	06800	SPEECH PATHOLOGY	327,665	0	327,665	0	327,665	68.00
69.00	06900	ELECTROCARDIOLOGY	2,663,710		2,663,710	0	2,663,710	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,743,370		1,743,370	0	1,743,370	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	614,960		614,960	0	614,960	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,920,008		3,920,008	0	3,920,008	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,388,664		15,388,664	0	15,388,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,957,144		37,957,144	0	37,957,144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,001,005		18,001,005	0	18,001,005	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,015,303		1,015,303	0	1,015,303	76.01
76.02	03952	CARDIAC REHAB	4,141,291		4,141,291	0	4,141,291	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	845,545		845,545	811	846,356	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	54,166		54,166	0	54,166	90.00
91.00	09100	EMERGENCY	9,130,941		9,130,941	324,202	9,455,143	91.00
91.01	09101	URGENT CARE CENTERS	14,817,118		14,817,118	0	14,817,118	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	252,252		252,252	0	252,252	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,932,543		5,932,543		5,932,543	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,814,754		5,814,754		5,814,754	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,927,347		2,927,347		2,927,347	116.00
200.00		Subtotal (see instructions)	357,821,795	0	357,821,795	1,004,046	358,825,841	200.00
201.00		Less Observation Beds	5,932,543		5,932,543		5,932,543	201.00
202.00		Total (see instructions)	351,889,252	0	351,889,252	1,004,046	352,893,298	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,053,433		81,053,433			30.00
31.00	03100	INTENSIVE CARE UNIT	11,762,378		11,762,378			31.00
32.00	03200	CORONARY CARE UNIT	11,210,563		11,210,563			32.00
43.00	04300	NURSERY	10,371,761		10,371,761			43.00
44.00	04400	SKILLED NURSING FACILITY	3,934,560		3,934,560			44.00
46.00	04600	OTHER LONG TERM CARE	6,044,578		6,044,578			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,184,751	81,085,015	130,269,766	0.299980	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	48,521	5,217,860	5,266,381	0.187693	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	649	4,270,699	4,271,348	0.190082	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,800,050	13,774,317	16,574,367	0.189585	0.000000	50.04
51.00	05100	RECOVERY ROOM	3,737,192	7,043,835	10,781,027	0.234293	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,467,981	2,019,179	7,487,160	0.348307	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,150,538	6,770,829	11,921,367	0.078694	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,552,152	64,843,346	77,395,498	0.201893	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	49,664	11,654,644	11,704,308	0.086995	0.000000	54.01
54.02	05402	CDI RADIOLOGY	153,828	49,683,236	49,837,064	0.205488	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	18,425,563	47,220,796	65,646,359	0.026352	0.000000	57.00
57.01	05701	TDOC CT SCAN	50,628	10,875,964	10,926,592	0.039582	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,104,032	12,478,131	16,582,163	0.059826	0.000000	58.00
58.01	05801	TDOC - MRI	9,360	13,865,012	13,874,372	0.043108	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	14,860,339	26,381,928	41,242,267	0.099927	0.000000	59.00
60.00	06000	LABORATORY	59,885,009	102,943,471	162,828,480	0.104690	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,172,425	112,639,087	114,811,512	0.259896	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	522,115	522,115	0.523057	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	18,045,984	1,737,620	19,783,604	0.165786	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	25,079	2	25,081	0.713488	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,768,144	15,692,848	22,460,992	0.345081	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,421,153	222,646	5,643,799	0.404754	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,673	2,213,385	2,215,058	0.495364	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,228,088	519,695	3,747,783	0.267342	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	840,236	354,458	1,194,694	0.274267	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,477,068	17,286,223	33,763,291	0.078894	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	101,000	24,744,852	24,845,852	0.070167	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	605,570	4,441,871	5,047,441	0.121836	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	20,172	6,586,357	6,606,529	0.593354	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,739,969	17,184,328	34,924,297	0.440629	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,990,536	38,717,104	81,707,640	0.464548	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,575,814	37,933,742	118,509,556	0.151895	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,132,612	631,448	2,764,060	0.367323	0.000000	76.01
76.02	03952	CARDIAC REHAB	1,277,052	5,894,538	7,171,590	0.577458	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	28,238	1,805,653	1,833,891	0.461066	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	575	89,611	90,186	0.600603	0.000000	90.00
91.00	09100	EMERGENCY	18,619,903	32,997,073	51,616,976	0.176898	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	6,116	42,058,660	42,064,776	0.352245	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	3,950	3,950	63.861266	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,990,763	19,507,319	21,498,082	0.275957	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	6,088,956	6,088,956			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,684,220	4,684,220			116.00
200.00		Subtotal (see instructions)	519,925,700	854,686,023	1,374,611,723			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	519,925,700	854,686,023	1,374,611,723			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.303645		50.00
50.01	03650	VASCULAR ACCESS CENTER	0.187693		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.190082		50.02
50.03	05002	PAIN MGMT CENTER	0.000000		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.189585		50.04
51.00	05100	RECOVERY ROOM	0.234293		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348307		52.00
53.00	05300	ANESTHESIOLOGY	0.078694		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201893		54.00
54.01	05401	TDOC RADIOLOGY	0.086995		54.01
54.02	05402	CDI RADIOLOGY	0.205488		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.026352		57.00
57.01	05701	TDOC CT SCAN	0.039582		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059826		58.00
58.01	05801	TDOC - MRI	0.043108		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.099927		59.00
60.00	06000	LABORATORY	0.104690		60.00
64.00	06400	INTRAVENOUS THERAPY	0.259896		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.523057		64.01
65.00	06500	RESPIRATORY THERAPY	0.165786		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.713488		65.01
66.00	06600	PHYSICAL THERAPY	0.345081		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404754		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.495364		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.267342		67.00
68.00	06800	SPEECH PATHOLOGY	0.274267		68.00
69.00	06900	ELECTROCARDIOLOGY	0.078894		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070167		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121836		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593354		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440629		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464548		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151895		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.367323		76.01
76.02	03952	CARDIAC REHAB	0.577458		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.461508		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.600603		90.00
91.00	09100	EMERGENCY	0.183179		91.00
91.01	09101	URGENT CARE CENTERS	0.352245		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	63.861266		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275957		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/24/2017 11:08 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,911,909		53,911,909	191,976	54,103,885	30.00
31.00	03100	INTENSIVE CARE UNIT	5,439,974		5,439,974	0	5,439,974	31.00
32.00	03200	CORONARY CARE UNIT	5,976,051		5,976,051	9,642	5,985,693	32.00
43.00	04300	NURSERY	8,477,030		8,477,030	0	8,477,030	43.00
44.00	04400	SKILLED NURSING FACILITY	5,169,299		5,169,299	0	5,169,299	44.00
46.00	04600	OTHER LONG TERM CARE	5,857,602		5,857,602	0	5,857,602	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,078,320		39,078,320	477,415	39,555,735	50.00
50.01	03650	VASCULAR ACCESS CENTER	988,464		988,464	0	988,464	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	811,905		811,905	0	811,905	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,142,253		3,142,253	0	3,142,253	50.04
51.00	05100	RECOVERY ROOM	2,525,918		2,525,918	0	2,525,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,607,833		2,607,833	0	2,607,833	52.00
53.00	05300	ANESTHESIOLOGY	938,141		938,141	0	938,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,625,603		15,625,603	0	15,625,603	54.00
54.01	05401	TDOC RADIOLOGY	1,018,220		1,018,220	0	1,018,220	54.01
54.02	05402	CDI RADIOLOGY	10,240,914		10,240,914	0	10,240,914	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,729,889		1,729,889	0	1,729,889	57.00
57.01	05701	TDOC CT SCAN	432,494		432,494	0	432,494	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	992,039		992,039	0	992,039	58.00
58.01	05801	TDOC - MRI	598,102		598,102	0	598,102	58.01
59.00	05900	CARDIAC CATHETERIZATION	4,121,223		4,121,223	0	4,121,223	59.00
60.00	06000	LABORATORY	17,046,472		17,046,472	0	17,046,472	60.00
64.00	06400	INTRAVENOUS THERAPY	29,839,105		29,839,105	0	29,839,105	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	273,096		273,096	0	273,096	64.01
65.00	06500	RESPIRATORY THERAPY	3,279,854	0	3,279,854	0	3,279,854	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	17,895	0	17,895	0	17,895	65.01
66.00	06600	PHYSICAL THERAPY	7,750,856	0	7,750,856	0	7,750,856	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,284,351	0	2,284,351	0	2,284,351	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,097,259	0	1,097,259	0	1,097,259	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,001,938	0	1,001,938	0	1,001,938	67.00
68.00	06800	SPEECH PATHOLOGY	327,665	0	327,665	0	327,665	68.00
69.00	06900	ELECTROCARDIOLOGY	2,663,710		2,663,710	0	2,663,710	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,743,370		1,743,370	0	1,743,370	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	614,960		614,960	0	614,960	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,920,008		3,920,008	0	3,920,008	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,388,664		15,388,664	0	15,388,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,957,144		37,957,144	0	37,957,144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,001,005		18,001,005	0	18,001,005	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,015,303		1,015,303	0	1,015,303	76.01
76.02	03952	CARDIAC REHAB	4,141,291		4,141,291	0	4,141,291	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	845,545		845,545	811	846,356	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	54,166		54,166	0	54,166	90.00
91.00	09100	EMERGENCY	9,130,941		9,130,941	324,202	9,455,143	91.00
91.01	09101	URGENT CARE CENTERS	14,817,118		14,817,118	0	14,817,118	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	252,252		252,252	0	252,252	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,932,543		5,932,543		5,932,543	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,814,754		5,814,754		5,814,754	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,927,347		2,927,347		2,927,347	116.00
200.00		Subtotal (see instructions)	357,821,795	0	357,821,795	1,004,046	358,825,841	200.00
201.00		Less Observation Beds	5,932,543		5,932,543		5,932,543	201.00
202.00		Total (see instructions)	351,889,252	0	351,889,252	1,004,046	352,893,298	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/24/2017 11:08 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,053,433		81,053,433			30.00
31.00	03100	INTENSIVE CARE UNIT	11,762,378		11,762,378			31.00
32.00	03200	CORONARY CARE UNIT	11,210,563		11,210,563			32.00
43.00	04300	NURSERY	10,371,761		10,371,761			43.00
44.00	04400	SKILLED NURSING FACILITY	3,934,560		3,934,560			44.00
46.00	04600	OTHER LONG TERM CARE	6,044,578		6,044,578			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,184,751	81,085,015	130,269,766	0.299980	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	48,521	5,217,860	5,266,381	0.187693	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	649	4,270,699	4,271,348	0.190082	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,800,050	13,774,317	16,574,367	0.189585	0.000000	50.04
51.00	05100	RECOVERY ROOM	3,737,192	7,043,835	10,781,027	0.234293	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,467,981	2,019,179	7,487,160	0.348307	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,150,538	6,770,829	11,921,367	0.078694	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,552,152	64,843,346	77,395,498	0.201893	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	49,664	11,654,644	11,704,308	0.086995	0.000000	54.01
54.02	05402	CDI RADIOLOGY	153,828	49,683,236	49,837,064	0.205488	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	18,425,563	47,220,796	65,646,359	0.026352	0.000000	57.00
57.01	05701	TDOC CT SCAN	50,628	10,875,964	10,926,592	0.039582	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,104,032	12,478,131	16,582,163	0.059826	0.000000	58.00
58.01	05801	TDOC - MRI	9,360	13,865,012	13,874,372	0.043108	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	14,860,339	26,381,928	41,242,267	0.099927	0.000000	59.00
60.00	06000	LABORATORY	59,885,009	102,943,471	162,828,480	0.104690	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,172,425	112,639,087	114,811,512	0.259896	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	522,115	522,115	0.523057	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	18,045,984	1,737,620	19,783,604	0.165786	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	25,079	2	25,081	0.713488	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,768,144	15,692,848	22,460,992	0.345081	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,421,153	222,646	5,643,799	0.404754	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,673	2,213,385	2,215,058	0.495364	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,228,088	519,695	3,747,783	0.267342	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	840,236	354,458	1,194,694	0.274267	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,477,068	17,286,223	33,763,291	0.078894	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	101,000	24,744,852	24,845,852	0.070167	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	605,570	4,441,871	5,047,441	0.121836	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	20,172	6,586,357	6,606,529	0.593354	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,739,969	17,184,328	34,924,297	0.440629	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,990,536	38,717,104	81,707,640	0.464548	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,575,814	37,933,742	118,509,556	0.151895	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,132,612	631,448	2,764,060	0.367323	0.000000	76.01
76.02	03952	CARDIAC REHAB	1,277,052	5,894,538	7,171,590	0.577458	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	28,238	1,805,653	1,833,891	0.461066	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	575	89,611	90,186	0.600603	0.000000	90.00
91.00	09100	EMERGENCY	18,619,903	32,997,073	51,616,976	0.176898	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	6,116	42,058,660	42,064,776	0.352245	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	3,950	3,950	63.861266	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,990,763	19,507,319	21,498,082	0.275957	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	6,088,956	6,088,956			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,684,220	4,684,220			116.00
200.00		Subtotal (see instructions)	519,925,700	854,686,023	1,374,611,723			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	519,925,700	854,686,023	1,374,611,723			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000			50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000			50.02
50.03	05002	PAIN MGMT CENTER	0.000000			50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.000000			50.04
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	TDOC RADIOLOGY	0.000000			54.01
54.02	05402	CDI RADIOLOGY	0.000000			54.02
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
57.01	05701	TDOC CT SCAN	0.000000			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
58.01	05801	TDOC - MRI	0.000000			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000			64.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000			66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000			76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.000000			76.01
76.02	03952	CARDIAC REHAB	0.000000			76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000			76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	URGENT CARE CENTERS	0.000000			91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY				101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
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: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part I Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,289,143	0	6,289,143	58,960	106.67	30.00
31.00	INTENSIVE CARE UNIT	427,388		427,388	2,999	142.51	31.00
32.00	CORONARY CARE UNIT	590,855		590,855	2,821	209.45	32.00
43.00	NURSERY	871,309		871,309	5,506	158.25	43.00
44.00	SKILLED NURSING FACILITY	343,734		343,734	14,051	24.46	44.00
200.00	Total (lines 30-199)	8,522,429		8,522,429	84,337		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	25,498	2,719,872		30.00
31.00	INTENSIVE CARE UNIT	1,735	247,255		31.00
32.00	CORONARY CARE UNIT	1,340	280,663		32.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	7,806	190,935		44.00
200.00	Total (lines 30-199)	36,379	3,438,725		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,950,961	130,269,766	0.022653	23,740,940	537,804	50.00
50.01	03650	VASCULAR ACCESS CENTER	290,934	5,266,381	0.055244	21,849	1,207	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	165,704	4,271,348	0.038794	345	13	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	454,435	16,574,367	0.027418	1,544,730	42,353	50.04
51.00	05100	RECOVERY ROOM	222,639	10,781,027	0.020651	1,810,911	37,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	291,599	7,487,160	0.038947	201	8	52.00
53.00	05300	ANESTHESIOLOGY	26,588	11,921,367	0.002230	3,892,867	8,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,119,137	77,395,498	0.027381	6,401,838	175,289	54.00
54.01	05401	TDOC RADIOLOGY	120,634	11,704,308	0.010307	46,600	480	54.01
54.02	05402	CDI RADIOLOGY	1,967,231	49,837,064	0.039473	41,253	1,628	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	180,473	65,646,359	0.002749	10,185,932	28,001	57.00
57.01	05701	TDOC CT SCAN	58,897	10,926,592	0.005390	50,049	270	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	182,925	16,582,163	0.011031	1,671,339	18,437	58.00
58.01	05801	TDOC - MRI	99,626	13,874,372	0.007181	9,060	65	58.01
59.00	05900	CARDIAC CATHETERIZATION	493,981	41,242,267	0.011978	8,666,535	103,808	59.00
60.00	06000	LABORATORY	1,087,608	162,828,480	0.006679	30,741,046	205,319	60.00
64.00	06400	INTRAVENOUS THERAPY	454,011	114,811,512	0.003954	906,099	3,583	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	72,228	522,115	0.138337	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	113,051	19,783,604	0.005714	11,618,866	66,390	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	950	25,081	0.037877	13,045	494	65.01
66.00	06600	PHYSICAL THERAPY	905,911	22,460,992	0.040333	2,680,461	108,111	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	62,187	5,643,799	0.011019	2,059,174	22,690	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	155,558	2,215,058	0.070228	266	19	66.02
67.00	06700	OCCUPATIONAL THERAPY	12,945	3,747,783	0.003454	1,168,169	4,035	67.00
68.00	06800	SPEECH PATHOLOGY	6,954	1,194,694	0.005821	305,995	1,781	68.00
69.00	06900	ELECTROCARDIOLOGY	243,799	33,763,291	0.007221	8,969,524	64,769	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	204,443	24,845,852	0.008228	97,067	799	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	86,433	5,047,441	0.017124	317,664	5,440	70.00
70.01	07001	SLEEP MEDICINE CLINIC	412,657	6,606,529	0.062462	249	16	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	436,506	34,924,297	0.012499	1,469,844	18,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	235,355	81,707,640	0.002880	19,237,407	55,404	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	374,572	118,509,556	0.003161	38,701,314	122,335	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	24,513	2,764,060	0.008868	1,202,753	10,666	76.01
76.02	03952	CARDIAC REHAB	475,663	7,171,590	0.066326	576,207	38,218	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	166,855	1,833,891	0.090984	7,680	699	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	966	90,186	0.010711	0	0	90.00
91.00	09100	EMERGENCY	536,200	51,616,976	0.010388	7,160,579	74,384	91.00
91.01	09101	URGENT CARE CENTERS	1,733,992	42,064,776	0.041222	4,099	169	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	55,547	3,950	14.062532	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	689,611	21,498,082	0.032078	0	0	92.00
200.00		Total (lines 50-199)	18,174,279	1,239,461,274		185,321,957	1,759,134	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part III Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	173,079	0	0	173,079	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,888	0		9,888	31.00
32.00	03200	CORONARY CARE UNIT	0	9,301	0		9,301	32.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	46,327			46,327	44.00
200.00		Total (lines 30-199)	0	238,595	0		238,595	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,960	2.94	25,498	74,964	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,999	3.30	1,735	5,726	0	31.00
32.00	03200	CORONARY CARE UNIT	2,821	3.30	1,340	4,422	0	32.00
43.00	04300	NURSERY	5,506	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,051	3.30	7,806	25,760	0	44.00
200.00		Total (lines 30-199)	84,337		36,379	110,872	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	414,820	0	414,820	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	18,978	0	18,978	92.00
200.00		Total (lines 50-199)	0	0	433,798	0	433,798	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	130,269,766	0.000000	0.000000	23,740,940	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	5,266,381	0.000000	0.000000	21,849	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,271,348	0.000000	0.000000	345	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	16,574,367	0.000000	0.000000	1,544,730	50.04
51.00	05100	RECOVERY ROOM	0	10,781,027	0.000000	0.000000	1,810,911	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,487,160	0.000000	0.000000	201	52.00
53.00	05300	ANESTHESIOLOGY	0	11,921,367	0.000000	0.000000	3,892,867	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,395,498	0.000000	0.000000	6,401,838	54.00
54.01	05401	TDOC RADIOLOGY	0	11,704,308	0.000000	0.000000	46,600	54.01
54.02	05402	CDI RADIOLOGY	0	49,837,064	0.000000	0.000000	41,253	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	65,646,359	0.000000	0.000000	10,185,932	57.00
57.01	05701	TDOC CT SCAN	0	10,926,592	0.000000	0.000000	50,049	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,582,163	0.000000	0.000000	1,671,339	58.00
58.01	05801	TDOC - MRI	0	13,874,372	0.000000	0.000000	9,060	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	41,242,267	0.000000	0.000000	8,666,535	59.00
60.00	06000	LABORATORY	0	162,828,480	0.000000	0.000000	30,741,046	60.00
64.00	06400	INTRAVENOUS THERAPY	0	114,811,512	0.000000	0.000000	906,099	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	522,115	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	19,783,604	0.000000	0.000000	11,618,866	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	25,081	0.000000	0.000000	13,045	65.01
66.00	06600	PHYSICAL THERAPY	0	22,460,992	0.000000	0.000000	2,680,461	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,643,799	0.000000	0.000000	2,059,174	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,215,058	0.000000	0.000000	266	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,747,783	0.000000	0.000000	1,168,169	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,194,694	0.000000	0.000000	305,995	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,763,291	0.000000	0.000000	8,969,524	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	24,845,852	0.000000	0.000000	97,067	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,047,441	0.000000	0.000000	317,664	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	6,606,529	0.000000	0.000000	249	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,924,297	0.000000	0.000000	1,469,844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	81,707,640	0.000000	0.000000	19,237,407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	414,820	118,509,556	0.003500	0.003500	38,701,314	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	2,764,060	0.000000	0.000000	1,202,753	76.01
76.02	03952	CARDIAC REHAB	0	7,171,590	0.000000	0.000000	576,207	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,833,891	0.000000	0.000000	7,680	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	90,186	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	51,616,976	0.000000	0.000000	7,160,579	91.00
91.01	09101	URGENT CARE CENTERS	0	42,064,776	0.000000	0.000000	4,099	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	3,950	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	18,978	21,498,082	0.000883	0.000883	0	92.00
200.00		Total (lines 50-199)	433,798	1,239,461,274			185,321,957	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/24/2017 11:08 am

