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 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/29/2018 9:00 am

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 11/29/2018 Time: 9:00 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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LUKE'S HOSPITAL (26-0179) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII 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	15,362	63,515	0	1,274,565	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	40,120	-104		28	7.00
9.00	HOME HEALTH AGENCY I	0	0	-724		0	9.00
200.00	Total	0	55,482	62,687	0	1,274,593	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 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:58 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: ST. LOUIS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	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)	07/01/2017	06/30/2018	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.	838	0	65	0	912	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 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:58 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)(i) or (ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	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(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.02

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:58 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:58 am

		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	0.82	40.05	0.020064	65.00

		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 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	0.82	40.05	0.020064	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 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:58 am

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		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
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:58 am

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	536,909	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 healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:58 am

	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.			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

		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)	07/01/2017	06/30/2018	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 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 8:58 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	11/28/2018	Y	11/28/2018	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 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 8:58 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 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 8:58 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 07/01/2017 To 06/30/2018	Worksheet S-2 Part IX Date/Time Prepared: 11/29/2018 8:58 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. (see S-2, Part I, line 98)	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. (see S-2, Part I, line 98.01)	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. (see S-2, Part I, line 98.02)	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. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	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. (see S-2, Part I, line 98.05)	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. (see S-2, Part I, line 98.06)	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 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2018 8:58 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	374	130,866	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)		374	130,866	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)		408	143,276	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	23,896			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)		548				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2018 8:58 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)	27,643	704	54,919			1.00
2.00	HMO and other (see instructions)	11,225	912				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)	27,643	704	54,919			7.00
8.00	INTENSIVE CARE UNIT	1,847	39	3,401			8.00
9.00	CORONARY CARE UNIT	1,501	90	2,993			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		70	4,968			13.00
14.00	Total (see instructions)	30,991	903	66,281	40.04	2,493.25	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	7,493	150	13,977	0.01	45.40	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			21,271	0.00	42.56	21.00
22.00	HOME HEALTH AGENCY	17,316	274	34,217	0.00	50.07	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	23,183	13	23,896	0.00	22.10	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)				40.05	2,653.38	27.00
28.00	Observation Bed Days		23	5,432			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	23	990			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2018 8:58 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	6,323	206	14,439	1.00
2.00	HMO and other (see instructions)			2,194	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	6,323	206	14,439	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				764	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			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 11/29/2018 8:58 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	183,925,523	566,700	184,492,223	5,519,047.38	33.43	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		2,723,780	0	2,723,780	24,486.47	111.24	4.00
4.01	Physicians - Part A - Teaching		1,658,326	0	1,658,326	18,314.73	90.55	4.01
5.00	Physician and Non Physician-Part B		18,887,835	0	18,887,835	144,867.81	130.38	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	2,355,492	0	2,355,492	89,191.00	26.41	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	2,134,586	2,316	2,136,902	94,442.00	22.63	9.00
10.00	Excluded area salaries (see instructions)		13,054,993	510,897	13,565,890	470,821.91	28.81	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,166,832	0	2,166,832	18,448.78	117.45	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		567,713	0	567,713	5,399.10	105.15	13.00
14.00	Home office and/or related organization 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)		33,609,338	0	33,609,338			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,640,518	0	3,640,518			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		422,394	0	422,394			22.00
22.01	Physician Part A - Teaching		285,898	0	285,898			22.01
23.00	Physician Part B		2,850,472	0	2,850,472			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		540,304	0	540,304			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,770,617	437,420	2,208,037	51,007.99	43.29	26.00
27.00	Administrative & General	5.00	25,452,684	-327,298	25,125,386	657,611.27	38.21	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 11/29/2018 8:58 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		9,442,578	0	9,442,578	118,263.73	79.84	28.00
29.00	Maintenance & Repairs	6.00	2,835,541	2,550	2,838,091	103,970.56	27.30	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	111,034	199	111,233	8,119.91	13.70	31.00
32.00	Housekeeping	9.00	2,795,354	149,912	2,945,266	216,125.84	13.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,080,042	-318,759	2,761,283	173,060.20	15.96	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	448,938	749	449,687	30,548.88	14.72	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,747,836	962	1,748,798	39,241.61	44.56	38.00
39.00	Central Services and Supply	14.00	1,547,900	1,986	1,549,886	81,004.64	19.13	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	3,720,728	3,622	3,724,350	147,726.02	25.21	41.00
42.00	Social Service	17.00	290,236	222	290,458	9,061.61	32.05	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 07/01/2017
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2018 8:58 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)		170,466,448	566,700	171,033,148	5,384,937.57	31.76	1.00
2.00	Excluded area salaries (see instructions)		15,189,579	513,213	15,702,792	565,263.91	27.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)		155,276,869	53,487	155,330,356	4,819,673.66	32.23	3.00
4.00	Subtotal other wages & related costs (see inst.)		2,734,545	0	2,734,545	23,847.88	114.67	4.00
5.00	Subtotal wage-related costs (see inst.)		34,031,732	0	34,031,732	0.00	21.91	5.00
6.00	Total (sum of lines 3 thru 5)		192,043,146	53,487	192,096,633	4,843,521.54	39.66	6.00
7.00	Total overhead cost (see instructions)		53,243,488	-48,435	53,195,053	1,635,742.26	32.52	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2018 8:58 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,469,916	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)	4,791,812	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	15,939	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)	11,234,117	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	8,231,884	9.00
10.00	Dental, Hearing and Vision Plan	850,557	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	194,021	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)	480,692	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	661,162	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	12,533,019	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	76,892	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	808,912	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	41,348,923	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part V Date/Time Prepared: 11/29/2018 8:58 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	12,177,123	0	1.00
2.00	Hospital	12,177,123	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 07/01/2017 To 06/30/2018	Worksheet S-4 Date/Time Prepared: 11/29/2018 8:58 am
		Home Health Agency I	PPS

					1.00		
0.00	County				ST. LOUIS		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	1,251	2	705	1,958	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,211.00	12.00	163.00	1,386.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		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	1.46	0.00	1.46	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			9.95	0.00	9.95	5.00
6.00	Direct Nursing Service			18.24	0.00	18.24	6.00
7.00	Nursing Supervisor			1.99	0.00	1.99	7.00
8.00	Physical Therapy Service			12.12	0.00	12.12	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.62	0.02	4.64	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.30	0.01	0.31	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.03	0.00	1.03	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	6,776	793	290	320	8,179	21.00
22.00	Skilled Nursing Visit Charges	1,185,800	138,775	50,575	56,000	1,431,150	22.00
23.00	Physical Therapy Visits	5,149	230	307	263	5,949	23.00
24.00	Physical Therapy Visit Charges	901,075	40,250	53,725	46,025	1,041,075	24.00
25.00	Occupational Therapy Visits	2,059	142	42	102	2,345	25.00
26.00	Occupational Therapy Visit Charges	360,325	24,850	7,350	17,850	410,375	26.00
27.00	Speech Pathology Visits	144	16	0	6	166	27.00
28.00	Speech Pathology Visit Charges	25,200	2,800	0	1,050	29,050	28.00
29.00	Medical Social Service Visits	138	14	6	10	168	29.00
30.00	Medical Social Service Visit Charges	24,150	2,450	1,050	1,750	29,400	30.00
31.00	Home Health Aide Visits	369	125	2	13	509	31.00
32.00	Home Health Aide Visit Charges	31,365	10,625	170	1,105	43,265	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,635	1,320	647	714	17,316	33.00
34.00	Other Charges	39,438	7,613	2,362	1,983	51,396	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,567,353	227,363	115,232	125,763	3,035,711	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,144		223	59	1,426	36.00
37.00	Total Number of Outlier Episodes		37		8	45	37.00
38.00	Total Non-Routine Medical Supply Charges	39,438	7,613	2,362	1,983	51,396	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet S-7 Date/Time Prepared: 11/29/2018 8:58 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	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	12	0	12	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	603	0	603	12.00
13.00		RUB	628	0	628	13.00
14.00		RUA	1,044	0	1,044	14.00
15.00		RVC	680	0	680	15.00
16.00		RVB	865	0	865	16.00
17.00		RVA	1,524	0	1,524	17.00
18.00		RHC	487	0	487	18.00
19.00		RHB	335	0	335	19.00
20.00		RHA	305	0	305	20.00
21.00		RMC	70	0	70	21.00
22.00		RMB	39	0	39	22.00
23.00		RMA	95	0	95	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	37	0	37	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	16	0	16	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	88	0	88	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	213	0	213	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	39	0	39	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	9	0	9	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	3	0	3	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	122	0	122	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	30	0	30	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	24	0	24	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	52	0	52	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	69	0	69	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	8	0	8	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 07/01/2017 To 06/30/2018 | Worksheet S-7 Date/Time Prepared: 11/29/2018 8:58 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	15	0	15	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	5	0	5	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	15	0	15	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	47	0	47	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	9	0	9	78.00
199.00		AAA	1	0	1	199.00
200.00	TOTAL		7,493	0	7,493	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	2,134,586	54.54		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)	3,913,840			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

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

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
11/29/2018 8:58 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	0	0	10.00
11.00	Hospice Routine Home Care	23,183	13	700	23,896	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	23,183	13	700	23,896	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 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/29/2018 8:58 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)	0.255475	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,540,789	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	209,307	5.00
6.00	Medicaid charges	23,761,751	6.00
7.00	Medicaid cost (line 1 times line 6)	6,070,533	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)	1,320,437	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	543,006	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)	1,320,437	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)	11,352,820	3,783,647	15,136,467	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,900,362	3,783,647	6,684,009	21.00
22.00	Payments received from patients for amounts previously written off as charity care	184,831	406,352	591,183	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,715,531	3,377,295	6,092,826	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	7,591,000	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	632,827	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	973,580	27.01
28.00	Non-Medicare bad debt expense (see instructions)	6,617,420	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,031,338	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	8,124,164	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	9,444,601	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/29/2018 8:58 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	10,056,280	10,056,280	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		37,483,066	37,483,066	-22,741,479	14,741,587	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		518,806	518,806	41,659	560,465	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,770,617	37,819,692	39,590,309	1,950,317	41,540,626	4.00
5.01	00591	NONPATIENT TELEPHONES	441,841	63,131	504,972	358,417	863,389	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	19,730	19,730	5.03
5.04	00540	ADMITTING	1,181,139	3,220	1,184,359	1,597	1,185,956	5.04
5.05	00593	ADMIN & GENERAL - SURREY	507,370	379,791	887,161	-29,513	857,648	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	23,322,334	15,853,326	39,175,660	6,734,873	45,910,533	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,966,423	9,875,924	11,842,347	65,440	11,907,787	6.00
6.01	00601	PURCHASING	657,332	900,966	1,558,298	-1,822	1,556,476	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	211,786	427,448	639,234	-4,539	634,695	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	88,694	182,686	271,380	1,018,571	1,289,951	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	22,340	89,254	111,594	47	111,641	8.01
9.00	00900	HOUSEKEEPING	2,611,924	803,200	3,415,124	169,106	3,584,230	9.00
9.01	00901	HOUSEKEEPING - SURREY	183,430	56,972	240,402	348	240,750	9.01
10.00	01000	DIETARY	2,389,346	566,892	2,956,238	793,354	3,749,592	10.00
10.01	01001	DIETARY - SURREY	690,696	673,517	1,364,213	1,211	1,365,424	10.01
11.00	01100	CAFETERIA	448,938	1,131,431	1,580,369	-1,081,608	498,761	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,544,115	314,440	1,858,555	861	1,859,416	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	203,721	11,060	214,781	101	214,882	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,547,900	2,170,265	3,718,165	-805,329	2,912,836	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,463,183	564,508	4,027,691	3,251	4,030,942	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	257,545	906	258,451	371	258,822	16.01
17.00	01700	SOCIAL SERVICE	0	865	865	0	865	17.00
17.01	01701	SOCIAL SERVICE - SURREY	290,236	837	291,073	222	291,295	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,355,492	0	2,355,492	0	2,355,492	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,176,720	412,137	2,588,857	-317,227	2,271,630	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	184,608	184,608	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	300,054	300,054	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,867,052	5,110,477	38,977,529	-5,018,651	33,958,878	30.00
31.00	03100	INTENSIVE CARE UNIT	4,282,653	539,886	4,822,539	-447,805	4,374,734	31.00
32.00	03200	CORONARY CARE UNIT	3,967,415	511,237	4,478,652	-199,658	4,278,994	32.00
43.00	04300	NURSERY	1,486,701	110,855	1,597,556	2,829,671	4,427,227	43.00
44.00	04400	SKILLED NURSING FACILITY	2,134,586	219,184	2,353,770	-88,528	2,265,242	44.00
46.00	04600	OTHER LONG TERM CARE	1,865,835	93,079	1,958,914	-8,016	1,950,898	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,992,975	39,957,217	54,950,192	-29,717,502	25,232,690	50.00
50.01	03650	VASCULAR ACCESS CENTER	486,258	1,535,394	2,021,652	-383,417	1,638,235	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	260,159	144,309	404,468	-42,942	361,526	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,107,118	1,319,287	2,426,405	-590,762	1,835,643	50.04
51.00	05100	RECOVERY ROOM	1,319,502	100,664	1,420,166	-44,683	1,375,483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	46,185	46,185	1,203,217	1,249,402	52.00
53.00	05300	ANESTHESIOLOGY	303,058	1,422,573	1,725,631	-585,715	1,139,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,000,456	3,949,852	9,950,308	-1,859,222	8,091,086	54.00
54.01	05401	TDOC RADIOLOGY	424,938	173,809	598,747	-91,690	507,057	54.01
54.02	05402	CDI RADIOLOGY	2,050,780	11,229,504	13,280,284	-524,798	12,755,486	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	728,038	430,220	1,158,258	-221,616	936,642	57.00
57.01	05701	TDOC CT SCAN	113,230	81,093	194,323	-29,601	164,722	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	270,968	122,275	393,243	-66,205	327,038	58.00
58.01	05801	TDOC - MRI	174,561	72,954	247,515	-33,301	214,214	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,316,333	8,097,112	9,413,445	-8,207,048	1,206,397	59.00
60.00	06000	LABORATORY	4,364,974	7,441,156	11,806,130	-55,756	11,750,374	60.00
64.00	06400	INTRAVENOUS THERAPY	2,616,043	22,099,203	24,715,246	-351,862	24,363,384	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	223,701	52,866	276,567	-2,153	274,414	64.01
65.00	06500	RESPIRATORY THERAPY	1,955,141	204,338	2,159,479	-32,977	2,126,502	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	7,858	7,858	0	7,858	65.01
66.00	06600	PHYSICAL THERAPY	4,343,528	432,060	4,775,588	-52,375	4,723,213	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,331,752	10,008	1,341,760	-382	1,341,378	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	71,511	655,305	726,816	-1,616	725,200	66.02
67.00	06700	OCCUPATIONAL THERAPY	740,925	5,343	746,268	342	746,610	67.00
68.00	06800	SPEECH PATHOLOGY	245,287	4,692	249,979	0	249,979	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/29/2018 8:58 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	1,351,541	380,667	1,732,208	-67,951	1,664,257	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	657,888	133,178	791,066	39,286	830,352	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	232,730	100,148	332,878	-4,149	328,729	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,780,998	652,370	3,433,368	-1,001	3,432,367	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,827,398	10,827,398	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,831,587	33,831,587	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,162,153	9,835,112	13,997,265	-575,268	13,421,997	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	438,662	54,561	493,223	323,667	816,890	76.01
76.02	03952	CARDIAC REHAB	2,133,466	588,697	2,722,163	-92,556	2,629,607	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	356,721	431,037	787,758	-254,038	533,720	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	34,361	5,592	39,953	-31	39,922	90.00
91.00	09100	EMERGENCY	8,734,580	908,465	9,643,045	-270,719	9,372,326	91.00
91.01	09101	URGENT CARE CENTERS	10,376,514	2,837,222	13,213,736	270,434	13,484,170	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	98,151	56,265	154,416	90	154,506	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,619,910	1,464,201	5,084,111	-985,840	4,098,271	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,367,951	1,172,342	2,540,293	-170,610	2,369,683	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,724,226	235,104,192	412,828,418	-5,035,851	407,792,567	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,256	2,256	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,437,910	3,510,194	5,948,104	4,856,574	10,804,678	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	326,120	134,930	461,050	-98	460,952	194.01
194.02	07952	COMMUNITY OUTREACH	517,553	179,937	697,490	37,905	735,395	194.02
194.03	07953	FOUNTAIN CAFE	28,062	83,686	111,748	-64,443	47,305	194.03
194.04	07954	SLEEP RESEARCH	140,323	-138,367	1,956	-9,265	-7,309	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	367,953	14,764	382,717	249	382,966	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	756,970	1,349,596	2,106,566	562	2,107,128	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	47,982	22,883	70,865	44	70,909	194.12
194.13	07963	VOLUNTEERS	237,255	26,517	263,772	221	263,993	194.13
194.14	07964	RETAIL PHARMACY	774,500	5,626,259	6,400,759	54,738	6,455,497	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	411,928	-39,188	372,740	64	372,804	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	122,946	16,323	139,269	58	139,327	194.16
194.17	07967	VALET SERVICES	31,795	0	31,795	156,986	188,781	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	183,925,523	245,891,726	429,817,249	0	429,817,249	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/29/2018 8:58 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	478,769	10,535,049		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,274,066	13,467,521		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-29,321	531,144		2.01
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-407,333	41,133,293		4.00
5.01	00591	NONPATIENT TELEPHONES	-202,893	660,496		5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0		5.02
5.03	00592	NONPATIENT TELEPHONES	0	19,730		5.03
5.04	00540	ADMITTING	0	1,185,956		5.04
5.05	00593	ADMIN & GENERAL - SURREY	-35,264	822,384		5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	3,692,788	49,603,321		5.06
6.00	00600	MAINTENANCE & REPAIRS	-8,154	11,899,633		6.00
6.01	00601	PURCHASING	-602	1,555,874		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-12,763	621,932		6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,289,951		8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	-2,651	108,990		8.01
9.00	00900	HOUSEKEEPING	-1,025	3,583,205		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	240,750		9.01
10.00	01000	DIETARY	-1,959,132	1,790,460		10.00
10.01	01001	DIETARY - SURREY	-13,069	1,352,355		10.01
11.00	01100	CAFETERIA	-184	498,577		11.00
11.01	01101	CAFETERIA - SURREY	0	0		11.01
13.00	01300	NURSING ADMINISTRATION	-1,197	1,858,219		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	-1,419	213,463		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-8,370	2,904,466		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,030,942		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	-134	258,688		16.01
17.00	01700	SOCIAL SERVICE	0	865		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	291,295		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,355,492		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-460,286	1,811,344		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	-3,967	180,641		23.01
23.02	02302	PHARMACY EDUCATION	0	300,054		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-8,469,209	25,489,669		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,712,397	2,662,337		31.00
32.00	03200	CORONARY CARE UNIT	-1,159,686	3,119,308		32.00
43.00	04300	NURSERY	-50,030	4,377,197		43.00
44.00	04400	SKILLED NURSING FACILITY	-1,406	2,263,836		44.00
46.00	04600	OTHER LONG TERM CARE	-120	1,950,778		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,331,771	23,900,919		50.00
50.01	03650	VASCULAR ACCESS CENTER	-340,066	1,298,169		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-33,695	327,831		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-237,649	1,597,994		50.04
51.00	05100	RECOVERY ROOM	0	1,375,483		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-15,625	1,233,777		52.00
53.00	05300	ANESTHESIOLOGY	-558,137	581,779		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-827,368	7,263,718		54.00
54.01	05401	TDOC RADIOLOGY	0	507,057		54.01
54.02	05402	CDI RADIOLOGY	-3,267,420	9,488,066		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	908,409		57.00
57.01	05701	TDOC CT SCAN	-19,670	145,052		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	327,038		58.00
58.01	05801	TDOC - MRI	0	214,214		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,206,397		59.00
60.00	06000	LABORATORY	-415,893	11,334,481		60.00
64.00	06400	INTRAVENOUS THERAPY	295,721	24,659,105		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-193,888	80,526		64.01
65.00	06500	RESPIRATORY THERAPY	0	2,126,502		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	7,858		65.01
66.00	06600	PHYSICAL THERAPY	-244,307	4,478,906		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	-1,532	1,339,846		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-94,971	630,229		66.02
67.00	06700	OCCUPATIONAL THERAPY	-370	746,240		67.00
68.00	06800	SPEECH PATHOLOGY	-536	249,443		68.00
69.00	06900	ELECTROCARDIOLOGY	-81,784	1,582,473		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	830,352		69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/29/2018 8:58 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	-60,300	268,429		70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,667,576	1,764,791		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,827,398		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,831,587		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-79,317	13,342,680		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	-43,344	773,546		76.01
76.02	03952	CARDIAC REHAB	-209,565	2,420,042		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	-4,096	529,624		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	39,922		90.00
91.00	09100	EMERGENCY	-5,609,312	3,763,014		91.00
91.01	09101	URGENT CARE CENTERS	-3,820,340	9,663,830		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-57,469	97,037		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-48,403	4,049,868		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-50,798	2,318,885		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-30,690,835	377,101,732		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,256		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,620,317	12,424,995		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	460,952		194.01
194.02	07952	COMMUNITY OUTREACH	217,170	952,565		194.02
194.03	07953	FOUNTAIN CAFE	-5,459	41,846		194.03
194.04	07954	SLEEP RESEARCH	208,143	200,834		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	-7,725	375,241		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	2,107,128		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	70,909		194.12
194.13	07963	VOLUNTEERS	0	263,993		194.13
194.14	07964	RETAIL PHARMACY	-25,930	6,429,567		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	55,350	428,154		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	-3,531	135,796		194.16
194.17	07967	VALET SERVICES	0	188,781		194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,632,500	401,184,749		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet Non-CMS W | Date/Time Prepared: 11/29/2018 8:58 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 07/01/2017 To 06/30/2018 | Worksheet Non-CMS W | Date/Time Prepared: 11/29/2018 8:58 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 through 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 through 199)			200.00

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/29/2018 8:58 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	311,947		1.00
	0		0	311,947		
	B - NUTRITION/DIABETES EDUCATION					
1.00	NUTRITION/DIABETES EDUCATION	76.01	323,002	0		1.00
	0		323,002	0		
	C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,419,833		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	222		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	1,420,055		
	D - LAUNDRY/LINEN RECLASSIFICATION					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,018,419		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
	0		0	1,018,419		
	E - RENTAL/LEASES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	914,582		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	31,680		2.00
3.00	CT SCAN	57.00	0	180		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
	0		0	946,442		
	F - INSURANCE AND FEES					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	9,734,681		1.00
	0		0	9,734,681		

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/29/2018 8:58 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	357,829		1.00
2.00	NONPATIENT TELEPHONES	5.03	0	19,730		2.00
	0		0	377,559		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,396,551		1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	24,881		2.00
3.00	LABORATORY	60.00	0	805		3.00
4.00	SLEEP MEDICINE CLINIC	70.01	0	31,603		4.00
5.00	URGENT CARE CENTERS	91.01	0	356,499		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,586,694		6.00
	0		0	12,397,033		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,332,071		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	28,000		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	164,276		3.00
	0		0	1,524,347		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	91,064	93,437		1.00
	0		91,064	93,437		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	106,228	0		1.00
	0		106,228	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	84,683		1.00
2.00	HOUSEKEEPING	9.00	144,612	23,405		2.00
	0		144,612	108,088		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,116,000		1.00
	0		0	1,116,000		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	327,658		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	9,979		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	100,121		3.00
	0		0	437,758		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	661,162		1.00
	0		0	661,162		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	1,119,316		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,256		2.00
	0		0	1,121,572		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	436,192	0		1.00
	0		436,192	0		
	U - AUDIO/VISUAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	22,923	2,803		1.00
2.00	COMMUNITY OUTREACH	194.02	33,163	4,055		2.00
	0		56,086	6,858		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	238,003	61,881		1.00
	0		238,003	61,881		
	W - LDRP ROUTINE EXPENSE					
1.00	NURSERY	43.00	2,473,718	363,850		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,062,794	156,322		2.00
	0		3,536,512	520,172		
	X - PHYSICIAN RECLASSIFICATION					
1.00	ADULTS & PEDIATRICS	30.00	624,794	37,185		1.00
2.00	ELECTROCARDIOLOGY	69.00	13,616	1,674		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	23,032		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
	0		638,410	61,891		
	Y - SUPERVISOR RECLASSIFICATION					
1.00	TDOC RADIOLOGY	54.01	49,903	0		1.00
2.00	TDOC CT SCAN	57.01	12,513	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	25,322	0		3.00
4.00	TDOC - MRI	58.01	15,938	0		4.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	CARDIAC CATHETERIZATION	59.00	66,575	0	5.00
6.00	TDOC - ELECTROCARDIOLOGY	69.01	58,967	0	6.00
7.00	RETAIL PHARMACY	194.14	63,140	0	7.00
	0		292,358	0	
	Z - VALET RECLASSIFICATION				
1.00	VALET SERVICES	194.17	156,641	0	1.00
	0		156,641	0	
	AA - PATIENT BILLING RECLASSIFICATION				
1.00	ADMIN & GENERAL - HOSPITAL	5.06	66,995	60,656	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		66,995	60,656	
	AB - MERCY CLINICAL ENGINEERING RECLASS				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,655	1.00
2.00	COMMUNITY OUTREACH	194.02	0	350	2.00
	0		0	21,005	
	AC - IMPLANT RECLASSIFICATION				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,515,451	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33,831,587	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
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	0		0	44,347,038	
	AD - EMPLOYEE HOLIDAY GIFT CARDS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,228	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	588	0	2.00
3.00	ADMITTING	5.04	1,597	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	356	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	13,949	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,762	0	6.00
7.00	PURCHASING	6.01	584	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	204	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	152	0	9.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	47	0	10.00
11.00	HOUSEKEEPING	9.00	4,952	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	348	0	12.00
13.00	DIETARY	10.00	3,032	0	13.00
14.00	DIETARY - SURREY	10.01	1,211	0	14.00
15.00	CAFETERIA	11.00	749	0	15.00
16.00	NURSING ADMINISTRATION	13.00	861	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	101	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,986	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	3,251	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	371	0	20.00
21.00	SOCIAL SERVICE - SURREY	17.01	222	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,242	0	22.00
23.00	CLINICAL PASTORAL EDUCATION	23.01	107	0	23.00
24.00	PHARMACY EDUCATION	23.02	170	0	24.00
25.00	ADULTS & PEDIATRICS	30.00	20,459	0	25.00
26.00	INTENSIVE CARE UNIT	31.00	1,902	0	26.00
27.00	CORONARY CARE UNIT	32.00	2,098	0	27.00
28.00	NURSERY	43.00	2,573	0	28.00
29.00	SKILLED NURSING FACILITY	44.00	2,316	0	29.00
30.00	OTHER LONG TERM CARE	46.00	2,171	0	30.00
31.00	OPERATING ROOM	50.00	9,084	0	31.00
32.00	VASCULAR ACCESS CENTER	50.01	219	0	32.00
33.00	PAIN MGMT - BRAIN & SPINE	50.02	242	0	33.00
34.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	875	0	34.00
35.00	RECOVERY ROOM	51.00	918	0	35.00
36.00	DELIVERY ROOM & LABOR ROOM	52.00	778	0	36.00
37.00	ANESTHESIOLOGY	53.00	363	0	37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	4,725	0	38.00
39.00	TDOC RADIOLOGY	54.01	335	0	39.00
40.00	CDI RADIOLOGY	54.02	1,224	0	40.00
41.00	CT SCAN	57.00	548	0	41.00
42.00	TDOC CT SCAN	57.01	85	0	42.00
43.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	205	0	43.00
44.00	TDOC - MRI	58.01	137	0	44.00
45.00	CARDIAC CATHETERIZATION	59.00	847	0	45.00
46.00	LABORATORY	60.00	4,060	0	46.00
47.00	INTRAVENOUS THERAPY	64.00	1,880	0	47.00
48.00	BRAIN & SPINE INFUSION CENTER	64.01	51	0	48.00
49.00	RESPIRATORY THERAPY	65.00	1,601	0	49.00
50.00	PHYSICAL THERAPY	66.00	3,491	0	50.00
51.00	PHYSICAL THERAPY - SURREY	66.01	1,000	0	51.00
52.00	THERAPY SVCS - BRAIN & SPINE	66.02	104	0	52.00
53.00	OCCUPATIONAL THERAPY	67.00	574	0	53.00
54.00	SPEECH PATHOLOGY	68.00	156	0	54.00
55.00	ELECTROCARDIOLOGY	69.00	982	0	55.00
56.00	TDOC - ELECTROCARDIOLOGY	69.01	626	0	56.00
57.00	ELECTROENCEPHALOGRAPHY	70.00	208	0	57.00
58.00	SLEEP MEDICINE CLINIC	70.01	1,548	0	58.00
59.00	DRUGS CHARGED TO PATIENTS	73.00	2,112	0	59.00
60.00	NUTRITION/DIABETES EDUCATION	76.01	680	0	60.00
61.00	CARDIAC REHAB	76.02	1,523	0	61.00
62.00	HYPERBARIC OXYGEN THERAPY	76.03	311	0	62.00
63.00	CLINIC	90.00	47	0	63.00
64.00	EMERGENCY	91.00	3,326	0	64.00
65.00	URGENT CARE CENTERS	91.01	5,054	0	65.00
66.00	ADULT DOWN SYNDROME CENTER	91.02	106	0	66.00
67.00	HOME HEALTH AGENCY	101.00	2,518	0	67.00
68.00	HOSPICE	116.00	1,080	0	68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,373	0	69.00
70.00	DEVELOPMENT	194.01	298	0	70.00
71.00	COMMUNITY OUTREACH	194.02	337	0	71.00
72.00	FOUNTAIN CAFE	194.03	53	0	72.00
73.00	SLEEP RESEARCH	194.04	97	0	73.00
74.00	PHYSICIAN REFERRAL	194.07	249	0	74.00
75.00	MARKETING	194.11	562	0	75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	44	0	76.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
77.00	VOLUNTEERS	194.13	221	0	77.00
78.00	RETAIL PHARMACY	194.14	595	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	64	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	58	0	80.00
81.00	VALET SERVICES	194.17	345	0	81.00
	0		130,508	0	
500.00	Grand Total: Increases		6,216,611	76,348,001	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	311,947	0		1.00
	0		0	311,947			
	B - NUTRITION/DIABETES EDUCATION						
1.00	DIETARY	10.00	323,002	0	0		1.00
	0		323,002	0			
	C - EMPLOYEE BENEFITS						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	10	0		1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	13,642	0		2.00
3.00	CDI RADIOLOGY	54.02	0	465,219	0		3.00
4.00	HOME HEALTH AGENCY	101.00	0	941,184	0		4.00
	0		0	1,420,055			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,398	0		1.00
2.00	DIETARY	10.00	0	5,992	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,340	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	412,403	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	22,435	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	39,128	0		6.00
7.00	NURSERY	43.00	0	1,243	0		7.00
8.00	OPERATING ROOM	50.00	0	135,945	0		8.00
9.00	VASCULAR ACCESS CENTER	50.01	0	21,244	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	23,667	0		10.00
11.00	RECOVERY ROOM	51.00	0	19,120	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	51,803	0		12.00
13.00	TDOC RADIOLOGY	54.01	0	14,258	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,058	0		14.00
15.00	TDOC - MRI	58.01	0	9,343	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	14,527	0		16.00
17.00	LABORATORY	60.00	0	1,965	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	4,514	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	42,637	0		19.00
20.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,686	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	10,204	0		21.00
22.00	TDOC - ELECTROCARDIOLOGY	69.01	0	17,587	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,356	0		23.00
24.00	SLEEP MEDICINE CLINIC	70.01	0	756	0		24.00
25.00	CARDIAC REHAB	76.02	0	4,215	0		25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.03	0	18,366	0		26.00
27.00	EMERGENCY	91.00	0	68,752	0		27.00
28.00	URGENT CARE CENTERS	91.01	0	25,130	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,985	0		29.00
30.00	SLEEP RESEARCH	194.04	0	9,362	0		30.00
	0		0	1,018,419			
	E - RENTAL/LEASES						
1.00	ADMIN & GENERAL - SURREY	5.05	0	160	10		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	95,378	10		2.00
3.00	PURCHASING	6.01	0	2,406	0		3.00
4.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	4,743	0		4.00
5.00	HOUSEKEEPING	9.00	0	3,863	0		5.00
6.00	CAFETERIA	11.00	0	21,875	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	481,028	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	2,627	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	26,957	0		9.00
10.00	OPERATING ROOM	50.00	0	74,620	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,100	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	82	0		12.00
13.00	PHYSICAL THERAPY - SURREY	66.01	0	90	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	16	0		14.00
15.00	SLEEP MEDICINE CLINIC	70.01	0	1,711	0		15.00
16.00	EMERGENCY	91.00	0	59,304	0		16.00
17.00	HOSPICE	116.00	0	151,869	0		17.00
18.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,814	0		18.00
19.00	DEVELOPMENT	194.01	0	396	0		19.00
20.00	FOUNTAIN CAFE	194.03	0	3,406	0		20.00
21.00	RETAIL PHARMACY	194.14	0	8,997	0		21.00
	0		0	946,442			
	F - INSURANCE AND FEES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,734,681	12		1.00
	0		0	9,734,681			