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			Title XVIII			Hospital	PPS	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	24,101,905	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	1,635,917	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	1,265,087	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	4,939,589	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	1,966,612	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,133,296	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,213,129	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	4,439,400	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	12,498,477	0	0	0	54.02
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	16,598,495	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	3,823,710	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,595,499	0	0	0	58.00
58.01	05801	TDOC - MRI	0	3,896,977	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	9,777,812	0	0	0	59.00
60.00	06000	LABORATORY	0	13,779,614	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	47,554,980	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	521,011	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	488,603	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	1	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	430,628	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	13,269	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	46,781	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	59,702	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	20,403	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,717,026	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	9,698,308	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,130,491	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	525,502	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	115,817	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,796,583	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,455	14,403,732	50,413	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	307,827	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	2,956,415	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	688,736	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	7,710,388	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	2,151,712	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1,717	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,487,603	2,197	0	0	92.00
200.00		Total (lines 50-199)	135,455	242,492,754	52,610	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	0		54.02
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
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V | Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.299980	24,101,905	1	109	7,230,089	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.187693	1,635,917	0	67	307,050	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.190082	1,265,087	0	0	240,470	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.189585	4,939,589	0	0	936,472	50.04
51.00	05100	RECOVERY ROOM	0.234293	1,966,612	0	34	460,763	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348307	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078694	4,133,296	0	0	325,266	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201893	20,213,129	39	5,691	4,080,889	54.00
54.01	05401	TDOC RADIOLOGY	0.086995	4,439,400	18	2,707	386,206	54.01
54.02	05402	CDI RADIOLOGY	0.205488	12,498,477	12	1,767	2,568,287	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026352	16,598,495	14	2,024	437,404	57.00
57.01	05701	TDOC CT SCAN	0.039582	3,823,710	1	209	151,350	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059826	3,595,499	2	297	215,104	58.00
58.01	05801	TDOC - MRI	0.043108	3,896,977	2	269	167,991	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.099927	9,777,812	7	1,010	977,067	59.00
60.00	06000	LABORATORY	0.104690	13,779,614	6,732	13	1,442,588	60.00
64.00	06400	INTRAVENOUS THERAPY	0.259896	47,554,980	1,239	178,850	12,359,349	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.523057	521,011	0	0	272,518	64.01
65.00	06500	RESPIRATORY THERAPY	0.165786	488,603	0	0	81,004	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.713488	1	0	0	1	65.01
66.00	06600	PHYSICAL THERAPY	0.345081	430,628	0	0	148,602	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404754	13,269	0	0	5,371	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.495364	46,781	0	0	23,174	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.267342	59,702	0	0	15,961	67.00
68.00	06800	SPEECH PATHOLOGY	0.274267	20,403	0	0	5,596	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078894	7,717,026	3	440	608,827	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070167	9,698,308	3	382	680,501	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121836	3,130,491	0	0	381,407	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593354	525,502	0	0	311,809	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440629	115,817	0	0	51,032	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464548	14,796,583	0	0	6,873,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151895	14,403,732	347	47,449	2,187,855	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.367323	307,827	0	0	113,072	76.01
76.02	03952	CARDIAC REHAB	0.577458	2,956,415	0	0	1,707,205	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.461066	688,736	3	372	317,553	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.600603	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.176898	7,710,388	0	0	1,363,952	91.00
91.01	09101	URGENT CARE CENTERS	0.352245	2,151,712	0	1	757,930	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	63.861266	1,717	0	0	109,650	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275957	2,487,603	0	0	686,471	92.00
200.00		Subtotal (see instructions)		242,492,754	8,423	241,691	48,989,559	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		242,492,754	8,423	241,691	48,989,559	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V | Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	33		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	13		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	8		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8	1,149		54.00
54.01	05401	TDOC RADIOLOGY	2	235		54.01
54.02	05402	CDI RADIOLOGY	2	363		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	53		57.00
57.01	05701	TDOC CT SCAN	0	8		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18		58.00
58.01	05801	TDOC - MRI	0	12		58.01
59.00	05900	CARDIAC CATHETERIZATION	1	101		59.00
60.00	06000	LABORATORY	705	1		60.00
64.00	06400	INTRAVENOUS THERAPY	322	46,482		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	35		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	27		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53	7,207		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1	172		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	1,094	55,917		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	1,094	55,917		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179
Component CCN: 26-5414