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - TELEPHONE EXPENSE						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	357,829	0		1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	19,730	0		2.00
	0		0	377,559			
	H - MOB DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,397,033	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	12,397,033			
	I - INTEREST ON BONDS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,524,347	11		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	1,524,347			
	K - CLINICAL PASTORAL EDUCATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	91,064	93,437	0		1.00
	0		91,064	93,437			
	L - ALLOCATION OF SECURITY						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	106,228	0	0		1.00
	0		106,228	0			
	M - MAINT AND HOUSEKEEPING RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	144,612	108,088	0		1.00
2.00		0.00	0	0	0		2.00
	0		144,612	108,088			
	N - MOB PROPERTY TAX						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,116,000	0		1.00
	0		0	1,116,000			
	O - PROPERTY INSURANCE						
1.00	ADMIN & GENERAL - SURREY	5.05	0	9,979	12		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	427,779	12		2.00
3.00		0.00	0	0	0		3.00
	0		0	437,758			
	P - WORKMENS COMPENSATION EXPENSE						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	661,162	0		1.00
	0		0	661,162			
	R - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	0	1,060,482	0		1.00
2.00	FOUNTAIN CAFE	194.03	0	61,090	0		2.00
	0		0	1,121,572			
	T - LOAN FORGIVENESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	436,192	0		1.00
	0		0	436,192			
	U - AUDIO/VISUAL						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	56,086	6,858	0		1.00
2.00		0.00	0	0	0		2.00
	0		56,086	6,858			
	V - PHARMACY EDUCATION						
1.00	DRUGS CHARGED TO PATIENTS	73.00	238,003	61,881	0		1.00
	0		238,003	61,881			
	W - LDRP ROUTINE EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	3,536,512	520,172	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,536,512	520,172			
	X - PHYSICIAN RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	764	172	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	342,501	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	225,114	37,065	0		3.00
4.00	CORONARY CARE UNIT	32.00	27,664	6,104	0		4.00
5.00	VASCULAR ACCESS CENTER	50.01	1,915	269	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	27,612	14,022	0		6.00
7.00	SLEEP MEDICINE CLINIC	70.01	8,597	2,060	0		7.00
8.00	EMERGENCY	91.00	4,243	2,199	0		8.00
	0		638,410	61,891			
	Y - SUPERVISOR RECLASSIFICATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	90,372	0	0		1.00
2.00	CT SCAN	57.00	13,304	0	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	41,761	0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	63,140	0	0		4.00
5.00	CARDIAC REHAB	76.02	83,781	0	0		5.00
6.00		0.00	0	0	0		6.00

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/29/2018 8:58 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00		0.00	0	0	0		7.00
	0		292,358	0			
	Z - VALET RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	156,641	0	0		1.00
	0		156,641	0			
	AA - PATIENT BILLING RECLASSIFICATION						
1.00	CDI RADIOLOGY	54.02	0	60,656	0		1.00
2.00	HOME HEALTH AGENCY	101.00	47,174	0	0		2.00
3.00	HOSPICE	116.00	19,821	0	0		3.00
	0		66,995	60,656			
	AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	MAINTENANCE & REPAIRS	6.00	0	21,005	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	21,005			
	AC - IMPLANT RECLASSIFICATION						
1.00	ADULTS & PEDIATRICS	30.00	0	1,229,597	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	165,093	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	128,860	0		3.00
4.00	NURSERY	43.00	0	9,227	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	63,887	0		5.00
6.00	OTHER LONG TERM CARE	46.00	0	10,187	0		6.00
7.00	OPERATING ROOM	50.00	0	29,516,021	0		7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	371,447	0		8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	43,184	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	567,970	0		10.00
11.00	RECOVERY ROOM	51.00	0	26,481	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16,677	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	586,078	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,717,672	0		14.00
15.00	TDOC RADIOLOGY	54.01	0	127,670	0		15.00
16.00	CDI RADIOLOGY	54.02	0	147	0		16.00
17.00	CT SCAN	57.00	0	209,040	0		17.00
18.00	TDOC CT SCAN	57.01	0	42,199	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	78,674	0		19.00
20.00	TDOC - MRI	58.01	0	40,033	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	8,218,309	0		21.00
22.00	LABORATORY	60.00	0	58,656	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	349,228	0		23.00
24.00	BRAIN & SPINE INFUSION CENTER	64.01	0	2,204	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	34,496	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	13,229	0		26.00
27.00	PHYSICAL THERAPY - SURREY	66.01	0	1,292	0		27.00
28.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	34	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	232	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	156	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	32,258	0		31.00
32.00	TDOC - ELECTROCARDIOLOGY	69.01	0	2,720	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	985	0		33.00
34.00	SLEEP MEDICINE CLINIC	70.01	0	21,028	0		34.00
35.00	DRUGS CHARGED TO PATIENTS	73.00	0	214,356	0		35.00
36.00	NUTRITION/DIABETES EDUCATION	76.01	0	15	0		36.00
37.00	CARDIAC REHAB	76.02	0	6,083	0		37.00
38.00	HYPERBARIC OXYGEN THERAPY	76.03	0	235,983	0		38.00
39.00	CLINIC	90.00	0	78	0		39.00
40.00	EMERGENCY	91.00	0	139,547	0		40.00
41.00	URGENT CARE CENTERS	91.01	0	65,989	0		41.00
42.00	ADULT DOWN SYNDROME CENTER	91.02	0	16	0		42.00
	0		0	44,347,038			
	AD - EMPLOYEE HOLIDAY GIFT CARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	130,508	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
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

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
	0		0	130,508			
500.00	Grand Total: Decreases		5,649,911	76,914,701			500.00

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	
	A - MED SUPPLIES CHGD TO PAT								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	311,947	CENTRAL SERVICES & SUPPLY	14.00	0	311,947	1.00
	0		0	311,947	0		0	311,947	
	B - NUTRITION/DIABETES EDUCATION								
1.00	NUTRITION/DIABETES EDUCATION	76.01	323,002	0	DIETARY	10.00	323,002	0	1.00
	0		323,002	0	0		323,002	0	
	C - EMPLOYEE BENEFITS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,419,833	ADMIN & GENERAL - HOSPITAL	5.06	0	10	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	222	VASCULAR ACCESS CENTER	50.01	0	13,642	2.00
3.00		0.00	0	0	CDI RADIOLOGY	54.02	0	465,219	3.00
4.00		0.00	0	0	HOME HEALTH AGENCY	101.00	0	941,184	4.00
	0		0	1,420,055	0		0	1,420,055	
	D - LAUNDRY/LINEN RECLASSIFICATION								
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,018,419	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,398	1.00
2.00		0.00	0	0	DIETARY	10.00	0	5,992	2.00
3.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	14,340	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	412,403	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	22,435	5.00
6.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	39,128	6.00
7.00		0.00	0	0	NURSERY	43.00	0	1,243	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	135,945	8.00
9.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	21,244	9.00
10.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	23,667	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	19,120	11.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	51,803	12.00
13.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	14,258	13.00
14.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,058	14.00
15.00		0.00	0	0	TDOC - MRI	58.01	0	9,343	15.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	14,527	16.00
17.00		0.00	0	0	LABORATORY	60.00	0	1,965	17.00
18.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	4,514	18.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	42,637	19.00
20.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,686	20.00
21.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	10,204	21.00
22.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	17,587	22.00
23.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	3,356	23.00
24.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	756	24.00
25.00		0.00	0	0	CARDIAC REHAB	76.02	0	4,215	25.00
26.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	18,366	26.00
27.00		0.00	0	0	EMERGENCY	91.00	0	68,752	27.00
28.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	25,130	28.00
29.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,985	29.00
30.00		0.00	0	0	SLEEP RESEARCH	194.04	0	9,362	30.00
	0		0	1,018,419	0		0	1,018,419	
	E - RENTAL/LEASES								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	914,582	ADMIN & GENERAL - SURREY	5.05	0	160	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	31,680	ADMIN & GENERAL - HOSPITAL	5.06	0	95,378	2.00
3.00	CT SCAN	57.00	0	180	PURCHASING	6.01	0	2,406	3.00
4.00		0.00	0	0	MAINTENANCE & REPAIRS - SURREY	6.02	0	4,743	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	0	3,863	5.00
6.00		0.00	0	0	CAFETERIA	11.00	0	21,875	6.00
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	481,028	7.00
8.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	2,627	8.00
9.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	26,957	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	74,620	10.00

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/29/2018 8:58 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	
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,100	11.00
12.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	82	12.00
13.00		0.00	0	0	PHYSICAL THERAPY - SURREY	66.01	0	90	13.00
14.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	16	14.00
15.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	1,711	15.00
16.00		0.00	0	0	EMERGENCY	91.00	0	59,304	16.00
17.00		0.00	0	0	HOSPICE	116.00	0	151,869	17.00
18.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,814	18.00
19.00		0.00	0	0	DEVELOPMENT	194.01	0	396	19.00
20.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	3,406	20.00
21.00		0.00	0	0	RETAIL PHARMACY	194.14	0	8,997	21.00
	0		0	946,442	0		0	946,442	
	F - INSURANCE AND FEES								
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	9,734,681	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,734,681	1.00
	0		0	9,734,681	0		0	9,734,681	
	G - TELEPHONE EXPENSE								
1.00	NONPATIENT TELEPHONES	5.01	0	357,829	ADMIN & GENERAL - HOSPITAL	5.06	0	357,829	1.00
2.00	NONPATIENT TELEPHONES	5.03	0	19,730	ADMIN & GENERAL - SURREY	5.05	0	19,730	2.00
	0		0	377,559	0		0	377,559	
	H - MOB DEPRECIATION								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,396,551	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,397,033	1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	24,881		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	805		0.00	0	0	3.00
4.00	SLEEP MEDICINE CLINIC	70.01	0	31,603		0.00	0	0	4.00
5.00	URGENT CARE CENTERS	91.01	0	356,499		0.00	0	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,586,694		0.00	0	0	6.00
	0		0	12,397,033	0		0	12,397,033	
	I - INTEREST ON BONDS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,332,071	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,524,347	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	28,000		0.00	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	164,276		0.00	0	0	3.00
	0		0	1,524,347	0		0	1,524,347	
	K - CLINICAL PASTORAL EDUCATION								
1.00	CLINICAL PASTORAL EDUCATION	23.01	91,064	93,437	ADMIN & GENERAL - HOSPITAL	5.06	91,064	93,437	1.00
	0		91,064	93,437	0		91,064	93,437	
	L - ALLOCATION OF SECURITY								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	106,228	0	ADMIN & GENERAL - HOSPITAL	5.06	106,228	0	1.00
	0		106,228	0	0		106,228	0	
	M - MAINT AND HOUSEKEEPING RECLASS								
1.00	MAINTENANCE & REPAIRS	6.00	0	84,683	PHYSICIANS' PRIVATE OFFICES	192.00	144,612	108,088	1.00
2.00	HOUSEKEEPING	9.00	144,612	23,405		0.00	0	0	2.00
	0		144,612	108,088	0		144,612	108,088	
	N - MOB PROPERTY TAX								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,116,000	ADMIN & GENERAL - HOSPITAL	5.06	0	1,116,000	1.00
	0		0	1,116,000	0		0	1,116,000	
	O - PROPERTY INSURANCE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	327,658	ADMIN & GENERAL - SURREY	5.05	0	9,979	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	9,979	ADMIN & GENERAL - HOSPITAL	5.06	0	427,779	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	100,121		0.00	0	0	3.00
	0		0	437,758	0		0	437,758	
	P - WORKMENS COMPENSATION EXPENSE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	661,162	ADMIN & GENERAL - HOSPITAL	5.06	0	661,162	1.00
	0		0	661,162	0		0	661,162	

RECLASSIFICATIONS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/29/2018 8:58 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	1,119,316	CAFETERIA	11.00	0	1,060,482	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,256	FOUNTAIN CAFE	194.03	0	61,090	2.00
	0		0	1,121,572	0		0	1,121,572	
	T - LOAN FORGIVENESS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	436,192	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	436,192	1.00
	0		436,192	0	0		0	436,192	
	U - AUDIO/VISUAL								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	22,923	2,803	ADMIN & GENERAL - HOSPITAL	5.06	56,086	6,858	1.00
2.00	COMMUNITY OUTREACH	194.02	33,163	4,055		0.00	0	0	2.00
	0		56,086	6,858	0		56,086	6,858	
	V - PHARMACY EDUCATION								
1.00	PHARMACY EDUCATION	23.02	238,003	61,881	DRUGS CHARGED TO PATIENTS	73.00	238,003	61,881	1.00
	0		238,003	61,881	0		238,003	61,881	
	W - LDRP ROUTINE EXPENSE								
1.00	NURSERY	43.00	2,473,718	363,850	ADULTS & PEDIATRICS	30.00	3,536,512	520,172	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,062,794	156,322		0.00	0	0	2.00
	0		3,536,512	520,172	0		3,536,512	520,172	
	X - PHYSICIAN RECLASSIFICATION								
1.00	ADULTS & PEDIATRICS	30.00	624,794	37,185	ADMIN & GENERAL - HOSPITAL	5.06	764	172	1.00
2.00	ELECTROCARDIOLOGY	69.00	13,616	1,674	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	342,501	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	23,032	INTENSIVE CARE UNIT	31.00	225,114	37,065	3.00
4.00		0.00	0	0	CORONARY CARE UNIT	32.00	27,664	6,104	4.00
5.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	1,915	269	5.00
6.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	27,612	14,022	6.00
7.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	8,597	2,060	7.00
8.00		0.00	0	0	EMERGENCY	91.00	4,243	2,199	8.00
	0		638,410	61,891	0		638,410	61,891	
	Y - SUPERVISOR RECLASSIFICATION								
1.00	TDOC RADIOLOGY	54.01	49,903	0	RADIOLOGY-DIAGNOSTIC	54.00	90,372	0	1.00
2.00	TDOC CT SCAN	57.01	12,513	0	CT SCAN	57.00	13,304	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	25,322	0	ELECTROCARDIOLOGY	69.00	41,761	0	3.00
4.00	TDOC - MRI	58.01	15,938	0	DRUGS CHARGED TO PATIENTS	73.00	63,140	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	66,575	0	CARDIAC REHAB	76.02	83,781	0	5.00
6.00	TDOC - ELECTROCARDIOLOGY	69.01	58,967	0		0.00	0	0	6.00
7.00	RETAIL PHARMACY	194.14	63,140	0		0.00	0	0	7.00
	0		292,358	0	0		292,358	0	
	Z - VALET RECLASSIFICATION								
1.00	VALET SERVICES	194.17	156,641	0	ADMIN & GENERAL - HOSPITAL	5.06	156,641	0	1.00
	0		156,641	0	0		156,641	0	
	AA - PATIENT BILLING RECLASSIFICATION								
1.00	ADMIN & GENERAL - HOSPITAL	5.06	66,995	60,656	CDI RADIOLOGY	54.02	0	60,656	1.00
2.00		0.00	0	0	HOME HEALTH AGENCY	101.00	47,174	0	2.00
3.00		0.00	0	0	HOSPICE	116.00	19,821	0	3.00
	0		66,995	60,656	0		66,995	60,656	
	AB - MERCY CLINICAL ENGINEERING RECLASS								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,655	MAINTENANCE & REPAIRS	6.00	0	21,005	1.00
2.00	COMMUNITY OUTREACH	194.02	0	350		0.00	0	0	2.00
	0		0	21,005	0		0	21,005	
	AC - IMPLANT RECLASSIFICATION								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,515,451	ADULTS & PEDIATRICS	30.00	0	1,229,597	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33,831,587	INTENSIVE CARE UNIT	31.00	0	165,093	2.00
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	128,860	3.00
4.00		0.00	0	0	NURSERY	43.00	0	9,227	4.00
5.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	63,887	5.00

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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	
6.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	10,187	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	29,516,021	7.00
8.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	371,447	8.00
9.00		0.00	0	0	PAIN MGMT - BRAIN & SPINE	50.02	0	43,184	9.00
10.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	567,970	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	26,481	11.00
12.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	16,677	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	586,078	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,717,672	14.00
15.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	127,670	15.00
16.00		0.00	0	0	CDI RADIOLOGY	54.02	0	147	16.00
17.00		0.00	0	0	CT SCAN	57.00	0	209,040	17.00
18.00		0.00	0	0	TDOC CT SCAN	57.01	0	42,199	18.00
19.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	78,674	19.00
20.00		0.00	0	0	TDOC - MRI	58.01	0	40,033	20.00
21.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	8,218,309	21.00
22.00		0.00	0	0	LABORATORY	60.00	0	58,656	22.00
23.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	349,228	23.00
24.00		0.00	0	0	BRAIN & SPINE INFUSION CENTER	64.01	0	2,204	24.00
25.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	34,496	25.00
26.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	13,229	26.00
27.00		0.00	0	0	PHYSICAL THERAPY - SURREY	66.01	0	1,292	27.00
28.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	34	28.00
29.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	232	29.00
30.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	156	30.00
31.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	32,258	31.00
32.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	2,720	32.00
33.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	985	33.00
34.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	21,028	34.00
35.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	214,356	35.00
36.00		0.00	0	0	NUTRITION/DIABETES EDUCATION	76.01	0	15	36.00
37.00		0.00	0	0	CARDIAC REHAB	76.02	0	6,083	37.00
38.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	235,983	38.00
39.00		0.00	0	0	CLINIC	90.00	0	78	39.00
40.00		0.00	0	0	EMERGENCY	91.00	0	139,547	40.00
41.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	65,989	41.00
42.00		0.00	0	0	ADULT DOWN SYNDROME CENTER	91.02	0	16	42.00
	0		0	44,347,038	0		0	44,347,038	
	AD - EMPLOYEE HOLIDAY GIFT CARDS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,228	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	130,508	1.00
2.00	NONPATIENT TELEPHONES	5.01	588	0		0.00	0	0	2.00
3.00	ADMITTING	5.04	1,597	0		0.00	0	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	356	0		0.00	0	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	13,949	0		0.00	0	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,762	0		0.00	0	0	6.00
7.00	PURCHASING	6.01	584	0		0.00	0	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	204	0		0.00	0	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	152	0		0.00	0	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	47	0		0.00	0	0	10.00
11.00	HOUSEKEEPING	9.00	4,952	0		0.00	0	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	348	0		0.00	0	0	12.00
13.00	DIETARY	10.00	3,032	0		0.00	0	0	13.00
14.00	DIETARY - SURREY	10.01	1,211	0		0.00	0	0	14.00
15.00	CAFETERIA	11.00	749	0		0.00	0	0	15.00

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	
16.00	NURSING ADMINISTRATION	13.00	861	0		0.00	0	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	101	0		0.00	0	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,986	0		0.00	0	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	3,251	0		0.00	0	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	371	0		0.00	0	0	20.00
21.00	SOCIAL SERVICE - SURREY	17.01	222	0		0.00	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,242	0		0.00	0	0	22.00
23.00	CLINICAL PASTORAL EDUCATION	23.01	107	0		0.00	0	0	23.00
24.00	PHARMACY EDUCATION	23.02	170	0		0.00	0	0	24.00
25.00	ADULTS & PEDIATRICS	30.00	20,459	0		0.00	0	0	25.00
26.00	INTENSIVE CARE UNIT	31.00	1,902	0		0.00	0	0	26.00
27.00	CORONARY CARE UNIT	32.00	2,098	0		0.00	0	0	27.00
28.00	NURSERY	43.00	2,573	0		0.00	0	0	28.00
29.00	SKILLED NURSING FACILITY	44.00	2,316	0		0.00	0	0	29.00
30.00	OTHER LONG TERM CARE	46.00	2,171	0		0.00	0	0	30.00
31.00	OPERATING ROOM	50.00	9,084	0		0.00	0	0	31.00
32.00	VASCULAR ACCESS CENTER	50.01	219	0		0.00	0	0	32.00
33.00	PAIN MGMT - BRAIN & SPINE	50.02	242	0		0.00	0	0	33.00
34.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	875	0		0.00	0	0	34.00
35.00	RECOVERY ROOM	51.00	918	0		0.00	0	0	35.00
36.00	DELIVERY ROOM & LABOR ROOM	52.00	778	0		0.00	0	0	36.00
37.00	ANESTHESIOLOGY	53.00	363	0		0.00	0	0	37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	4,725	0		0.00	0	0	38.00
39.00	TDOC RADIOLOGY	54.01	335	0		0.00	0	0	39.00
40.00	CDI RADIOLOGY	54.02	1,224	0		0.00	0	0	40.00
41.00	CT SCAN	57.00	548	0		0.00	0	0	41.00
42.00	TDOC CT SCAN	57.01	85	0		0.00	0	0	42.00
43.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	205	0		0.00	0	0	43.00
44.00	TDOC - MRI	58.01	137	0		0.00	0	0	44.00
45.00	CARDIAC CATHETERIZATION	59.00	847	0		0.00	0	0	45.00
46.00	LABORATORY	60.00	4,060	0		0.00	0	0	46.00
47.00	INTRAVENOUS THERAPY	64.00	1,880	0		0.00	0	0	47.00
48.00	BRAIN & SPINE INFUSION CENTER	64.01	51	0		0.00	0	0	48.00
49.00	RESPIRATORY THERAPY	65.00	1,601	0		0.00	0	0	49.00
50.00	PHYSICAL THERAPY	66.00	3,491	0		0.00	0	0	50.00
51.00	PHYSICAL THERAPY - SURREY	66.01	1,000	0		0.00	0	0	51.00
52.00	THERAPY SVCS - BRAIN & SPINE	66.02	104	0		0.00	0	0	52.00
53.00	OCCUPATIONAL THERAPY	67.00	574	0		0.00	0	0	53.00
54.00	SPEECH PATHOLOGY	68.00	156	0		0.00	0	0	54.00
55.00	ELECTROCARDIOLOGY	69.00	982	0		0.00	0	0	55.00
56.00	TDOC - ELECTROCARDIOLOGY	69.01	626	0		0.00	0	0	56.00
57.00	ELECTROENCEPHALOGRAPHY	70.00	208	0		0.00	0	0	57.00
58.00	SLEEP MEDICINE CLINIC	70.01	1,548	0		0.00	0	0	58.00
59.00	DRUGS CHARGED TO PATIENTS	73.00	2,112	0		0.00	0	0	59.00
60.00	NUTRITION/DIABETES EDUCATION	76.01	680	0		0.00	0	0	60.00
61.00	CARDIAC REHAB	76.02	1,523	0		0.00	0	0	61.00
62.00	HYPERBARIC OXYGEN THERAPY	76.03	311	0		0.00	0	0	62.00
63.00	CLINIC	90.00	47	0		0.00	0	0	63.00
64.00	EMERGENCY	91.00	3,326	0		0.00	0	0	64.00
65.00	URGENT CARE CENTERS	91.01	5,054	0		0.00	0	0	65.00

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	
66.00	ADULT DOWN SYNDROME CENTER	91.02	106	0		0.00	0	0	66.00
67.00	HOME HEALTH AGENCY	101.00	2,518	0		0.00	0	0	67.00
68.00	HOSPICE	116.00	1,080	0		0.00	0	0	68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,373	0		0.00	0	0	69.00
70.00	DEVELOPMENT	194.01	298	0		0.00	0	0	70.00
71.00	COMMUNITY OUTREACH	194.02	337	0		0.00	0	0	71.00
72.00	FOUNTAIN CAFE	194.03	53	0		0.00	0	0	72.00
73.00	SLEEP RESEARCH	194.04	97	0		0.00	0	0	73.00
74.00	PHYSICIAN REFERRAL	194.07	249	0		0.00	0	0	74.00
75.00	MARKETING	194.11	562	0		0.00	0	0	75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	44	0		0.00	0	0	76.00
77.00	VOLUNTEERS	194.13	221	0		0.00	0	0	77.00
78.00	RETAIL PHARMACY	194.14	595	0		0.00	0	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	64	0		0.00	0	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	58	0		0.00	0	0	80.00
81.00	VALET SERVICES	194.17	345	0		0.00	0	0	81.00
	0		130,508	0	0		0	130,508	
500.00	Grand Total: Increases		6,216,611	76,348,001	Grand Total: Decreases		5,649,911	76,914,701	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part I Date/Time Prepared: 11/29/2018 8:58 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,267,852	0	0	0	0	1.00
2.00	Land Improvements	13,064,887	198,305	0	198,305	0	2.00
3.00	Buildings and Fixtures	361,332,889	8,043,680	0	8,043,680	537,404	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	11,807,084	17,555	11,824,639	2,624,356	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	627,578,287	20,049,069	17,555	20,066,624	3,161,760	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	627,578,287	20,049,069	17,555	20,066,624	3,161,760	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	13,263,192	0	2.00
3.00	Buildings and Fixtures	368,839,165	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	245,112,942	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	644,483,151	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	644,483,151	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part II Date/Time Prepared: 11/29/2018 8:58 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	24,949,972	0	2,798,413	9,734,681	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	458,374	0	60,432	0	0	2.01
3.00	Total (sum of lines 1-2)	25,408,346	0	2,858,845	9,734,681	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	37,483,066	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	518,806	2.01
3.00	Total (sum of lines 1-2)	0	38,001,872	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 11/29/2018 8:58 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	399,370,209	0	399,370,209	0.619675	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	245,112,942	0	245,112,942	0.380325	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)	644,483,151	0	644,483,151	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	8,387,869	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,552,939	914,582	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	458,374	31,680	2.01
3.00	Total (sum of lines 1-2)	0	0	0	21,399,182	946,262	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	1,819,522	327,658	0	0	10,535,049	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,467,521	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	31,111	9,979	0	0	531,144	2.01
3.00	Total (sum of lines 1-2)	1,850,633	337,637	0	0	24,533,714	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/29/2018 8:58 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	-646,298	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	-29,321	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	-195,683	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	-24,292,428			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	-5,172,249			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,522,884	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 and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-72,665	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