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	414,820	0	414,820	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	414,820	0	414,820	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179
Component CCN: 26-5414

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/24/2017 11:08 am

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		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	130,269,766	0.000000	0.000000	32,740	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	5,266,381	0.000000	0.000000	20	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,271,348	0.000000	0.000000	5	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	16,574,367	0.000000	0.000000	2,728	50.04
51.00	05100	RECOVERY ROOM	0	10,781,027	0.000000	0.000000	6,483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,487,160	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,921,367	0.000000	0.000000	30,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,395,498	0.000000	0.000000	31,529	54.00
54.01	05401	TDOC RADIOLOGY	0	11,704,308	0.000000	0.000000	64	54.01
54.02	05402	CDI RADIOLOGY	0	49,837,064	0.000000	0.000000	1	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	65,646,359	0.000000	0.000000	474	57.00
57.01	05701	TDOC CT SCAN	0	10,926,592	0.000000	0.000000	3	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,582,163	0.000000	0.000000	7	58.00
58.01	05801	TDOC - MRI	0	13,874,372	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	41,242,267	0.000000	0.000000	8,081	59.00
60.00	06000	LABORATORY	0	162,828,480	0.000000	0.000000	286,489	60.00
64.00	06400	INTRAVENOUS THERAPY	0	114,811,512	0.000000	0.000000	1,522	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	522,115	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	19,783,604	0.000000	0.000000	13,249	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	25,081	0.000000	0.000000	220	65.01
66.00	06600	PHYSICAL THERAPY	0	22,460,992	0.000000	0.000000	1,084,417	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,643,799	0.000000	0.000000	1,029,432	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,215,058	0.000000	0.000000	108	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,747,783	0.000000	0.000000	711,035	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,194,694	0.000000	0.000000	179,651	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,763,291	0.000000	0.000000	11,836	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	24,845,852	0.000000	0.000000	160	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,047,441	0.000000	0.000000	17	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	6,606,529	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,924,297	0.000000	0.000000	21,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	81,707,640	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	414,820	118,509,556	0.003500	0.003500	1,686,391	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	2,764,060	0.000000	0.000000	1,164	76.01
76.02	03952	CARDIAC REHAB	0	7,171,590	0.000000	0.000000	19	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,833,891	0.000000	0.000000	2	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	90,186	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	51,616,976	0.000000	0.000000	122	91.00
91.01	09101	URGENT CARE CENTERS	0	42,064,776	0.000000	0.000000	17	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	3,950	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	21,498,082	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	414,820	1,239,461,274			5,140,500	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179
Component CCN: 26-5414

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/24/2017 11:08 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,902	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	5,902	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/24/2017 11:08 am
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		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801	TDOC - MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179
Component CCN: 26-5414

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part V
Date/Time Prepared: 11/24/2017 11:08 am

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.299980	0	0	1	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.187693	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.190082	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.189585	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0.234293	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348307	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078694	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201893	0	0	41	0	54.00
54.01	05401	TDOC RADIOLOGY	0.086995	0	0	20	0	54.01
54.02	05402	CDI RADIOLOGY	0.205488	0	0	13	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026352	0	0	15	0	57.00
57.01	05701	TDOC CT SCAN	0.039582	0	0	2	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059826	0	0	2	0	58.00
58.01	05801	TDOC - MRI	0.043108	0	0	2	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.099927	0	0	7	0	59.00
60.00	06000	LABORATORY	0.104690	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.259896	0	0	1,463	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.523057	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.165786	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.713488	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.345081	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404754	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.495364	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.267342	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.274267	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078894	0	0	3	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070167	0	0	3	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121836	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593354	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440629	0	0	941	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464548	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151895	0	0	344	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.367323	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0.577458	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.461066	0	0	3	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.600603	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.176898	0	0	695	0	91.00
91.01	09101	URGENT CARE CENTERS	0.352245	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	63.861266	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275957	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	3,555	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	3,555	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Skilled Nursing Facility	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
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8		54.00
54.01	05401	TDOC RADIOLOGY	0	2		54.01
54.02	05402	CDI RADIOLOGY	0	3		54.02
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
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	380		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	415		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	52		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	123		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	985		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	985		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part V Date/Time Prepared: 11/24/2017 11:08 am