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/29/2018 8:58 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	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-79,704	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.00
33.01	NON-ALLOWABLE INTEREST OFFSET	A	-1,274,066	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	TELEPHONE BENEFITS	A	-26,055	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	GUEST MEALS	B	-64,365	DIETARY	10.00	0	33.03
33.04	CHAPLAIN INCOME	B	-3,583	ADMIN & GENERAL - HOSPITAL	5.06	0	33.04
33.05	MEALS ON WHEELS	B	-53,591	DIETARY	10.00	0	33.05
33.06	TDOC CORNER GOURMET INCOME	B	-245,266	DIETARY	10.00	0	33.06
33.07	SNF CAFETERIA MEALS	B	-12,758	DIETARY - SURREY	10.01	0	33.07
33.08	LACTATION INCOME	B	-8,820	ADULTS & PEDIATRICS	30.00	0	33.08
33.09	PHYSICAL THERAPY INCOME	B	-17,290	PHYSICAL THERAPY	66.00	0	33.09
33.10	SPORTS MEDICINE INCOME	B	-15,669	PHYSICAL THERAPY	66.00	0	33.10
33.11	LACTATION INCOME	B	-50	ADULTS & PEDIATRICS	30.00	0	33.11
33.12	SPORTS MEDICINE INCOME	B	-49,410	PHYSICAL THERAPY	66.00	0	33.12
33.13	MASSAGE THERAPY	B	-118,501	PHYSICAL THERAPY	66.00	0	33.13
33.14	SPORTS MEDICINE INCOME	B	-14,355	PHYSICAL THERAPY	66.00	0	33.14
33.15	SPORTS MEDICINE INCOME	B	-8,360	PHYSICAL THERAPY	66.00	0	33.15
33.16	THERAPY SERVICESWINGHAVEN	B	-290	PHYSICAL THERAPY	66.00	0	33.16
33.17	THERAPY SERVICES-JCC BAXTER	B	-536	SPEECH PATHOLOGY	68.00	0	33.17
33.18	NUTRITION REFERENCE BOOKS	B	-32,360	SLEEP MEDICINE CLINIC	70.01	0	33.18
33.19	NUTRITION REFERENCE BOOKS	B	-60	NUTRITION/DIABETES EDUCATION	76.01	0	33.19
33.20	MISCELLANEOUS INCOME	B	-39,585	ADMIN & GENERAL - HOSPITAL	5.06	0	33.20
33.21	MOONLIGHTERS SALARIES	A	-84,415	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.21
33.22	MOONLIGHTERS BENEFITS	A	-21,948	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23	ADVERTISING	A	-285	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	ADVERTISING	A	-2,261	ADMIN & GENERAL - SURREY	5.05	0	33.24
33.25	ADVERTISING	A	-5,668	ADMIN & GENERAL - HOSPITAL	5.06	0	33.25
33.26	ADVERTISING	A	-2,853	VASCULAR ACCESS CENTER	50.01	0	33.26
33.27	ADVERTISING	A	-2,441	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28	ADVERTISING	A	-5,292	PHYSICAL THERAPY	66.00	0	33.28
33.29	ADVERTISING	A	-166	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.29
33.30	ADVERTISING	A	7,600	ELECTROCARDIOLOGY	69.00	0	33.30
33.31	ADVERTISING	A	-221	HYPERBARIC OXYGEN THERAPY	76.03	0	33.31
33.32	ADVERTISING	A	-1,605	EMERGENCY	91.00	0	33.32
33.33	ADVERTISING	A	-12,929	URGENT CARE CENTERS	91.01	0	33.33
33.34	ADVERTISING	A	-2,215	HOME HEALTH AGENCY	101.00	0	33.34
33.35	ASSET LIVES	A	51,753	CAP REL COSTS-BLDG & FIXT	1.00	9	33.35
33.36	ASSET LIVES	A	14,850	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.36
33.37	FRA TAX	A	6,512,658	ADMIN & GENERAL - HOSPITAL	5.06	0	33.37
33.38	RENT EXPENSE PAID FOR MOB SPACE	A	-3,531	EXECUTIVE HEALTH PROGRAM	194.16	0	33.38
33.39	RENT EXPENSE PAID FOR MOB SPACE	A	-149,951	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.39
33.40	RENT EXPENSE PAID FOR MOB SPACE	A	-7,210	NONPATIENT TELEPHONES	5.01	0	33.40
33.41	RENT EXPENSE PAID FOR MOB SPACE	A	-271,292	ADMIN & GENERAL - HOSPITAL	5.06	0	33.41
33.42	RENT EXPENSE PAID FOR MOB SPACE	A	-119,214	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	-97,542	OPERATING ROOM	50.00	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-33,695	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	-552,550	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	-413,923	LABORATORY	60.00	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-153,106	INTRAVENOUS THERAPY	64.00	0	33.50

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/29/2018 8:58 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	
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-40,623	BRAIN & SPINE INFUSION CENTER	64.01	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-13,739	PHYSICAL THERAPY	66.00	0	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-93,292	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	-60,300	ELECTROENCEPHALOGRAPHY	70.00	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-461,775	SLEEP MEDICINE CLINIC	70.01	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-78,999	DRUGS CHARGED TO PATIENTS	73.00	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-42,805	NUTRITION/DIABETES EDUCATION	76.01	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-80,597	CARDIAC REHAB	76.02	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-120,396	URGENT CARE CENTERS	91.01	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-41,730	ADULT DOWN SYNDROME CENTER	91.02	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-45,936	HOME HEALTH AGENCY	101.00	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-49,128	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	-7,725	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	-696,586	ADMIN & GENERAL - HOSPITAL	5.06	0	33.68
33.69	NON-ALLOWABLE	A	-17,375	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.69
33.70	NON-ALLOWABLE	A	-21,985	ADMIN & GENERAL - SURREY	5.05	0	33.70
33.71	NON-ALLOWABLE	A	-81,261	ADMIN & GENERAL - HOSPITAL	5.06	0	33.71
33.72	NON-ALLOWABLE	A	-8,154	MAINTENANCE & REPAIRS	6.00	0	33.72
33.73	NON-ALLOWABLE	A	-602	PURCHASING	6.01	0	33.73
33.74	NON-ALLOWABLE	A	-12,763	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.74
33.75	NON-ALLOWABLE	A	-2,651	LAUNDRY & LINEN SERVICE - SURREY	8.01	0	33.75
33.76	NON-ALLOWABLE	A	-1,025	HOUSEKEEPING	9.00	0	33.76
33.77	NON-ALLOWABLE	A	-361	DIETARY	10.00	0	33.77
33.78	NON-ALLOWABLE	A	-311	DIETARY - SURREY	10.01	0	33.78
33.79	NON-ALLOWABLE	A	-184	CAFETERIA	11.00	0	33.79
33.80	NON-ALLOWABLE	A	-1,197	NURSING ADMINISTRATION	13.00	0	33.80
33.81	NON-ALLOWABLE	A	-1,419	NURSING ADMINISTRATION - SURREY	13.01	0	33.81
33.82	NON-ALLOWABLE	A	-8,370	CENTRAL SERVICES & SUPPLY	14.00	0	33.82
33.83	NON-ALLOWABLE	A	-134	MEDICAL RECORDS & LIBRARY - SURREY	16.01	0	33.83
33.84	NON-ALLOWABLE	A	-22,505	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.84
33.85	NON-ALLOWABLE	A	-20,816	ADULTS & PEDIATRICS	30.00	0	33.85
33.86	NON-ALLOWABLE	A	-36,926	INTENSIVE CARE UNIT	31.00	0	33.86
33.87	NON-ALLOWABLE	A	-546	CORONARY CARE UNIT	32.00	0	33.87
33.88	NON-ALLOWABLE	A	-30	NURSERY	43.00	0	33.88
33.89	NON-ALLOWABLE	A	-1,406	SKILLED NURSING FACILITY	44.00	0	33.89
33.90	NON-ALLOWABLE	A	-120	OTHER LONG TERM CARE	46.00	0	33.90
33.91	NON-ALLOWABLE	A	-3,440	OPERATING ROOM	50.00	0	33.91
33.92	NON-ALLOWABLE	A	-2,186	VASCULAR ACCESS CENTER	50.01	0	33.92
33.93	NON-ALLOWABLE	A	-451	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.93
33.94	NON-ALLOWABLE	A	-30,971	RADIOLOGY-DIAGNOSTIC	54.00	0	33.94
33.95	NON-ALLOWABLE	A	-1,970	LABORATORY	60.00	0	33.95
33.96	NON-ALLOWABLE	A	-610	INTRAVENOUS THERAPY	64.00	0	33.96
33.97	NON-ALLOWABLE	A	-1,401	PHYSICAL THERAPY	66.00	0	33.97

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/29/2018 8:58 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	
33.98	NON-ALLOWABLE	A	-1,532	PHYSICAL THERAPY - SURREY	66.01	0	33.98
33.99	NON-ALLOWABLE	A	-1,513	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.99
34.00	NON-ALLOWABLE	A	-370	OCCUPATIONAL THERAPY	67.00	0	34.00
34.01	NON-ALLOWABLE	A	-103	SLEEP MEDICINE CLINIC	70.01	0	34.01
34.02	NON-ALLOWABLE	A	-318	DRUGS CHARGED TO PATIENTS	73.00	0	34.02
34.03	NON-ALLOWABLE	A	-479	NUTRITION/DIABETES EDUCATION	76.01	0	34.03
34.04	NON-ALLOWABLE	A	-7,144	CARDIAC REHAB	76.02	0	34.04
34.05	NON-ALLOWABLE	A	-616	HYPERBARIC OXYGEN THERAPY	76.03	0	34.05
34.06	NON-ALLOWABLE	A	-37,969	EMERGENCY	91.00	0	34.06
34.07	NON-ALLOWABLE	A	-17,689	URGENT CARE CENTERS	91.01	0	34.07
34.08	NON-ALLOWABLE	A	-10,233	ADULT DOWN SYNDROME CENTER	91.02	0	34.08
34.09	NON-ALLOWABLE	A	-252	HOME HEALTH AGENCY	101.00	0	34.09
34.10	NON-ALLOWABLE	A	-1,670	HOSPICE	116.00	0	34.10
34.11	LOBBYING	A	-39,773	ADMIN & GENERAL - HOSPITAL	5.06	0	34.11
34.12	PHYSICIAN BILLING	A	-206,948	ADULTS & PEDIATRICS	30.00	0	34.12
34.13	PHYSICIAN BILLING	A	-16,172	CORONARY CARE UNIT	32.00	0	34.13
34.14	PHYSICIAN BILLING	A	-37,128	SLEEP MEDICINE CLINIC	70.01	0	34.14
34.15	PHYSICIAN BILLING	A	-6,055	URGENT CARE CENTERS	91.01	0	34.15
34.16	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-288,000	ADMIN & GENERAL - HOSPITAL	5.06	0	34.16
34.17	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-74,880	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.17
34.18	REVENUE ADD BACK	A	26,932	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.18
34.19	REVENUE ADD BACK	A	510,707	ADMIN & GENERAL - HOSPITAL	5.06	0	34.19
34.20	REVENUE ADD BACK	A	470,374	INTRAVENOUS THERAPY	64.00	0	34.20
34.21	REVENUE ADD BACK	A	489,146	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.21
34.22	REVENUE ADD BACK	A	217,170	COMMUNITY OUTREACH	194.02	0	34.22
34.23	SLEEP RESEARCH	A	208,143	SLEEP RESEARCH	194.04	0	34.23
34.24	REHAB HOSPITAL	A	55,350	REHAB HOSPITAL COVERAGE	194.15	0	34.24
34.25	CHAPLAIN INCOME	B	-3,967	CLINICAL PASTORAL EDUCATION	23.01	0	34.25
34.26	EDUCATION CENTER DEPRECIATION	A	-60,435	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
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,632,500				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 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/29/2018 8:58 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	4,439,488	7,620,512	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	1,159,171	1,176,743	2.00
3.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	696,951	765,775	3.00
4.00	5.06	ADMIN & GENERAL - HOSPITAL	NETWORK ALLOCATION	0	1,904,829	4.00
5.00	0		0	6,295,610	11,467,859	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	C		0.00	SL DES PERES	100.00	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 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/29/2018 8:58 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	-3,181,024	0		1.00
2.00	-17,572	0		2.00
3.00	-68,824	0		3.00
4.00	-1,904,829	0		4.00
5.00	-5,172,249			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	HOSPITAL		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 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/29/2018 8:58 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	143,771	143,771	0	211,500	0	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	22,702	0	22,702	211,500	113	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	319,530	0	319,530	211,500	3,345	3.00
4.00	30.00	ADULTS & PEDIATRICS	9,368,925	7,768,376	1,600,549	211,500	11,229	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,705,393	1,640,270	65,123	211,500	285	5.00
6.00	32.00	CORONARY CARE UNIT	1,143,828	1,140,755	3,073	211,500	8	6.00
7.00	43.00	NURSERY	50,000	50,000	0	211,500	0	7.00
8.00	50.00	OPERATING ROOM	1,626,038	845,772	780,266	246,400	3,086	8.00
9.00	50.01	VASCULAR ACCESS CENTER	391,413	300,004	91,409	246,400	472	9.00
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,000	3,000	0	246,400	0	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	15,625	15,625	0	239,400	0	11.00
12.00	53.00	ANESTHESIOLOGY	558,137	558,137	0	239,400	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	241,406	241,406	0	271,900	0	13.00
14.00	57.01	TDOC CT SCAN	19,670	19,670	0	271,900	0	14.00
15.00	60.00	LABORATORY	190,000	0	190,000	260,300	1,620	15.00
16.00	64.00	INTRAVENOUS THERAPY	60,441	0	60,441	271,900	280	16.00
17.00	64.01	BRAIN & SPINE INFUSION CENTER	153,265	153,265	0	211,500	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	15,290	0	15,290	211,500	319	18.00
19.00	59.00	CARDIAC CATHETERIZATION	44,141	0	44,141	211,500	711	19.00
20.00	70.01	SLEEP MEDICINE CLINIC	1,145,031	1,134,915	10,116	211,500	86	20.00
21.00	76.02	CARDIAC REHAB	121,824	121,824	0	211,500	0	21.00
22.00	76.03	HYPERBARIC OXYGEN THERAPY	10,275	0	10,275	211,500	69	22.00
23.00	91.00	EMERGENCY	5,680,157	5,399,556	280,601	211,500	1,024	23.00
24.00	91.01	URGENT CARE CENTERS	3,663,271	3,663,271	0	211,500	0	24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	5,506	5,506	0	211,500	0	25.00
200.00			26,698,639	23,205,123	3,493,516		22,647	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	1,964	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	11,490	575	0	0	194	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	340,129	17,006	0	0	10,236	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,141,795	57,090	0	0	208,352	4.00
5.00	31.00	INTENSIVE CARE UNIT	28,980	1,449	0	0	24,661	5.00
6.00	32.00	CORONARY CARE UNIT	813	41	0	0	17,557	6.00
7.00	43.00	NURSERY	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	365,572	18,279	0	0	61,845	8.00
9.00	50.01	VASCULAR ACCESS CENTER	55,914	2,796	0	0	2,020	9.00
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,369	13.00
14.00	57.01	TDOC CT SCAN	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	202,734	10,137	0	0	0	15.00
16.00	64.00	INTRAVENOUS THERAPY	36,602	1,830	0	0	2,902	16.00
17.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	1,328	17.00
18.00	69.00	ELECTROCARDIOLOGY	32,437	1,622	0	0	301	18.00
19.00	59.00	CARDIAC CATHETERIZATION	72,296	3,615	0	0	468	19.00
20.00	70.01	SLEEP MEDICINE CLINIC	8,745	437	0	0	8,604	20.00
21.00	76.02	CARDIAC REHAB	0	0	0	0	0	21.00
22.00	76.03	HYPERBARIC OXYGEN THERAPY	7,016	351	0	0	0	22.00
23.00	91.00	EMERGENCY	104,123	5,206	0	0	127,440	23.00
24.00	91.01	URGENT CARE CENTERS	0	0	0	0	58,411	24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	94	25.00
200.00			2,408,646	120,434	0	0	529,746	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	143,771		1.00
2.00	5.05	ADMIN & GENERAL - SURREY	194	11,684	11,018	11,018		2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	10,236	350,365	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	35,594	1,177,389	423,160	8,191,536		4.00
5.00	31.00	INTENSIVE CARE UNIT	942	29,922	35,201	1,675,471		5.00
6.00	32.00	CORONARY CARE UNIT	47	860	2,213	1,142,968		6.00
7.00	43.00	NURSERY	0	0	0	50,000		7.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/29/2018 8:58 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		
8.00	50.00	OPERATING ROOM	29,677	395,249	385,017	1,230,789		8.00
9.00	50.01	VASCULAR ACCESS CENTER	472	56,386	35,023	335,027		9.00
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,000		10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	15,625		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	558,137		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	241,406		13.00
14.00	57.01	TDOC CT SCAN	0	0	0	19,670		14.00
15.00	60.00	LABORATORY	0	202,734	0	0		15.00
16.00	64.00	INTRAVENOUS THERAPY	2,902	39,504	20,937	20,937		16.00
17.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	153,265		17.00
18.00	69.00	ELECTROCARDIOLOGY	301	32,738	0	0		18.00
19.00	59.00	CARDIAC CATHETERIZATION	468	72,764	0	0		19.00
20.00	70.01	SLEEP MEDICINE CLINIC	76	8,821	1,295	1,136,210		20.00
21.00	76.02	CARDIAC REHAB	0	0	0	121,824		21.00
22.00	76.03	HYPERBARIC OXYGEN THERAPY	0	7,016	3,259	3,259		22.00
23.00	91.00	EMERGENCY	6,296	110,419	170,182	5,569,738		23.00
24.00	91.01	URGENT CARE CENTERS	0	0	0	3,663,271		24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	0	0	0	5,506		25.00
200.00			87,205	2,495,851	1,087,305	24,292,428		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	10,535,049	10,535,049				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,467,521		13,467,521			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	531,144		0	531,144		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	41,133,293	84,270	107,727	0	41,325,290	4.00
5.01	00591	NONPATIENT TELEPHONES	660,496	20,813	26,606	0	100,484	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	19,730	0	0	0	0	5.03
5.04	00540	ADMITTING	1,185,956	23,122	29,558	0	268,621	5.04
5.05	00593	ADMIN & GENERAL - SURREY	822,384	0	0	26,523	115,314	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	49,603,321	970,839	1,241,075	0	5,181,264	5.06
6.00	00600	MAINTENANCE & REPAIRS	11,899,633	1,163,567	1,487,450	0	447,010	6.00
6.01	00601	PURCHASING	1,555,874	33,217	42,464	0	149,425	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	621,932	0	0	17,206	48,147	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,289,951	55,575	71,044	0	20,179	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	108,990	0	0	8,829	5,084	8.01
9.00	00900	HOUSEKEEPING	3,583,205	60,448	77,273	0	627,184	9.00
9.01	00901	HOUSEKEEPING - SURREY	240,750	0	0	0	41,739	9.01
10.00	01000	DIETARY	1,790,460	216,455	276,706	0	469,993	10.00
10.01	01001	DIETARY - SURREY	1,352,355	0	0	19,799	157,145	10.01
11.00	01100	CAFETERIA	498,577	201,693	257,836	0	102,132	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	36,601	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,858,219	25,462	32,550	0	350,892	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	213,463	0	0	1,728	46,292	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,904,466	247,125	315,913	0	392,754	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,030,942	91,452	116,907	0	787,290	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	258,688	0	0	0	58,577	16.01
17.00	01700	SOCIAL SERVICE	865	27,740	35,461	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	291,295	0	0	1,240	65,968	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,355,492	0	0	0	534,975	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,811,344	5,239	6,697	0	420,911	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	180,641	19,937	25,486	0	0	23.01
23.02	02302	PHARMACY EDUCATION	300,054	5,557	7,104	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,489,669	2,075,802	2,653,614	0	7,030,684	30.00
31.00	03100	INTENSIVE CARE UNIT	2,662,337	134,351	171,748	0	922,262	31.00
32.00	03200	CORONARY CARE UNIT	3,119,308	195,610	250,059	0	895,265	32.00
43.00	04300	NURSERY	4,377,197	296,776	379,384	0	900,067	43.00
44.00	04400	SKILLED NURSING FACILITY	2,263,836	0	0	144,226	485,329	44.00
46.00	04600	OTHER LONG TERM CARE	1,950,778	0	0	253,502	424,258	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,900,919	988,228	1,263,305	0	3,407,238	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,298,169	0	0	0	110,488	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	327,831	60,766	77,680	0	59,142	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,597,994	129,717	165,824	0	251,645	50.04
51.00	05100	RECOVERY ROOM	1,375,483	74,397	95,106	0	299,891	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,233,777	99,955	127,778	0	241,556	52.00
53.00	05300	ANESTHESIOLOGY	581,779	2,309	2,952	0	68,912	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,263,718	749,352	957,937	0	1,343,360	54.00
54.01	05401	TDOC RADIOLOGY	507,057	42,183	53,924	0	107,921	54.01
54.02	05402	CDI RADIOLOGY	9,488,066	0	0	0	466,047	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	908,409	58,425	74,688	0	162,453	57.00
57.01	05701	TDOC CT SCAN	145,052	20,510	26,219	0	28,578	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	327,038	65,607	83,869	0	67,339	58.00
58.01	05801	TDOC - MRI	214,214	35,638	45,558	0	43,297	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,206,397	149,781	191,473	0	308,004	59.00
60.00	06000	LABORATORY	11,334,481	297,620	380,463	0	992,286	60.00
64.00	06400	INTRAVENOUS THERAPY	24,659,105	85,544	109,355	0	594,577	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	80,526	17,930	22,921	0	50,818	64.01
65.00	06500	RESPIRATORY THERAPY	2,126,502	26,673	34,097	0	444,411	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	7,858	0	0	451	0	65.01
66.00	06600	PHYSICAL THERAPY	4,478,906	330,821	422,906	0	987,286	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,339,846	0	0	19,348	302,692	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	630,229	57,693	73,752	0	16,265	66.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	746,240	0	0	0	168,408	67.00
68.00	06800	SPEECH PATHOLOGY	249,443	1,194	1,527	0	55,745	68.00
69.00	06900	ELECTROCARDIOLOGY	1,582,473	58,091	74,261	0	300,790	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	830,352	70,655	90,322	0	162,953	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	268,429	29,125	37,232	0	52,904	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,764,791	130,816	167,229	0	630,014	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,827,398	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,831,587	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,342,680	97,996	125,274	0	877,385	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	773,546	16,051	20,519	0	173,142	76.01
76.02	03952	CARDIAC REHAB	2,420,042	168,492	215,392	0	465,866	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	529,624	107,885	137,915	0	81,088	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,922	0	0	0	7,815	90.00
91.00	09100	EMERGENCY	3,763,014	153,077	195,687	0	1,983,572	91.00
91.01	09101	URGENT CARE CENTERS	9,663,830	88,028	112,531	0	2,357,841	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	97,037	20,701	26,463	0	22,316	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,049,868	21,386	27,339	0	812,005	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,318,885	7,532	9,629	0	306,430	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	377,101,732	10,219,228	13,063,789	529,453	39,861,725	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,256	24,459	31,268	1,691	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,424,995	87,996	112,490	0	550,721	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	460,952	25,510	32,611	0	74,135	194.01
194.02	07952	COMMUNITY OUTREACH	952,565	19,491	24,916	0	125,154	194.02
194.03	07953	FOUNTAIN CAFE	41,846	3,424	4,377	0	6,385	194.03
194.04	07954	SLEEP RESEARCH	200,834	0	0	0	31,892	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	375,241	3,440	4,397	0	83,625	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	82,391	105,325	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,107,128	24,634	31,492	0	172,049	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	70,909	0	0	0	10,908	194.12
194.13	07963	VOLUNTEERS	263,993	21,020	26,871	0	53,935	194.13
194.14	07964	RETAIL PHARMACY	6,429,567	16,035	20,499	0	190,378	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	428,154	0	0	0	93,571	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	135,796	7,421	9,486	0	27,936	194.16
194.17	07967	VALET SERVICES	188,781	0	0	0	42,876	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 through 201)	401,184,749	10,535,049	13,467,521	531,144	41,325,290	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	808,399					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	23,432	43,162	0	43,162		5.03
5.04	00540	ADMITTING	17,007	1,524,264	0	0	1,524,264	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	964,221	0	9,050	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	134,165	57,130,664	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	12,850	15,010,510	0	0	0	6.00
6.01	00601	PURCHASING	4,535	1,785,515	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	687,285	0	2,785	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	378	1,437,127	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	122,903	0	696	0	8.01
9.00	00900	HOUSEKEEPING	14,361	4,362,471	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	282,489	0	696	0	9.01
10.00	01000	DIETARY	10,960	2,764,574	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,529,299	0	4,177	0	10.01
11.00	01100	CAFETERIA	2,268	1,062,506	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	36,601	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	8,315	2,275,438	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	261,483	0	1,392	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,692	3,868,950	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,141	5,044,732	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	317,265	0	2,088	0	16.01
17.00	01700	SOCIAL SERVICE	0	64,066	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	358,503	0	1,392	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	2,890,467	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,023	2,247,214	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	756	226,820	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	756	313,471	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	120,561	37,370,330	0	0	132,834	30.00
31.00	03100	INTENSIVE CARE UNIT	6,425	3,897,123	0	0	14,774	31.00
32.00	03200	CORONARY CARE UNIT	10,960	4,471,202	0	0	14,173	32.00
43.00	04300	NURSERY	22,676	5,976,100	0	0	10,518	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,893,391	0	10,443	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,628,538	0	7,658	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	59,713	29,619,403	0	0	140,678	50.00
50.01	03650	VASCULAR ACCESS CENTER	756	1,409,413	0	0	7,105	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,779	529,198	0	0	4,623	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,315	2,153,495	0	0	15,507	50.04
51.00	05100	RECOVERY ROOM	7,937	1,852,814	0	0	11,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,937	1,711,003	0	0	5,452	52.00
53.00	05300	ANESTHESIOLOGY	2,268	658,220	0	0	13,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,014	10,348,381	0	0	96,365	54.00
54.01	05401	TDOC RADIOLOGY	1,890	712,975	0	0	13,441	54.01
54.02	05402	CDI RADIOLOGY	0	9,954,113	0	0	64,868	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	3,023	1,206,998	0	0	72,278	57.00
57.01	05701	TDOC CT SCAN	378	220,737	0	0	11,685	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,401	547,254	0	0	17,006	58.00
58.01	05801	TDOC - MRI	378	339,085	0	0	11,823	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,448	1,865,103	0	0	48,627	59.00
60.00	06000	LABORATORY	27,967	13,032,817	0	0	183,369	60.00
64.00	06400	INTRAVENOUS THERAPY	3,023	25,451,604	0	0	125,255	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	378	172,573	0	0	539	64.01
65.00	06500	RESPIRATORY THERAPY	7,181	2,638,864	0	0	20,880	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,309	0	0	12	65.01
66.00	06600	PHYSICAL THERAPY	17,385	6,237,304	0	0	25,903	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,661,886	0	2,785	6	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,023	780,962	0	0	2,330	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,535	919,183	0	0	4,572	67.00
68.00	06800	SPEECH PATHOLOGY	1,512	309,421	0	0	1,302	68.00
69.00	06900	ELECTROCARDIOLOGY	9,826	2,025,441	0	0	38,417	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	7,937	1,162,219	0	0	28,691	69.01

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		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	4,157	391,847	0	0	4,665	70.00
70.01	07001	SLEEP MEDICINE CLINIC	11,716	2,704,566	0	0	7,571	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,827,398	0	0	38,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,831,587	0	0	92,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,228	14,456,563	0	0	125,189	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	2,646	985,904	0	0	3,581	76.01
76.02	03952	CARDIAC REHAB	9,826	3,279,618	0	0	8,335	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	4,913	861,425	0	0	2,545	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	47,737	0	0	128	90.00
91.00	09100	EMERGENCY	23,054	6,118,404	0	0	54,856	91.00
91.01	09101	URGENT CARE CENTERS	0	12,222,230	0	0	48,352	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,134	167,651	0	0	9	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	24,188	4,934,786	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	14,739	2,657,215	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	755,866	374,864,390	0	43,162	1,524,244	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,134	60,808	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,699	13,201,901	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	3,023	596,231	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	4,913	1,127,039	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	378	56,410	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1,134	233,860	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	1,890	468,593	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	187,716	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	4,913	2,340,216	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	378	82,195	0	0	0	194.12
194.13	07963	VOLUNTEERS	5,291	371,110	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	2,646	6,659,125	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	521,725	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1,134	181,773	0	0	20	194.16
194.17	07967	VALET SERVICES	0	231,657	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 through 201)	808,399	401,184,749	0	43,162	1,524,264	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	973,271	973,271				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	57,130,664	138,902	57,269,566	57,269,566		5.06
6.00	00600	MAINTENANCE & REPAIRS	15,010,510	36,506	15,047,016	2,505,659	17,552,675	6.00
6.01	00601	PURCHASING	1,785,515	4,342	1,789,857	298,051	70,482	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	690,070	1,678	691,748	115,191	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,437,127	3,495	1,440,622	239,895	117,920	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	123,599	301	123,900	20,632	0	8.01
9.00	00900	HOUSEKEEPING	4,362,471	10,610	4,373,081	728,214	128,259	9.00
9.01	00901	HOUSEKEEPING - SURREY	283,185	689	283,874	47,271	0	9.01
10.00	01000	DIETARY	2,764,574	6,723	2,771,297	461,482	459,280	10.00
10.01	01001	DIETARY - SURREY	1,533,476	3,729	1,537,205	255,978	0	10.01
11.00	01100	CAFETERIA	1,062,506	2,584	1,065,090	177,361	427,958	11.00
11.01	01101	CAFETERIA - SURREY	36,601	89	36,690	6,110	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,275,438	5,534	2,280,972	379,832	54,027	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	262,875	639	263,514	43,881	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,868,950	9,409	3,878,359	645,832	524,355	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,044,732	12,269	5,057,001	842,102	194,044	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	319,353	777	320,130	53,309	0	16.01
17.00	01700	SOCIAL SERVICE	64,066	156	64,222	10,694	58,859	17.00
17.01	01701	SOCIAL SERVICE - SURREY	359,895	875	360,770	60,076	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,890,467	7,030	2,897,497	482,497	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,247,214	5,465	2,252,679	375,121	11,116	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	226,820	552	227,372	37,862	42,303	23.01
23.02	02302	PHARMACY EDUCATION	313,471	762	314,233	52,327	11,792	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,503,164	91,208	37,594,372	6,260,412	4,404,501	30.00
31.00	03100	INTENSIVE CARE UNIT	3,911,897	9,514	3,921,411	653,001	285,069	31.00
32.00	03200	CORONARY CARE UNIT	4,485,375	10,908	4,496,283	748,730	415,051	32.00
43.00	04300	NURSERY	5,986,618	14,559	6,001,177	999,328	629,706	43.00
44.00	04400	SKILLED NURSING FACILITY	2,903,834	7,062	2,910,896	484,728	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,636,196	6,411	2,642,607	440,052	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,760,081	72,377	29,832,458	4,967,761	2,096,847	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,416,518	3,445	1,419,963	236,455	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	533,821	1,298	535,119	89,109	128,935	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,169,002	5,275	2,174,277	362,065	275,237	50.04
51.00	05100	RECOVERY ROOM	1,864,610	4,535	1,869,145	311,254	157,857	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,716,455	4,174	1,720,629	286,523	212,087	52.00
53.00	05300	ANESTHESIOLOGY	671,287	1,633	672,920	112,056	4,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,444,746	25,402	10,470,148	1,743,510	1,589,994	54.00
54.01	05401	TDOC RADIOLOGY	726,416	1,767	728,183	121,258	89,504	54.01
54.02	05402	CDI RADIOLOGY	10,018,981	24,366	10,043,347	1,672,438	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	1,279,276	3,111	1,282,387	213,546	123,968	57.00
57.01	05701	TDOC CT SCAN	232,422	565	232,987	38,797	43,519	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	564,260	1,372	565,632	94,190	139,206	58.00
58.01	05801	TDOC - MRI	350,908	853	351,761	58,576	75,617	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,913,730	4,654	1,918,384	319,453	317,810	59.00
60.00	06000	LABORATORY	13,216,186	32,142	13,248,328	2,206,138	631,497	60.00
64.00	06400	INTRAVENOUS THERAPY	25,576,859	62,203	25,639,062	4,269,468	181,509	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	173,112	421	173,533	28,897	38,045	64.01
65.00	06500	RESPIRATORY THERAPY	2,659,744	6,468	2,666,212	443,983	56,595	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	8,321	20	8,341	1,389	0	65.01
66.00	06600	PHYSICAL THERAPY	6,263,207	15,232	6,278,439	1,045,498	701,945	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,664,677	4,048	1,668,725	277,879	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	783,292	1,905	785,197	130,753	122,414	66.02
67.00	06700	OCCUPATIONAL THERAPY	923,755	2,247	926,002	154,200	0	67.00
68.00	06800	SPEECH PATHOLOGY	310,723	756	311,479	51,868	2,534	68.00
69.00	06900	ELECTROCARDIOLOGY	2,063,858	5,019	2,068,877	344,514	123,258	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,190,910	2,896	1,193,806	198,795	149,917	69.01