Title XIX Hospital Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.299980	0	1,218,953	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.187693	0	147,376	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.190082	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.189585	0	82,253	0	0	50.04
51.00	05100	RECOVERY ROOM	0.234293	0	130,149	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348307	0	272,642	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078694	0	122,617	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201893	0	748,718	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.086995	0	92,892	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.205488	0	863,591	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026352	0	648,596	0	0	57.00
57.01	05701	TDOC CT SCAN	0.039582	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059826	0	129,151	0	0	58.00
58.01	05801	TDOC - MRI	0.043108	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.099927	0	67,499	0	0	59.00
60.00	06000	LABORATORY	0.104690	0	1,154,677	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.259896	0	640,510	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.523057	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.165786	0	32,850	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.713488	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.345081	0	17,368	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404754	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.495364	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.267342	0	898	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.274267	0	750	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078894	0	160,483	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070167	0	90,652	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121836	0	10,069	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593354	0	133,058	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440629	0	497,492	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464548	0	169,956	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151895	0	443,751	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.367323	0	3,281	0	0	76.01
76.02	03952	CARDIAC REHAB	0.577458	0	14,535	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.461066	0	1,449	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.600603	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.176898	0	889,053	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.352245	0	1,449,299	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	63.861266	0	199	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275957	0	329,524	0	0	92.00
200.00		Subtotal (see instructions)		0	10,564,291	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	10,564,291	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V | Date/Time Prepared: 11/24/2017 11:08 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	365,662	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	27,661	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	15,594	0		50.04
51.00	05100	RECOVERY ROOM	30,493	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	94,963	0		52.00
53.00	05300	ANESTHESIOLOGY	9,649	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	151,161	0		54.00
54.01	05401	TDOC RADIOLOGY	8,081	0		54.01
54.02	05402	CDI RADIOLOGY	177,458	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	17,092	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,727	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	6,745	0		59.00
60.00	06000	LABORATORY	120,883	0		60.00
64.00	06400	INTRAVENOUS THERAPY	166,466	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	5,446	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	5,993	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	240	0		67.00
68.00	06800	SPEECH PATHOLOGY	206	0		68.00
69.00	06900	ELECTROCARDIOLOGY	12,661	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	6,361	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,227	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	78,950	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	219,209	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	78,953	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,404	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,205	0		76.01
76.02	03952	CARDIAC REHAB	8,393	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	668	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	157,272	0		91.00
91.01	09101	URGENT CARE CENTERS	510,508	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	12,708	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	90,934	0		92.00
200.00		Subtotal (see instructions)	2,457,973	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	2,457,973	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	58,960	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	58,960	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.	24,425	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	28,070	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)	25,498	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	54,103,885	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)	54,103,885	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	100,336,595	28.00
29.00	Private room charges (excluding swing-bed charges)	45,464,360	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	54,872,235	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.539224	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,861.39	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,954.84	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	54,103,885	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)	917.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	23,397,985	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)	23,397,985	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/24/2017 11:08 am

	Cost Center Description	Title XVIII Total Inpatient Cost	Title XVIII Total Inpatient Days	Title XVIII Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,439,974	2,999	1,813.93	1,735	3,147,169	43.00
44.00	CORONARY CARE UNIT	5,985,693	2,821	2,121.83	1,340	2,843,252	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)	36,629,863	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	66,018,269	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)	3,332,902	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,894,589	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,227,491	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	60,790,778	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)	6,465	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	917.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,932,543	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,289,143	54,103,885	0.116242	5,932,543	689,611	90.00
91.00	Nursing School cost	0	54,103,885	0.000000	5,932,543	0	91.00
92.00	Allied health cost	173,079	54,103,885	0.003199	5,932,543	18,978	92.00
93.00	All other Medical Education	0	54,103,885	0.000000	5,932,543	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Skilled Nursing Facility	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)	14,051	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,051	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.	4,708	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	9,343	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)	7,806	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,169,299	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)	5,169,299	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	2,615,480	28.00
29.00	Private room charges (excluding swing-bed charges)	1,318,240	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,297,240	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.976425	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	280.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	138.85	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	141.15	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	278.97	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,313,391	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,855,908	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						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)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	3,855,908	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	274.42	71.00
72.00	Program routine service cost (line 9 x line 71)	2,142,123	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	2,142,123	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	2,142,123	83.00
84.00	Program inpatient ancillary services (see instructions)	1,351,675	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	3,493,798	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: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Skilled Nursing Facility	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	58,960	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	58,960	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.	24,425	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	28,070	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)	696	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,506	15.00
16.00	Nursery days (title V or XIX only)	130	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)	53,911,909	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)	53,911,909	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	100,336,595	28.00
29.00	Private room charges (excluding swing-bed charges)	45,464,360	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	54,872,235	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.537311	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,861.39	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,954.84	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	53,911,909	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)	914.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	636,408	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)	636,408	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/24/2017 11:08 am

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Cost Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	8,477,030	5,506	1,539.60	130	200,148	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,439,974	2,999	1,813.93	114	206,788	43.00
44.00	CORONARY CARE UNIT	5,976,051	2,821	2,118.42	32	67,789	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)	1,452,021	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,563,154	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)	6,465	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	914.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,911,467	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

Period: From 07/01/2016 To 06/30/2017

Worksheet D-1

Date/Time Prepared: 11/24/2017 11:08 am

Title XIX Hospital Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,289,143	53,911,909	0.116656	5,911,467	689,608	90.00
91.00	Nursing School cost	0	53,911,909	0.000000	5,911,467	0	91.00
92.00	Allied health cost	0	53,911,909	0.000000	5,911,467	0	92.00
93.00	All other Medical Education	0	53,911,909	0.000000	5,911,467	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XIX	Skilled Nursing Facility	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)	14,051	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,051	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.	4,708	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	9,343	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)	4,180	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,506	15.00
16.00	Nursery days (title V or XIX only)	130	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)	5,169,299	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)	5,169,299	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	2,615,480	28.00
29.00	Private room charges (excluding swing-bed charges)	1,318,240	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,297,240	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.976425	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	280.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	138.85	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	141.15	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	278.97	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,313,391	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,855,908	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XIX	Skilled Nursing Facility	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						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)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	3,855,908	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	274.42	71.00
72.00	Program routine service cost (line 9 x line 71)	1,147,076	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	1,147,076	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	343,734	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	24.46	76.00
77.00	Program capital-related costs (line 9 x line 76)	102,243	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	1,044,833	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	1,044,833	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	102,243	83.00
84.00	Program inpatient ancillary services (see instructions)	1,653	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	103,896	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: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/24/2017 11:08 am
	Title XIX	Skilled Nursing Facility	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		42,402,731		30.00
31.00	03100	INTENSIVE CARE UNIT		6,771,040		31.00
32.00	03200	CORONARY CARE UNIT		5,378,094		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.303645	23,740,940	7,208,818	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.187693	21,849	4,101	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.190082	345	66	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.189585	1,544,730	292,858	50.04
51.00	05100	RECOVERY ROOM	0.234293	1,810,911	424,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348307	201	70	52.00
53.00	05300	ANESTHESIOLOGY	0.078694	3,892,867	306,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201893	6,401,838	1,292,486	54.00
54.01	05401	TDOC RADIOLOGY	0.086995	46,600	4,054	54.01
54.02	05402	CDI RADIOLOGY	0.205488	41,253	8,477	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.026352	10,185,932	268,420	57.00
57.01	05701	TDOC CT SCAN	0.039582	50,049	1,981	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059826	1,671,339	99,990	58.00
58.01	05801	TDOC - MRI	0.043108	9,060	391	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.099927	8,666,535	866,021	59.00
60.00	06000	LABORATORY	0.104690	30,741,046	3,218,280	60.00
64.00	06400	INTRAVENOUS THERAPY	0.259896	906,099	235,492	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.523057	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.165786	11,618,866	1,926,245	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.713488	13,045	9,307	65.01
66.00	06600	PHYSICAL THERAPY	0.345081	2,680,461	924,976	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404754	2,059,174	833,459	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.495364	266	132	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.267342	1,168,169	312,301	67.00
68.00	06800	SPEECH PATHOLOGY	0.274267	305,995	83,924	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078894	8,969,524	707,642	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070167	97,067	6,811	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121836	317,664	38,703	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593354	249	148	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440629	1,469,844	647,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464548	19,237,407	8,936,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151895	38,701,314	5,878,536	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.367323	1,202,753	441,799	76.01
76.02	03952	CARDIAC REHAB	0.577458	576,207	332,735	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.461508	7,680	3,544	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.600603	0	0	90.00
91.00	09100	EMERGENCY	0.183179	7,160,579	1,311,668	91.00
91.01	09101	URGENT CARE CENTERS	0.352245	4,099	1,444	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	63.861266	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275957	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		185,321,957	36,629,863	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)		185,321,957		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 26-0179
Component CCN: 26-5414