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		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	396,512	964	397,476	66,188	61,798	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,712,137	6,596	2,718,733	452,729	277,568	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,865,685	26,425	10,892,110	1,813,776	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,924,417	82,504	34,006,921	5,662,900	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,581,752	35,463	14,617,215	2,434,088	207,931	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	989,485	2,406	991,891	165,172	34,058	76.01
76.02	03952	CARDIAC REHAB	3,287,953	7,996	3,295,949	548,848	357,510	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	863,970	2,101	866,071	144,220	228,913	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	47,865	116	47,981	7,990	0	90.00
91.00	09100	EMERGENCY	6,173,260	15,013	6,188,273	1,030,484	324,804	91.00
91.01	09101	URGENT CARE CENTERS	12,270,582	29,842	12,300,424	2,048,291	186,780	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	167,660	408	168,068	27,987	43,924	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,934,786	12,001	4,946,787	823,749	45,377	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,657,215	6,462	2,663,677	443,561	15,982	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	374,864,370	909,259	374,800,358	52,875,984	16,882,561	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,808	148	60,956	10,151	51,898	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,201,901	32,107	13,234,008	2,203,753	186,712	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	596,231	1,450	597,681	99,527	54,128	194.01
194.02	07952	COMMUNITY OUTREACH	1,127,039	2,741	1,129,780	188,133	41,356	194.02
194.03	07953	FOUNTAIN CAFE	56,410	137	56,547	9,416	7,264	194.03
194.04	07954	SLEEP RESEARCH	233,860	569	234,429	39,038	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	468,593	1,140	469,733	78,221	7,298	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	187,716	457	188,173	31,335	174,819	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,340,216	5,691	2,345,907	390,645	52,270	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	82,195	200	82,395	13,721	0	194.12
194.13	07963	VOLUNTEERS	371,110	903	372,013	61,948	44,600	194.13
194.14	07964	RETAIL PHARMACY	6,659,125	16,195	6,675,320	1,111,588	34,024	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	521,725	1,269	522,994	87,090	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	181,793	442	182,235	30,346	15,745	194.16
194.17	07967	VALET SERVICES	231,657	563	232,220	38,670	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 through 201)	401,184,749	973,271	401,184,749	57,269,566	17,552,675	202.00

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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	
		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	2,158,390					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	325	807,264				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	396	0	1,798,833			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	221	14,622	0	159,375		8.01
9.00	00900	HOUSEKEEPING	11,585	0	0	0	5,241,139	9.00
9.01	00901	HOUSEKEEPING - SURREY	1,360	0	0	0	0	9.01
10.00	01000	DIETARY	20,850	0	0	0	139,658	10.00
10.01	01001	DIETARY - SURREY	21,372	32,791	0	0	0	10.01
11.00	01100	CAFETERIA	39,791	0	0	0	130,134	11.00
11.01	01101	CAFETERIA - SURREY	0	60,619	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	972	0	0	0	16,429	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	252	2,862	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	22,024	0	0	0	159,446	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	748	0	0	0	59,005	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	11	0	0	0	17,898	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	2,053	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	1,294	0	0	0	3,380	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	12,863	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	3,586	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,819	0	903,936	0	1,339,321	30.00
31.00	03100	INTENSIVE CARE UNIT	8,237	0	54,148	0	86,684	31.00
32.00	03200	CORONARY CARE UNIT	9,578	0	101,925	0	126,209	32.00
43.00	04300	NURSERY	14,321	0	45,711	0	191,481	43.00
44.00	04400	SKILLED NURSING FACILITY	2,889	238,869	0	63,197	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,262	419,857	0	96,178	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,096,700	0	176,729	0	637,611	50.00
50.01	03650	VASCULAR ACCESS CENTER	9,624	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,881	0	0	0	39,207	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	9,855	0	47,136	0	83,694	50.04
51.00	05100	RECOVERY ROOM	1,596	0	40,699	0	48,001	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,818	0	12,141	0	64,492	52.00
53.00	05300	ANESTHESIOLOGY	8,292	0	0	0	1,490	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,930	0	139,913	0	483,486	54.00
54.01	05401	TDOC RADIOLOGY	762	0	0	0	27,217	54.01
54.02	05402	CDI RADIOLOGY	33	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	1,204	0	0	0	37,696	57.00
57.01	05701	TDOC CT SCAN	458	0	0	0	13,233	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	996	0	32,846	0	42,330	58.00
58.01	05801	TDOC - MRI	513	0	0	0	22,994	58.01
59.00	05900	CARDIAC CATHETERIZATION	233,983	0	29,341	0	96,640	59.00
60.00	06000	LABORATORY	97,521	0	0	0	192,026	60.00
64.00	06400	INTRAVENOUS THERAPY	17,838	0	11,348	0	55,193	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	284	0	0	0	11,569	64.01
65.00	06500	RESPIRATORY THERAPY	5,212	0	0	0	17,209	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	253	747	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,148	0	5,798	0	213,448	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	169	32,044	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	133	0	0	0	37,224	66.02
67.00	06700	OCCUPATIONAL THERAPY	33	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5	0	0	0	771	68.00
69.00	06900	ELECTROCARDIOLOGY	1,176	0	20,881	0	37,481	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	887	0	0	0	45,587	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	913	0	0	0	18,792	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,955	0	0	0	84,403	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	328,938	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,927	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,260	0	0	0	63,228	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	46	0	0	0	10,356	76.01
76.02	03952	CARDIAC REHAB	1,981	0	0	0	108,712	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	8,592	0	0	0	69,608	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	177	0	0	0	0	90.00
91.00	09100	EMERGENCY	20,939	0	173,226	0	98,767	91.00
91.01	09101	URGENT CARE CENTERS	18,231	0	0	0	56,796	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	269	0	0	0	13,357	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,284	0	0	0	13,798	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,914	0	0	0	4,860	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,135,037	804,464	1,795,778	159,375	5,037,370	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,800	0	0	15,781	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,180	0	3,055	0	56,776	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	731	0	0	0	16,459	194.01
194.02	07952	COMMUNITY OUTREACH	2,477	0	0	0	12,576	194.02
194.03	07953	FOUNTAIN CAFE	2,388	0	0	0	2,209	194.03
194.04	07954	SLEEP RESEARCH	142	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	140	0	0	0	2,219	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	53,159	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,608	0	0	0	15,894	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	432	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	198	0	0	0	13,562	194.13
194.14	07964	RETAIL PHARMACY	1,969	0	0	0	10,346	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	88	0	0	0	4,788	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 through 201)	2,158,390	807,264	1,798,833	159,375	5,241,139	202.00

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		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	332,505					9.01
10.00	01000	DIETARY	0	3,852,567				10.00
10.01	01001	DIETARY - SURREY	13,755	0	1,861,101			10.01
11.00	01100	CAFETERIA	0	2,226,565	0	4,066,899		11.00
11.01	01101	CAFETERIA - SURREY	25,429	0	54,219	0	183,067	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	45,328	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	1,201	0	0	0	2,949	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	104,593	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	10,788	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	861	0	0	0	6,461	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	115,146	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,873	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	5,612	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	8,915	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,154,960	0	1,077,185	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	70,256	0	100,162	0	31.00
32.00	03200	CORONARY CARE UNIT	0	61,827	0	110,447	0	32.00
43.00	04300	NURSERY	0	0	0	135,447	0	43.00
44.00	04400	SKILLED NURSING FACILITY	100,203	0	569,733	0	67,276	44.00
46.00	04600	OTHER LONG TERM CARE	176,126	0	867,066	0	63,067	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	478,280	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	11,144	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	12,755	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	44,415	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	48,309	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	40,951	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,093	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	236,549	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	17,642	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	28,840	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	4,511	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,768	0	58.00
58.01	05801	TDOC - MRI	0	0	0	7,197	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,603	0	59.00
60.00	06000	LABORATORY	0	0	0	193,074	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	99,007	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	2,712	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	84,292	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	313	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	149,115	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	13,442	0	0	0	29,074	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	5,451	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	30,210	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,190	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47,235	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	32,976	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,956	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	81,499	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	107,815	1,852	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	20,355	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	80,183	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	16,380	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,470	0	90.00
91.00	09100	EMERGENCY	0	0	0	175,136	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	5,585	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 through 117)	331,330	3,513,608	1,491,018	3,863,406	181,467	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,175	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	106,768	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	10,097	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,772	0	194.02
194.03	07953	FOUNTAIN CAFE	0	195,212	0	2,793	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	5,102	0	194.04
194.05	07955	MEALS ON WHEELS	0	86,298	0	0	0	194.05
194.06	07956	GUEST MEALS	0	57,449	23,380	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	13,104	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	2,283	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	11,601	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	31,311	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	346,703	3,383	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	15,279	1,600	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 through 201)	332,505	3,852,567	1,861,101	4,066,899	183,067	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	2,777,560					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	314,659				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,334,609			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1	6,152,901		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	101	0	384,328	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	8	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	1,590,370	0	299,429	536,053	0	30.00
31.00	03100	INTENSIVE CARE UNIT	198,913	0	52,652	59,619	0	31.00
32.00	03200	CORONARY CARE UNIT	222,456	0	61,181	57,195	0	32.00
43.00	04300	NURSERY	286,531	0	84,354	42,447	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	124,773	14,032	0	77,866	44.00
46.00	04600	OTHER LONG TERM CARE	0	189,886	12,397	0	106,528	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	567,709	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	180,932	28,674	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	11,521	18,658	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	57,843	62,579	0	50.04
51.00	05100	RECOVERY ROOM	0	0	7,096	47,603	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,820	0	28,763	22,002	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	57,288	52,730	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,494	0	258,912	388,883	1,953	54.00
54.01	05401	TDOC RADIOLOGY	0	0	2,035	54,239	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	7	261,777	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	6,779	291,678	0	57.00
57.01	05701	TDOC CT SCAN	0	0	2,466	47,153	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	6,532	68,630	0	58.00
58.01	05801	TDOC - MRI	0	0	2,684	47,712	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	93,036	0	648,941	196,234	0	59.00
60.00	06000	LABORATORY	0	0	669,855	741,699	13,639	60.00
64.00	06400	INTRAVENOUS THERAPY	28,024	0	111,665	505,469	637	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	1,880	2,176	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	18,477	84,260	23	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	5	49	431	65.01
66.00	06600	PHYSICAL THERAPY	0	0	6,757	104,532	2	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	194	23	110,313	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	352	9,404	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	212	18,452	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,255	57	68.00
69.00	06900	ELECTROCARDIOLOGY	468	0	6,726	155,031	103	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	5,156	115,783	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,520	18,825	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	10,712	30,553	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,446,183	154,508	8,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	374,617	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	26,051	505,201	64,496	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	173	14,452	3	76.01
76.02	03952	CARDIAC REHAB	27,155	0	2,661	33,636	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	4,237	10,271	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,146	518	0	90.00
91.00	09100	EMERGENCY	251,618	0	97,139	221,370	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	59,095	195,127	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	12	35	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	26,551	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	32,707	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,774,885	314,659	5,329,420	6,152,821	384,328	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	4,262	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	538	1	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	31	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	34	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	5	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	2,675	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	15	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	260	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	44	79	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 through 201)	2,777,560	314,659	5,334,609	6,152,901	384,328	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	151,684					17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	430,221				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		3,495,140		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			2,646,471	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	135,828	0	0	2,096,003	1,587,065	30.00
31.00	03100	INTENSIVE CARE UNIT	8,434	0	0	309,719	234,515	31.00
32.00	03200	CORONARY CARE UNIT	7,422	0	0	1,801	1,363	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	170,597	0	151,258	114,530	44.00
46.00	04600	OTHER LONG TERM CARE	0	259,624	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	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	5,402	4,090	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,601	2,727	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	18,007	13,635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,426	51,811	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	90,035	68,173	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	129,650	98,169	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	151,258	114,530	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	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	104,440	79,081	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	0	66,626	50,448	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	163,863	124,075	90.00
91.00	09100	EMERGENCY	0	0	0	131,450	99,532	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)						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				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	151,684	430,221	0	3,491,539	2,643,744	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	0	3,601	2,727	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			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	151,684	430,221	0	3,495,140	2,646,471	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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		326,012				23.01
23.02	02302	PHARMACY EDUCATION			390,853			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	185,203	0	59,218,457	-3,683,068	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,500	0	6,054,320	-544,234	31.00
32.00	03200	CORONARY CARE UNIT	0	10,121	0	6,431,589	-3,164	32.00
43.00	04300	NURSERY	0	0	0	8,430,503	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	47,262	0	5,138,109	-265,788	44.00
46.00	04600	OTHER LONG TERM CARE	0	71,926	0	5,347,576	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	39,854,095	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	1,886,792	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	837,185	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	9,492	-9,492	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,123,429	-6,328	50.04
51.00	05100	RECOVERY ROOM	0	0	0	2,531,560	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,460,226	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	960,410	-31,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,460,009	-120,237	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	1,040,840	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	11,977,602	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	1,986,098	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	383,124	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	961,130	0	58.00
58.01	05801	TDOC - MRI	0	0	0	567,054	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,056,633	-158,208	59.00
60.00	06000	LABORATORY	0	0	0	17,993,777	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	30,919,220	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	259,096	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,604,082	-227,819	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	11,528	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,507,682	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,131,863	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	1,090,928	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,129,109	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	380,159	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	3,071,538	-265,788	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	1,742,907	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	580,468	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	3,841,673	-183,521	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,643,792	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,049,365	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	390,853	18,430,990	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	1,236,506	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	4,456,635	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	1,465,366	-117,074	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	348,220	-287,938	90.00
91.00	09100	EMERGENCY	0	0	0	8,812,738	-230,982	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	14,864,744	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	259,237	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	5,860,546	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	3,165,701	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	326,012	390,853	368,574,103	-6,135,283	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	142,761	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	15,807,514	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	778,623	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,376,633	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	275,860	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	278,745	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	86,298	0	194.05
194.06	07956	GUEST MEALS	0	0	0	80,829	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	570,720	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	6,328	-6,328	194.08
194.09	07959	VACANT SPACE	0	0	0	447,486	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	2,807,324	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	101,506	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	503,937	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	7,864,818	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	960,170	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	233,325	0	194.16
194.17	07967	VALET SERVICES	0	0	0	287,769	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 through 201)	0	326,012	390,853	401,184,749	-6,141,611	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 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	55,535,389		30.00
31.00	03100	INTENSIVE CARE UNIT	5,510,086		31.00
32.00	03200	CORONARY CARE UNIT	6,428,425		32.00
43.00	04300	NURSERY	8,430,503		43.00
44.00	04400	SKILLED NURSING FACILITY	4,872,321		44.00
46.00	04600	OTHER LONG TERM CARE	5,347,576		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	39,854,095		50.00
50.01	03650	VASCULAR ACCESS CENTER	1,886,792		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	837,185		50.02
50.03	05002	PAIN MGMT CENTER	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,117,101		50.04
51.00	05100	RECOVERY ROOM	2,531,560		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,460,226		52.00
53.00	05300	ANESTHESIOLOGY	928,768		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,339,772		54.00
54.01	05401	TDOC RADIOLOGY	1,040,840		54.01
54.02	05402	CDI RADIOLOGY	11,977,602		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	1,986,098		57.00
57.01	05701	TDOC CT SCAN	383,124		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	961,130		58.00
58.01	05801	TDOC - MRI	567,054		58.01
59.00	05900	CARDIAC CATHETERIZATION	3,898,425		59.00
60.00	06000	LABORATORY	17,993,777		60.00
64.00	06400	INTRAVENOUS THERAPY	30,919,220		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	259,096		64.01
65.00	06500	RESPIRATORY THERAPY	3,376,263		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,528		65.01
66.00	06600	PHYSICAL THERAPY	8,507,682		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,131,863		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,090,928		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,129,109		67.00
68.00	06800	SPEECH PATHOLOGY	380,159		68.00
69.00	06900	ELECTROCARDIOLOGY	2,805,750		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,742,907		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	580,468		70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,658,152		70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/29/2018 8:58 am