Period: From 07/01/2016 To 06/30/2017

Worksheet D-3
Date/Time Prepared: 11/24/2017 11:08 am

Title XVIII | Skilled Nursing Facility | 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		34,693		30.00
31.00	03100	INTENSIVE CARE UNIT		2,603		31.00
32.00	03200	CORONARY CARE UNIT		1,401		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.299980	32,740	9,821	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.187693	20	4	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.190082	5	1	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.189585	2,728	517	50.04
51.00	05100	RECOVERY ROOM	0.234293	6,483	1,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348307	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078694	30,729	2,418	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201893	31,529	6,365	54.00
54.01	05401	TDOC RADIOLOGY	0.086995	64	6	54.01
54.02	05402	CDI RADIOLOGY	0.205488	1	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.026352	474	12	57.00
57.01	05701	TDOC CT SCAN	0.039582	3	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059826	7	0	58.00
58.01	05801	TDOC - MRI	0.043108	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.099927	8,081	808	59.00
60.00	06000	LABORATORY	0.104690	286,489	29,993	60.00
64.00	06400	INTRAVENOUS THERAPY	0.259896	1,522	396	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.523057	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.165786	13,249	2,196	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.713488	220	157	65.01
66.00	06600	PHYSICAL THERAPY	0.345081	1,084,417	374,212	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404754	1,029,432	416,667	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.495364	108	53	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.267342	711,035	190,090	67.00
68.00	06800	SPEECH PATHOLOGY	0.274267	179,651	49,272	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078894	11,836	934	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070167	160	11	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121836	17	2	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593354	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440629	21,785	9,599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464548	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151895	1,686,391	256,154	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.367323	1,164	428	76.01
76.02	03952	CARDIAC REHAB	0.577458	19	11	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.461066	2	1	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.600603	0	0	90.00
91.00	09100	EMERGENCY	0.176898	122	22	91.00
91.01	09101	URGENT CARE CENTERS	0.352245	17	6	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	63.861266	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275957	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,140,500	1,351,675	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)		5,140,500		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/24/2017 11:08 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,959,756		30.00
31.00	03100	INTENSIVE CARE UNIT		443,593		31.00
32.00	03200	CORONARY CARE UNIT		162,366		32.00
43.00	04300	NURSERY		1,099,903		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.299980	343,127	102,931	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.187693	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.190082	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.189585	71,956	13,642	50.04
51.00	05100	RECOVERY ROOM	0.234293	30,821	7,221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348307	622,585	216,851	52.00
53.00	05300	ANESTHESIOLOGY	0.078694	75,741	5,960	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201893	274,627	55,445	54.00
54.01	05401	TDOC RADIOLOGY	0.086995	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.205488	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.026352	413,105	10,886	57.00
57.01	05701	TDOC CT SCAN	0.039582	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059826	121,688	7,280	58.00
58.01	05801	TDOC - MRI	0.043108	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.099927	374,678	37,440	59.00
60.00	06000	LABORATORY	0.104690	1,730,879	181,206	60.00
64.00	06400	INTRAVENOUS THERAPY	0.259896	26,177	6,803	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.523057	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.165786	429,950	71,280	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.713488	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.345081	53,090	18,320	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404754	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.495364	357	177	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.267342	29,902	7,994	67.00
68.00	06800	SPEECH PATHOLOGY	0.274267	16,742	4,592	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078894	318,344	25,115	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070167	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121836	14,067	1,714	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593354	572	339	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440629	514,129	226,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464548	205,131	95,293	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151895	2,146,984	326,116	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.367323	56,569	20,779	76.01
76.02	03952	CARDIAC REHAB	0.577458	14,022	8,097	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.461066	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.600603	0	0	90.00
91.00	09100	EMERGENCY	0.176898	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.352245	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	63.861266	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275957	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,885,243	1,452,021	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)		7,885,243		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 26-0179
Component CCN: 26-5414

Period: From 07/01/2016 To 06/30/2017

Worksheet D-3
Date/Time Prepared: 11/24/2017 11:08 am

Title XIX | Skilled Nursing Facility | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.299980	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.187693	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.190082	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.189585	0	0	50.04
51.00	05100	RECOVERY ROOM	0.234293	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348307	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078694	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201893	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.086995	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.205488	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.026352	0	0	57.00
57.01	05701	TDOC CT SCAN	0.039582	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059826	0	0	58.00
58.01	05801	TDOC - MRI	0.043108	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.099927	0	0	59.00
60.00	06000	LABORATORY	0.104690	20	2	60.00
64.00	06400	INTRAVENOUS THERAPY	0.259896	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.523057	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.165786	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.713488	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.345081	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404754	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.495364	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.267342	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.274267	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078894	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070167	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121836	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593354	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440629	3,656	1,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.464548	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151895	261	40	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.367323	0	0	76.01
76.02	03952	CARDIAC REHAB	0.577458	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.461066	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.600603	0	0	90.00
91.00	09100	EMERGENCY	0.176898	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.352245	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	63.861266	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275957	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,937	1,653	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)		3,937		202.00

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		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)	13,969,034	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	41,907,103	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)	1,953,839	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	20,715,322	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	375.51	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)	40.04	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)	2.33	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 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 section 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)	37.71	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	38.99	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)	37.71	12.00
13.00	Total allowable FTE count for the prior year.	37.71	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.	37.71	14.00
15.00	Sum of lines 12 through 14 divided by 3.	37.71	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	37.71	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.100423	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.100975	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.100423	21.00
22.00	IME payment adjustment (see instructions)	2,980,880	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	1,105,121	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	1.28	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	2,980,880	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,105,121	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	1.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)	3.33	31.00
32.00	Sum of lines 30 and 31	4.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)	0.00	33.00
34.00	Disproportionate share adjustment (see instructions)	0	34.00

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		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	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)	60,810,856		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)	61,915,977	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,029,536	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).	1,586,828	52.00
53.00	Nursing and Allied Health Managed Care payment	182,582	53.00
54.00	Special add-on payments for new technologies	0	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	85,112	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	135,455	58.00
59.00	Total (sum of amounts on lines 49 through 58)	68,935,490	59.00
60.00	Primary payer payments	48,681	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	68,886,809	61.00
62.00	Deductibles billed to program beneficiaries	5,786,127	62.00
63.00	Coinsurance billed to program beneficiaries	194,985	63.00
64.00	Allowable bad debts (see instructions)	550,645	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	357,919	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	341,439	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	63,263,616	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 DEMONSTRATION PROJECT	0	70.50
70.88	SCH or MDH volume decrease adjustment	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)	716,441	70.93
70.94	HRR adjustment amount (see instructions)	0	70.94
70.95	Recovery of accelerated depreciation	0	70.95

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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		63,980,057	71.00
71.01	Sequestration adjustment (see instructions)		1,279,601	71.01
72.00	Interim payments		62,657,877	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, 72, and 73)		42,579	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	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	1.0070075112	1.0147078620	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	1.0000	1.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet DSH | Date/Time Prepared: 11/24/2017 11:08 am

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		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.24	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	3.33	0.00			3.33	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	4.57	0.00			3.33	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	375.51	0.00			375.51	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.24	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	953	0			953	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	19	0			19	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,191	0			1,191	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,163	0			2,163	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	63,821	0			63,821	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,138	0			1,138	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	64,959	0			64,959	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	3.33	0.00			3.33	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet DSH Date/Time Prepared: 11/24/2017 11:08 am
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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	9.28		0.00	True	29.00
30.00	Line 28 or 29 as applicable		9.28		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet DSH Date/Time Prepared: 11/24/2017 11:08 am
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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	10.09		29.00
30.00	Line 28 or 29 as applicable	10.09		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/24/2017 11:08 am
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	57,011	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	48,936,949	2.00
3.00	PPS payments	49,024,847	3.00
4.00	Outlier payment (see instructions)	45,962	4.00
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 line 3 plus line 4 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	52,610	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	57,011	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	250,114	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)	250,114	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	250,114	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	193,103	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 (line 11 minus line 20) (for CAH see instructions)	57,011	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, 8 and 9)	49,123,419	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	307	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	9,192,958	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)	39,987,165	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,085,166	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)	41,072,331	30.00
31.00	Primary payer payments	18,542	31.00
32.00	Subtotal (line 30 minus line 31)	41,053,789	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)	423,666	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	275,383	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	152,620	36.00
37.00	Subtotal (see instructions)	41,329,172	37.00
38.00	MSP-LCC reconciliation amount from PS&R	566	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	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)	41,328,606	40.00
40.01	Sequestration adjustment (see instructions)	826,572	40.01
41.00	Interim payments	40,424,805	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	77,229	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
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	985	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	985	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	3,555	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)	3,555	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	3,555	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,570	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 (line 11 minus line 20) (for CAH see instructions)	985	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, 8 and 9)	0	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)		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)	985	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)	985	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	985	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)	985	37.00
38.00	MSP-LCC reconciliation amount from PS&R		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	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)	985	40.00
40.01	Sequestration adjustment (see instructions)	20	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	965	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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/24/2017 11:08 am
	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		62,657,877		40,424,805	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		62,657,877		40,424,805	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		42,579		77,229	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		62,700,456		40,502,034	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: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Skilled Nursing Facility	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,981,093		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,981,093		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		37,093		965	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,018,186		965	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: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/24/2017 11:08 am
	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	14,024	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	28,573	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	10,177	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	58,315	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,374,611,723	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	11,647,191	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VI Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Skilled Nursing Facility	PPS

			1.00
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	3,557,024	1.00
2.00	Routine service other pass through costs	25,760	2.00
3.00	Ancillary service other pass through costs	5,902	3.00
4.00	Subtotal (sum of lines 1 through 3)	3,588,686	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	515,092	7.00
8.00	Allowable bad debts (see instructions)	9,520	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	6,188	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	3,079,782	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions	3,079,782	15.00
15.01	Sequestration adjustment (see instructions)	61,596	15.01
16.00	Interim payments	2,981,093	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	37,093	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2017 11:08 am
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	2,563,154		1.00
2.00	Medical and other services		2,457,973	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,563,154	2,457,973	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,563,154	2,457,973	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	7,885,243	10,564,291	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	7,885,243	10,564,291	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	7,885,243	10,564,291	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	5,322,089	8,106,318	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	2,563,154	2,457,973	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	2,563,154	2,457,973	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,563,154	2,457,973	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	2,563,154	2,457,973	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	2,563,154	2,457,973	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	134,685		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,697,839	2,457,973	40.00
41.00	Interim payments	1,936,998	2,037,534	41.00
42.00	Balance due provider/program (line 40 minus line 41)	760,841	420,439	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2017 11:08 am
	Title XIX	Skilled Nursing Facility	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	103,896		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	103,896	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	103,896	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	3,937	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	3,937	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	3,937	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	99,959	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	3,937	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	3,937	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	99,959	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	3,937	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,937	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	3,937	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,937	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	3,937	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/24/2017 11:08 am
	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.			39.33	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			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	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			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.99	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	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.	38.90	0.00	38.90	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.	37.43	0.00	37.43	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	37.43	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.46	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.26	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	37.38	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	37.38	0.00		17.00
18.00	Per resident amount	113,899.49	107,852.77		18.00
19.00	Approved amount for resident costs	4,257,563	0	4,257,563	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.47	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			103,878.77	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,257,563	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	28,573	10,177		26.00
27.00	Total Inpatient Days (see instructions)	59,453	59,453		27.00
28.00	Ratio of inpatient days to total inpatient days	0.480598	0.171177		28.00
29.00	Program direct GME amount	2,046,176	728,797		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		102,979		30.00
31.00	Net Program direct GME amount			2,671,994	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/24/2017 11:08 am
	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)	0	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)	71,749,078	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	48,681	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	71,700,397	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	49,051,505	42.00
43.00	Primary payer payments (see instructions)	18,542	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	49,032,963	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	120,733,360	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.593874	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.406126	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	2,671,994	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,586,828	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	1,085,166	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/24/2017 11:08 am
	Title XIX	Hospital	Cost

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	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			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	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			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.99	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	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.	38.90	0.00	38.90	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.	37.43	0.00	37.43	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	37.43	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.46	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.26	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	37.38	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	37.38	0.00		17.00
18.00	Per resident amount	113,899.49	107,852.77		18.00
19.00	Approved amount for resident costs	4,257,563	0	4,257,563	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.47	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			103,878.77	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,257,563	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	858	1,191		26.00
27.00	Total Inpatient Days (see instructions)	59,453	59,453		27.00
28.00	Ratio of inpatient days to total inpatient days	0.014432	0.020033		28.00
29.00	Program direct GME amount	61,445	85,292		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		12,052		30.00
31.00	Net Program direct GME amount			134,685	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/24/2017 11:08 am
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	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)	0	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	134,685	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 26-0179

Period: From 07/01/2016 To 06/30/2017

Worksheet G

Date/Time Prepared: 11/24/2017 11:08 am

		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	59,487,403	0	0	0	1.00
2.00	Temporary investments	16,576,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	128,668,628	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-81,324,500	0	0	0	6.00
7.00	Inventory	6,700,216	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,701,170	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)	137,808,917	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,267,851	0	0	0	12.00
13.00	Land improvements	13,064,886	0	0	0	13.00
14.00	Accumulated depreciation	-7,277,655	0	0	0	14.00
15.00	Buildings	349,530,183	0	0	0	15.00
16.00	Accumulated depreciation	-202,398,675	0	0	0	16.00
17.00	Leasehold improvements	11,835,780	0	0	0	17.00
18.00	Accumulated depreciation	-6,376,676	0	0	0	18.00
19.00	Fixed equipment	620,195	0	0	0	19.00
20.00	Accumulated depreciation	-555,547	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	235,068,080	0	0	0	23.00
24.00	Accumulated depreciation	-186,334,645	0	0	0	24.00
25.00	Minor equipment depreciable	402,590	0	0	0	25.00
26.00	Accumulated depreciation	-402,590	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)	224,443,777	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	272,952,522	10,323,065	18,981,791	29,240	34.00
35.00	Total other assets (sum of lines 31-34)	272,952,522	10,323,065	18,981,791	29,240	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	635,205,216	10,323,065	18,981,791	29,240	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	8,662,873	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,816,755	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,402,775	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,129,275	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	54,011,678	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	89,369,934	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	29,649,798	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	119,019,732	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	173,031,410	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	462,173,806				52.00
53.00	Specific purpose fund		10,323,065			53.00
54.00	Donor created - endowment fund balance - restricted			18,981,791		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				29,240	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	462,173,806	10,323,065	18,981,791	29,240	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	635,205,216	10,323,065	18,981,791	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-1 | Date/Time Prepared: 11/24/2017 11:08 am

		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		399,544,104		5,400,375		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		29,245,702				2.00
3.00	Total (sum of line 1 and line 2)		428,789,806		5,400,375		3.00
4.00	ADDITIONS	33,384,000		7,591,134		781,510	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		33,384,000		7,591,134		10.00
11.00	Subtotal (line 3 plus line 10)		462,173,806		12,991,509		11.00
12.00	DEDUCTIONS	0		-2,668,444		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		-2,668,444		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		462,173,806		15,659,953		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	18,200,281		29,240		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)	18,200,281		29,240		3.00
4.00	ADDITIONS		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)	781,510		0		10.00
11.00	Subtotal (line 3 plus line 10)	18,981,791		29,240		11.00
12.00	DEDUCTIONS		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)	18,981,791		29,240		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/24/2017 11:08 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	85,166,438		85,166,438	1.00
2.00	SUBPROVIDER - IPF				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	3,934,560		3,934,560	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	6,033,276		6,033,276	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	95,134,274		95,134,274	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	11,740,938		11,740,938	11.00
12.00	CORONARY CARE UNIT	11,066,544		11,066,544	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,807,482		22,807,482	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	117,941,756		117,941,756	17.00
18.00	Ancillary services	395,263,444	850,617,510	1,245,880,954	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		6,088,956	6,088,956	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	0	4,684,220	4,684,220	26.00
27.00	MEDICAL GROUP	0	120,455,483	120,455,483	27.00
27.01	NON-REIMB/PRO FEES	0	16,071,817	16,071,817	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	513,205,200	997,917,986	1,511,123,186	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		417,852,449		29.00
30.00	MEDICAL GROUP EXPENSE	72,183,096			30.00
31.00	FRA EXPENSE	22,476,781			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)		94,659,877		36.00
37.00	MISCELLANEOUS	1,326			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)		1,326		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		512,511,000		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet G-3 Date/Time Prepared: 11/24/2017 11:08 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,511,123,186	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,017,648,186	2.00
3.00	Net patient revenues (line 1 minus line 2)	493,475,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	512,511,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-19,036,000	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	15,139,090	6.00
7.00	Income from investments	7,067,073	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,800,484	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	9,373	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	276,427	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	9,945,206	22.00
23.00	Governmental appropriations	0	23.00
24.00	JOINT VENTURE REVENUE	3,101,914	24.00
24.01	OTHER OPERATING	731,767	24.01
24.02	RETAIL PHARMACY	6,654,340	24.02
24.03	MEDICAL GROUP OTHER INCOME	6,817,784	24.03
24.04	ASSETS RELEASED FROM RESTRICTIONS	499,996	24.04
24.05	RETIRED DEBT	288,342	24.05
25.00	Total other income (sum of lines 6-24)	52,331,796	25.00
26.00	Total (line 5 plus line 25)	33,295,796	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
27.01	LOSS ON SALE OF ASSETS, NET	50,098	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	4,050,094	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,245,702	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period: From 07/01/2016 To 06/30/2017

Worksheet H
Date/Time Prepared: 11/24/2017 11:08 am

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	732,101	183,025	9,189	0	256,482	1,180,797	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,308,707	327,177	75,139	0	0	1,711,023	6.00
7.00	Physical Therapy	990,549	247,637	53,621	0	0	1,291,807	7.00
8.00	Occupational Therapy	332,302	83,076	23,761	0	0	439,139	8.00
9.00	Speech Pathology	30,723	7,681	2,808	0	0	41,212	9.00
10.00	Medical Social Services	102,417	25,604	2,809	0	0	130,830	10.00
11.00	Home Health Aide	29,133	7,283	5,582	0	0	41,998	11.00
12.00	Supplies (see instructions)	0	0	0	0	77,581	77,581	12.00
13.00	Drugs	0	0	0	0	2,500	2,500	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,525,932	881,483	172,909	0	336,563	4,916,887	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-227,568	953,229	-33,050	920,179			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-327,177	1,383,846	0	1,383,846			6.00
7.00	Physical Therapy	-247,637	1,044,170	0	1,044,170			7.00
8.00	Occupational Therapy	-83,076	356,063	0	356,063			8.00
9.00	Speech Pathology	-7,681	33,531	0	33,531			9.00
10.00	Medical Social Services	-25,604	105,226	0	105,226			10.00
11.00	Home Health Aide	-7,283	34,715	0	34,715			11.00
12.00	Supplies (see instructions)	0	77,581	0	77,581			12.00
13.00	Drugs	0	2,500	0	2,500			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-926,026	3,990,861	-33,050	3,957,811			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 26-0179
HHA CCN: 26-7561

Period: From 07/01/2016 To 06/30/2017

Worksheet H-1 Part I
Date/Time Prepared: 11/24/2017 11:08 am

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	920,179	0	0	0	0	920,179	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,383,846	0	0	0	0	1,383,846	6.00
7.00	Physical Therapy	1,044,170	0	0	0	0	1,044,170	7.00
8.00	Occupational Therapy	356,063	0	0	0	0	356,063	8.00
9.00	Speech Pathology	33,531	0	0	0	0	33,531	9.00
10.00	Medical Social Services	105,226	0	0	0	0	105,226	10.00
11.00	Home Health Aide	34,715	0	0	0	0	34,715	11.00
12.00	Supplies (see instructions)	77,581	0	0	0	0	77,581	12.00
13.00	Drugs	2,500	0	0	0		2,500	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,957,811	0	0	0	0	3,957,811	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	920,179		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	419,205	1,803,051	6.00
7.00	Physical Therapy	316,306	1,360,476	7.00
8.00	Occupational Therapy	107,861	463,924	8.00
9.00	Speech Pathology	10,157	43,688	9.00
10.00	Medical Social Services	31,876	137,102	10.00
11.00	Home Health Aide	10,516	45,231	11.00
12.00	Supplies (see instructions)	23,501	101,082	12.00
13.00	Drugs	757	3,257	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		3,957,811	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-1
Part II
Date/Time Prepared:
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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	1,293				0		1.00
2.00	Capital Related - Movable Equipment		1,293			0		2.00
3.00	Plant Operation & Maintenance	0	0	1,293		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	804	804	804	0	-920,179	3,037,632	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	247	247	247	0	0	1,383,846	6.00
7.00	Physical Therapy	147	147	147	0	0	1,044,170	7.00
8.00	Occupational Therapy	53	53	53	0	0	356,063	8.00
9.00	Speech Pathology	5	5	5	0	0	33,531	9.00
10.00	Medical Social Services	25	25	25	0	0	105,226	10.00
11.00	Home Health Aide	12	12	12	0	0	34,715	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	77,581	12.00
13.00	Drugs	0	0	0		0	2,500	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,293	1,293	1,293	0	-920,179	3,037,632	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		920,179	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.302926	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period: From 07/01/2016 To 06/30/2017

Worksheet H-2 Part I
Date/Time Prepared: 11/24/2017 11:08 am

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		0	1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	0	12,631	15,749	0	188,045	4,438	1.00
2.00	Skilled Nursing Care	1,803,051	4,305	5,367	0	357,926	8,878	2.00
3.00	Physical Therapy	1,360,476	2,545	3,173	0	270,912	4,779	3.00
4.00	Occupational Therapy	463,924	911	1,136	0	90,884	2,048	4.00
5.00	Speech Pathology	43,688	79	98	0	8,403	341	5.00
6.00	Medical Social Services	137,102	424	529	0	28,011	1,024	6.00
7.00	Home Health Aide	45,231	204	255	0	7,968	341	7.00
8.00	Supplies (see instructions)	101,082	0	0	0	0	0	8.00
9.00	Drugs	3,257	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,957,811	21,099	26,307	0	952,149	21,849	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	ADMIN & GENERAL - SURREY	
		5A.01	5.02	5.03	5.04	5A.04	5.05	
1.00	Administrative and General	220,863	0	0	0	220,863	561	1.00
2.00	Skilled Nursing Care	2,179,527	0	0	0	2,179,527	5,536	2.00
3.00	Physical Therapy	1,641,885	0	0	0	1,641,885	4,170	3.00
4.00	Occupational Therapy	558,903	0	0	0	558,903	1,420	4.00
5.00	Speech Pathology	52,609	0	0	0	52,609	134	5.00
6.00	Medical Social Services	167,090	0	0	0	167,090	424	6.00
7.00	Home Health Aide	53,999	0	0	0	53,999	137	7.00
8.00	Supplies (see instructions)	101,082	0	0	0	101,082	257	8.00
9.00	Drugs	3,257	0	0	0	3,257	8	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,979,215	0	0	0	4,979,215	12,647	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000				0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part I
Date/Time Prepared:
11/24/2017 11:08 am

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	Cost Center Description	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	6.01	6.02	8.00	
1.00	Administrative and General	221,424	32,799	25,554	1,459	0	0	1.00
2.00	Skilled Nursing Care	2,185,063	323,664	8,709	0	0	0	2.00
3.00	Physical Therapy	1,646,055	243,824	5,149	0	0	0	3.00
4.00	Occupational Therapy	560,323	82,998	1,843	0	0	0	4.00
5.00	Speech Pathology	52,743	7,813	159	0	0	0	5.00
6.00	Medical Social Services	167,514	24,813	858	0	0	0	6.00
7.00	Home Health Aide	54,136	8,019	413	0	0	0	7.00
8.00	Supplies (see instructions)	101,339	15,011	0	2,300	0	0	8.00
9.00	Drugs	3,265	484	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,991,862	739,425	42,685	3,759	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00

	Cost Center Description	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	
		8.01	9.00	9.01	10.00	10.01	11.00	
1.00	Administrative and General	0	8,217	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,801	0	0	0	0	2.00
3.00	Physical Therapy	0	1,656	0	0	0	0	3.00
4.00	Occupational Therapy	0	593	0	0	0	0	4.00
5.00	Speech Pathology	0	51	0	0	0	0	5.00
6.00	Medical Social Services	0	276	0	0	0	0	6.00
7.00	Home Health Aide	0	133	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	13,727	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I | PPS

	Cost Center Description	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
		11.01	13.00	13.01	14.00	16.00	16.01	
1.00	Administrative and General	0	0	0	6,646	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	16,650	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	23,296	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		17.00	17.01	19.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I | PPS

	Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	296,099	0	296,099		1.00
2.00	Skilled Nursing Care	0	0	2,520,237	0	2,520,237	135,223	2.00
3.00	Physical Therapy	0	0	1,896,684	0	1,896,684	101,765	3.00
4.00	Occupational Therapy	0	0	645,757	0	645,757	34,647	4.00
5.00	Speech Pathology	0	0	60,766	0	60,766	3,260	5.00
6.00	Medical Social Services	0	0	193,461	0	193,461	10,380	6.00
7.00	Home Health Aide	0	0	62,701	0	62,701	3,364	7.00
8.00	Supplies (see instructions)	0	0	135,300	0	135,300	7,259	8.00
9.00	Drugs	0	0	3,749	0	3,749	201	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	5,814,754	0	5,814,754	296,099	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.053654	21.00

	Cost Center Description	Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	2,655,460	2.00
3.00	Physical Therapy	1,998,449	3.00
4.00	Occupational Therapy	680,404	4.00
5.00	Speech Pathology	64,026	5.00
6.00	Medical Social Services	203,841	6.00
7.00	Home Health Aide	66,065	7.00
8.00	Supplies (see instructions)	142,559	8.00
9.00	Drugs	3,950	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
19.50	Telemedicine	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,814,754	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period: From 07/01/2016 To 06/30/2017

Worksheet H-2 Part II
Date/Time Prepared: 11/24/2017 11:08 am

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	Reconciliation	
		1.00	2.00	2.01	4.00	5.01	5A.02	
1.00	Administrative and General	804	804	0	687,558	13	-220,863	1.00
2.00	Skilled Nursing Care	274	274	0	1,308,707	26	-2,179,527	2.00
3.00	Physical Therapy	162	162	0	990,549	14	-1,641,885	3.00
4.00	Occupational Therapy	58	58	0	332,302	6	-558,903	4.00
5.00	Speech Pathology	5	5	0	30,723	1	-52,609	5.00
6.00	Medical Social Services	27	27	0	102,417	3	-167,090	6.00
7.00	Home Health Aide	13	13	0	29,133	1	-53,999	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	-101,082	8.00
9.00	Drugs	0	0	0	0	0	-3,257	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,343	1,343	0	3,481,389	64		20.00
21.00	Total cost to be allocated	21,099	26,307	0	952,149	21,849		21.00
22.00	Unit cost multiplier	15.710350	19.588235	0.000000	0.273497	341.390625		22.00

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	
		5.02	5.03	5.04	5A.05	5.05	5A.06	
1.00	Administrative and General	0	0	0	0	220,863	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,179,527	0	2.00
3.00	Physical Therapy	0	0	0	0	1,641,885	0	3.00
4.00	Occupational Therapy	0	0	0	0	558,903	0	4.00
5.00	Speech Pathology	0	0	0	0	52,609	0	5.00
6.00	Medical Social Services	0	0	0	0	167,090	0	6.00
7.00	Home Health Aide	0	0	0	0	53,999	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	101,082	0	8.00
9.00	Drugs	0	0	0	0	3,257	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0		4,979,215		20.00
21.00	Total cost to be allocated	0	0	0		12,647		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.002540		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period: From 07/01/2016 To 06/30/2017

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	Cost Center Description	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	
		5.06	6.00	6.01	6.02	8.00	8.01	
1.00	Administrative and General	221,424	804	49,220	0	0	0	1.00
2.00	Skilled Nursing Care	2,185,063	274	0	0	0	0	2.00
3.00	Physical Therapy	1,646,055	162	0	0	0	0	3.00
4.00	Occupational Therapy	560,323	58	0	0	0	0	4.00
5.00	Speech Pathology	52,743	5	0	0	0	0	5.00
6.00	Medical Social Services	167,514	27	0	0	0	0	6.00
7.00	Home Health Aide	54,136	13	0	0	0	0	7.00
8.00	Supplies (see instructions)	101,339	0	77,581	0	0	0	8.00
9.00	Drugs	3,265	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,991,862	1,343	126,801	0	0	0	20.00
21.00	Total cost to be allocated	739,425	42,685	3,759	0	0	0	21.00
22.00	Unit cost multiplier	0.148126	31.783321	0.029645	0.000000	0.000000	0.000000	22.00

	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	
		9.00	9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	804	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	274	0	0	0	0	0	2.00
3.00	Physical Therapy	162	0	0	0	0	0	3.00
4.00	Occupational Therapy	58	0	0	0	0	0	4.00
5.00	Speech Pathology	5	0	0	0	0	0	5.00
6.00	Medical Social Services	27	0	0	0	0	0	6.00
7.00	Home Health Aide	13	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,343	0	0	0	0	0	20.00
21.00	Total cost to be allocated	13,727	0	0	0	0	0	21.00
22.00	Unit cost multiplier	10.221147	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period: From 07/01/2016 To 06/30/2017

Worksheet H-2 Part II
Date/Time Prepared: 11/24/2017 11:08 am

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	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	0	30,970	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	77,581	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	108,551	0	0	0	20.00
21.00	Total cost to be allocated	0	0	23,296	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.214609	0.000000	0.000000	0.000000	22.00

	Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		17.01	19.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2016 To 06/30/2017	Worksheet H-2 Part II Date/Time Prepared: 11/24/2017 11:08 am
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	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0179
HHA CCN: 26-7561

Period: From 07/01/2016 To 06/30/2017

Worksheet H-3 Part I
Date/Time Prepared: 11/24/2017 11:08 am

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,655,460		2,655,460	16,724	158.78	1.00
2.00	Physical Therapy	3.00	1,998,449	0	1,998,449	12,668	157.76	2.00
3.00	Occupational Therapy	4.00	680,404	0	680,404	4,227	160.97	3.00
4.00	Speech Pathology	5.00	64,026	0	64,026	452	141.65	4.00
5.00	Medical Social Services	6.00	203,841		203,841	350	582.40	5.00
6.00	Home Health Aide	7.00	66,065		66,065	899	73.49	6.00
7.00	Total (sum of lines 1-6)		5,668,245	0	5,668,245	35,320		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	9,122			8.00
9.00	Physical Therapy		41180	0	6,491			9.00
10.00	Occupational Therapy		41180	0	2,466			10.00
11.00	Speech Pathology		41180	0	244			11.00
12.00	Medical Social Services		41180	0	216			12.00
13.00	Home Health Aide		41180	0	529			13.00
14.00	Total (sum of lines 8-13)			0	19,068			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	142,559	0	142,559	47,628	2.993176	15.00
16.00	Cost of Drugs	9.00	3,950	0	3,950	1,850	2.135135	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	9,122		0	1,448,391		1.00
2.00	Physical Therapy	0	6,491		0	1,024,020		2.00
3.00	Occupational Therapy	0	2,466		0	396,952		3.00
4.00	Speech Pathology	0	244		0	34,563		4.00
5.00	Medical Social Services	0	216		0	125,798		5.00
6.00	Home Health Aide	0	529		0	38,876		6.00
7.00	Total (sum of lines 1-6)	0	19,068		0	3,068,600		7.00

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part I Date/Time Prepared: 11/24/2017 11:08 am
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	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	47,628	0	0	142,559	0	15.00
16.00	Cost of Drugs		950	900		2,028	1,922	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)						
		12.00						
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,448,391						1.00
2.00	Physical Therapy	1,024,020						2.00
3.00	Occupational Therapy	396,952						3.00
4.00	Speech Pathology	34,563						4.00
5.00	Medical Social Services	125,798						5.00
6.00	Home Health Aide	38,876						6.00
7.00	Total (sum of lines 1-6)	3,068,600						7.00
	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part II Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.345081	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.404754	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.495364	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.267342	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.274267	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.440629	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.151895	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2016 To 06/30/2017	Worksheet H-4 Part I-II Date/Time Prepared: 11/24/2017 11:08 am
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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	2,028	1,922	1.00
2.00	Total charges	0	3,327,118	900	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	3,327,118	900	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	3,325,090	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	1,022	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	3,950	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	3,509,754	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	133,177	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	89,405	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	78,409	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	29,130	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	6,209	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	3,850,034	22.00
23.00	Excess reasonable cost (from line 8)	0	1,022	23.00
24.00	Subtotal (line 22 minus line 23)	0	3,849,012	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	3,849,012	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	3,849,012	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	3,849,012	31.00
31.01	Sequestration adjustment (see instructions)	0	76,922	31.01
32.00	Interim payments (see instructions)	0	3,769,163	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	2,927	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2016 To 06/30/2017	Worksheet H-5 Date/Time Prepared: 11/24/2017 11:08 am
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		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		0		3,769,163	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,769,163	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		2,927	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,772,090	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

Worksheet O
Date/Time Prepared: 11/24/2017 11:08 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1	1	0	1	3.00
4.00	ADMINISTRATIVE & GENERAL*	297,707	953,293	1,251,000	-186,783	1,064,217	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	1	1	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	1	1	0	1	13.00
14.00	PHARMACY*	0	1	1	0	1	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	774,345	36,453	810,798	0	810,798	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	419	0	419	0	419	30.00
31.00	OCCUPATIONAL THERAPY**	234	0	234	0	234	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	102	20	122	0	122	32.00
33.00	MEDICAL SOCIAL SERVICES**	121,523	8,285	129,808	0	129,808	33.00
34.00	SPIRITUAL COUNSELING**	55,873	0	55,873	0	55,873	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	68,111	14,383	82,494	0	82,494	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	1	1	0	1	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,318,314	1,012,440	2,330,754	-186,783	2,143,971	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

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Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1	3.00
4.00	ADMINISTRATIVE & GENERAL*	-25,089	1,039,128	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	1	13.00
14.00	PHARMACY*	0	1	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	810,798	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	419	30.00
31.00	OCCUPATIONAL THERAPY**	0	234	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	122	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	129,808	33.00
34.00	SPIRITUAL COUNSELING**	0	55,873	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	82,494	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	1	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
	NONREIMBURSABLE COST CENTERS			
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-25,089	2,118,882	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

Worksheet O-1
Date/Time Prepared: 11/24/2017 11:08 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	1	1	0	1	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	1	1	0	1	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

Worksheet O-2
Date/Time Prepared: 11/24/2017 11:08 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	774,345	36,450	810,795	0	810,795	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	419	0	419	0	419	30.00
31.00	OCCUPATIONAL THERAPY	234	0	234	0	234	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	102	20	122	0	122	32.00
33.00	MEDICAL SOCIAL SERVICES	121,523	8,285	129,808	0	129,808	33.00
34.00	SPIRITUAL COUNSELING	55,873	0	55,873	0	55,873	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	68,111	14,383	82,494	0	82,494	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1	1	0	1	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,020,607	59,140	1,079,747	0	1,079,747	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	810,795		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	419		30.00
31.00	OCCUPATIONAL THERAPY	0	234		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	122		32.00
33.00	MEDICAL SOCIAL SERVICES	0	129,808		33.00
34.00	SPIRITUAL COUNSELING	0	55,873		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	82,494		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	1		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,079,747		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPITE CARE

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

Worksheet O-3
Date/Time Prepared: 11/24/2017 11:08 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	1	1	0	1	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	1	1	0	1	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

Worksheet O-4
Date/Time Prepared: 11/24/2017 11:08 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	1	1	0	1	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	1	1	0	1	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

Worksheet O-5
Date/Time Prepared: 11/24/2017 11:08 am

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	7,431	7,431	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,265	9,265	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1	355,839	355,840	3.00
4.00	ADMINISTRATIVE & GENERAL	1,039,128	391,634	1,430,762	4.00
5.00	PLANT OPERATION & MAINTENANCE	1	18,209	18,210	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	4,835	4,835	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	21,252	21,252	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1		1	13.00
14.00	PHARMACY	1	0	1	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	1		1	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,079,747		1,079,747	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1		1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1		1	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	2,118,882	808,465	2,927,347	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period:
From 07/01/2016
To 06/30/2017

Worksheet O-6
Part I
Date/Time Prepared:
11/24/2017 11:08 am

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	7,431	7,431				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,265		9,265			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	355,840	0	0	355,840		3.00
4.00	ADMINISTRATIVE & GENERAL	1,430,762	7,431	9,265	355,840	1,803,298	4.00
5.00	PLANT OPERATION & MAINTENANCE	18,210	0	0	0	18,210	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	4,835	0	0	0	4,835	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	21,252	0	0	0	21,252	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0	0	0	1	13.00
14.00	PHARMACY	1	0	0	0	1	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1			0	1	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,079,747			0	1,079,747	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1	0	0	0	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1	0	0	0	1	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	2,927,347	7,431	9,265	355,840	2,927,347	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179
Hospice CCN: 26-1627

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	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	1,803,298					4.00
5.00	PLANT OPERATION & MAINTENANCE	29,214	47,424				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	7,757	0		12,592		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	34,094	0		0		10.00
11.00	MEDICAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	2	0		0		13.00
14.00	PHARMACY	2	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	2					50.00
51.00	HOSPICE ROUTINE HOME CARE	1,732,223					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2	29,271	0	7,772	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2	18,153	0	4,820	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,803,298	47,424	0	12,592	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	55,346				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	3	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	2	0	0	1	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	54,842	0	0	2	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	310	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	192	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	55,346	0	0	3	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	3					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1	0	0		7	50.00
51.00	HOSPICE ROUTINE HOME CARE	2	0	0		2,866,816	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	37,356	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	23,168	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	3	0	0	0	2,927,347	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

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	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	473					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		473				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,301,070			3.00
4.00	ADMINISTRATIVE & GENERAL	473	473	1,301,070	-1,803,298	1,124,049	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	18,210	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	4,835	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	21,252	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	1	13.00
14.00	PHARMACY	0	0	0	0	1	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	1	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,079,747	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	1	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	7,431	9,265	355,840		1,803,298	100.00
101.00	UNIT COST MULTIPLIER	15.710359	19.587738	0.273498		1.604288	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 26-0179
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	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	209					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		209			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		23,023	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					1	50.00
51.00	HOSPICE ROUTINE HOME CARE					22,813	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	129	0	129	0	129	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	80	0	80	0	80	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	47,424	0	12,592	0	0	100.00
101.00	UNIT COST MULTIPLIER	226.909091	0.000000	60.248804	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

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	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	23,023					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2		13.00
14.00	PHARMACY			0	0	2	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1	0	0	1	1	50.00
51.00	HOSPICE ROUTINE HOME CARE	22,813	0	0	1	1	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	129	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	80	0	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	55,346	0	0	3	3	100.00
101.00	UNIT COST MULTIPLIER	2.403944	0.000000	0.000000	1.500000	1.500000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

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	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

Worksheet O-7
Date/Time Prepared: 11/24/2017 11:08 am

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.345081	0	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.404754	0	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.495364	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.267342	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.274267	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.151895	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.104690	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.440629	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	76.00	0.000000	0	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	76.01	0.367323	0	0	0	10.01
10.02	CARDIAC REHAB	76.02	0.577458	0	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.461066	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	10.01
10.02	CARDIAC REHAB	0	0	0	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 26-0179
Hospice CCN: 26-1627

Period: From 07/01/2016 To 06/30/2017

Worksheet O-8
Date/Time Prepared: 11/24/2017 11:08 am

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			7	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			1	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			7.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			2,866,816	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			22,813	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			125.67	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	21,404	33		9.00
10.00	Program cost (line 8 times line 9)	2,689,841	4,147		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			37,356	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			129	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			289.58	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	129	0		14.00
15.00	Program cost (line 13 times line 14)	37,356	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			23,168	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			80	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			289.60	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	80	0		19.00
20.00	Program cost (line 18 times line 19)	23,168	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,927,347	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			23,023	22.00
23.00	Average cost per diem (line 21 divided by line 22)			127.15	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 26-0179	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/24/2017 11:08 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,478,693	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	206,879	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)	162.88	3.00
4.00	Number of interns & residents (see instructions)	37.71	4.00
5.00	Indirect medical education percentage (see instructions)	6.75	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)	302,312	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.24	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	3.33	8.00
9.00	Sum of lines 7 and 8	4.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.93	10.00
11.00	Disproportionate share adjustment (see instructions)	41,652	11.00
12.00	Total prospective capital payments (see instructions)	5,029,536	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