		Cost Center Description	Total		
			26.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,643,792		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,049,365		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,430,990		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	1,236,506		76.01
76.02	03952	CARDIAC REHAB	4,456,635		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,348,292		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	60,282		90.00
91.00	09100	EMERGENCY	8,581,756		91.00
91.01	09101	URGENT CARE CENTERS	14,864,744		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	259,237		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	5,860,546		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	3,165,701		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	362,438,820		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	142,761		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,807,514		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	07951	DEVELOPMENT	778,623		194.01
194.02	07952	COMMUNITY OUTREACH	1,376,633		194.02
194.03	07953	FOUNTAIN CAFE	275,860		194.03
194.04	07954	SLEEP RESEARCH	278,745		194.04
194.05	07955	MEALS ON WHEELS	86,298		194.05
194.06	07956	GUEST MEALS	80,829		194.06
194.07	07957	PHYSICIAN REFERRAL	570,720		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0		194.08
194.09	07959	VACANT SPACE	447,486		194.09
194.10	07960	TV STORAGE	0		194.10
194.11	07961	MARKETING	2,807,324		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	101,506		194.12
194.13	07963	VOLUNTEERS	503,937		194.13
194.14	07964	RETAIL PHARMACY	7,864,818		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	960,170		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	233,325		194.16
194.17	07967	VALET SERVICES	287,769		194.17
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	395,043,138		202.00

COST ALLOCATION STATISTICS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet Non-CMS W | Date/Time Prepared: 11/29/2018 8:58 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	28	TOTAL DAYS	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 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/29/2018 8:58 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	84,270	107,727	0	191,997	4.00
5.01	00591	NONPATIENT TELEPHONES	0	20,813	26,606	0	47,419	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	23,122	29,558	0	52,680	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	0	26,523	26,523	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	970,839	1,241,075	0	2,211,914	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,163,567	1,487,450	0	2,651,017	6.00
6.01	00601	PURCHASING	0	33,217	42,464	0	75,681	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	17,206	17,206	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	55,575	71,044	0	126,619	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	8,829	8,829	8.01
9.00	00900	HOUSEKEEPING	0	60,448	77,273	0	137,721	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	216,455	276,706	0	493,161	10.00
10.01	01001	DIETARY - SURREY	0	0	0	19,799	19,799	10.01
11.00	01100	CAFETERIA	0	201,693	257,836	0	459,529	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	36,601	36,601	11.01
13.00	01300	NURSING ADMINISTRATION	0	25,462	32,550	0	58,012	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	1,728	1,728	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	247,125	315,913	0	563,038	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	91,452	116,907	0	208,359	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	27,740	35,461	0	63,201	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	1,240	1,240	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	5,239	6,697	0	11,936	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	19,937	25,486	0	45,423	23.01
23.02	02302	PHARMACY EDUCATION	0	5,557	7,104	0	12,661	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,075,802	2,653,614	0	4,729,416	30.00
31.00	03100	INTENSIVE CARE UNIT	0	134,351	171,748	0	306,099	31.00
32.00	03200	CORONARY CARE UNIT	0	195,610	250,059	0	445,669	32.00
43.00	04300	NURSERY	0	296,776	379,384	0	676,160	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	144,226	144,226	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	253,502	253,502	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	988,228	1,263,305	0	2,251,533	50.00
50.01	03650	VASCULAR ACCESS CENTER	323,160	0	0	0	323,160	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	60,766	77,680	0	138,446	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	76,913	129,717	165,824	0	372,454	50.04
51.00	05100	RECOVERY ROOM	0	74,397	95,106	0	169,503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	99,955	127,778	0	227,733	52.00
53.00	05300	ANESTHESIOLOGY	0	2,309	2,952	0	5,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	749,352	957,937	0	1,707,289	54.00
54.01	05401	TDOC RADIOLOGY	0	42,183	53,924	0	96,107	54.01
54.02	05402	CDI RADIOLOGY	2,410,270	0	0	0	2,410,270	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	58,425	74,688	0	133,113	57.00
57.01	05701	TDOC CT SCAN	0	20,510	26,219	0	46,729	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	65,607	83,869	0	149,476	58.00
58.01	05801	TDOC - MRI	0	35,638	45,558	0	81,196	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	149,781	191,473	0	341,254	59.00
60.00	06000	LABORATORY	68,405	297,620	380,463	0	746,488	60.00
64.00	06400	INTRAVENOUS THERAPY	0	85,544	109,355	0	194,899	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	17,930	22,921	0	40,851	64.01
65.00	06500	RESPIRATORY THERAPY	0	26,673	34,097	0	60,770	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	451	451	65.01
66.00	06600	PHYSICAL THERAPY	175,709	330,821	422,906	0	929,436	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	19,348	19,348	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	57,693	73,752	0	131,445	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 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/29/2018 8:58 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	1,194	1,527	0	2,721	68.00
69.00	06900	ELECTROCARDIOLOGY	59,527	58,091	74,261	0	191,879	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	70,655	90,322	0	160,977	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,125	37,232	0	66,357	70.00
70.01	07001	SLEEP MEDICINE CLINIC	31,603	130,816	167,229	0	329,648	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	97,996	125,274	0	223,270	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	16,051	20,519	0	36,570	76.01
76.02	03952	CARDIAC REHAB	0	168,492	215,392	0	383,884	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	107,885	137,915	0	245,800	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	153,077	195,687	0	348,764	91.00
91.01	09101	URGENT CARE CENTERS	1,444,207	88,028	112,531	0	1,644,766	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	20,701	26,463	0	47,164	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	21,386	27,339	0	48,725	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,532	9,629	0	17,161	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,589,794	10,219,228	13,063,789	529,453	28,402,264	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,459	31,268	1,691	57,418	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	87,996	112,490	0	200,486	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	25,510	32,611	0	58,121	194.01
194.02	07952	COMMUNITY OUTREACH	0	19,491	24,916	0	44,407	194.02
194.03	07953	FOUNTAIN CAFE	0	3,424	4,377	0	7,801	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	3,440	4,397	0	7,837	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	82,391	105,325	0	187,716	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	24,634	31,492	0	56,126	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	21,020	26,871	0	47,891	194.13
194.14	07964	RETAIL PHARMACY	0	16,035	20,499	0	36,534	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	7,421	9,486	0	16,907	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 through 201)	4,589,794	10,535,049	13,467,521	531,144	29,123,508	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/29/2018 8:58 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	191,997					4.00
5.01	00591	NONPATIENT TELEPHONES	467	47,886				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	0	1,388	0	1,388		5.03
5.04	00540	ADMITTING	1,248	1,007	0	0	54,935	5.04
5.05	00593	ADMIN & GENERAL - SURREY	536	0	0	291	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	24,068	7,949	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,076	761	0	0	0	6.00
6.01	00601	PURCHASING	694	269	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	224	0	0	90	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	94	22	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	24	0	0	22	0	8.01
9.00	00900	HOUSEKEEPING	2,913	851	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	194	0	0	22	0	9.01
10.00	01000	DIETARY	2,183	649	0	0	0	10.00
10.01	01001	DIETARY - SURREY	730	0	0	134	0	10.01
11.00	01100	CAFETERIA	474	134	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,630	493	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	215	0	0	45	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,824	515	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,657	1,075	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	272	0	0	67	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	306	0	0	45	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,485	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,955	179	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	45	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	45	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,693	7,141	0	0	4,839	30.00
31.00	03100	INTENSIVE CARE UNIT	4,284	381	0	0	538	31.00
32.00	03200	CORONARY CARE UNIT	4,159	649	0	0	516	32.00
43.00	04300	NURSERY	4,181	1,343	0	0	383	43.00
44.00	04400	SKILLED NURSING FACILITY	2,254	0	0	336	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,971	0	0	246	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,827	3,537	0	0	5,125	50.00
50.01	03650	VASCULAR ACCESS CENTER	513	45	0	0	259	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	275	224	0	0	168	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,169	493	0	0	565	50.04
51.00	05100	RECOVERY ROOM	1,393	470	0	0	430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,122	470	0	0	199	52.00
53.00	05300	ANESTHESIOLOGY	320	134	0	0	476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,240	2,015	0	0	3,511	54.00
54.01	05401	TDOC RADIOLOGY	501	112	0	0	490	54.01
54.02	05402	CDI RADIOLOGY	2,165	0	0	0	2,363	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	755	179	0	0	2,633	57.00
57.01	05701	TDOC CT SCAN	133	22	0	0	426	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	313	201	0	0	620	58.00
58.01	05801	TDOC - MRI	201	22	0	0	431	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,431	560	0	0	1,771	59.00
60.00	06000	LABORATORY	4,609	1,657	0	0	6,084	60.00
64.00	06400	INTRAVENOUS THERAPY	2,762	179	0	0	4,563	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	236	22	0	0	20	64.01
65.00	06500	RESPIRATORY THERAPY	2,064	425	0	0	761	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,586	1,030	0	0	944	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,406	0	0	90	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	76	179	0	0	85	66.02
67.00	06700	OCCUPATIONAL THERAPY	782	269	0	0	167	67.00
68.00	06800	SPEECH PATHOLOGY	259	90	0	0	47	68.00
69.00	06900	ELECTROCARDIOLOGY	1,397	582	0	0	1,400	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	757	470	0	0	1,045	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	246	246	0	0	170	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,927	694	0	0	276	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,395	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,076	784	0	0	4,561	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	804	157	0	0	130	76.01
76.02	03952	CARDIAC REHAB	2,164	582	0	0	304	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	377	291	0	0	93	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	36	0	0	0	5	90.00
91.00	09100	EMERGENCY	9,214	1,366	0	0	1,998	91.00
91.01	09101	URGENT CARE CENTERS	10,953	0	0	0	1,761	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	104	67	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	3,772	1,433	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,423	873	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,199	44,776	0	1,388	54,934	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,558	1,522	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	344	179	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	581	291	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	30	22	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	148	67	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	388	112	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	799	291	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	51	22	0	0	0	194.12
194.13	07963	VOLUNTEERS	251	313	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	884	157	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	435	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	130	67	0	0	1	194.16
194.17	07967	VALET SERVICES	199	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 through 201)	191,997	47,886	0	1,388	54,935	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	27,350					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	4,022	2,247,953				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,021	98,347	2,753,222			6.00
6.01	00601	PURCHASING	121	11,699	11,055	99,519		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	47	4,521	0	15	22,103	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	98	9,416	18,496	18	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	8	810	0	10	400	8.01
9.00	00900	HOUSEKEEPING	297	28,582	20,118	534	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	19	1,855	0	63	0	9.01
10.00	01000	DIETARY	188	18,113	72,040	962	0	10.00
10.01	01001	DIETARY - SURREY	104	10,047	0	986	898	10.01
11.00	01100	CAFETERIA	72	6,961	67,127	1,835	0	11.00
11.01	01101	CAFETERIA - SURREY	2	240	0	0	1,660	11.01
13.00	01300	NURSING ADMINISTRATION	155	14,908	8,474	45	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	18	1,722	0	12	78	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	263	25,349	82,248	1,016	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	343	33,053	30,437	35	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	22	2,092	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	4	420	9,232	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	24	2,358	0	0	56	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	197	18,938	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	153	14,724	1,744	60	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	15	1,486	6,635	0	0	23.01
23.02	02302	PHARMACY EDUCATION	21	2,054	1,850	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,550	245,840	690,869	2,482	0	30.00
31.00	03100	INTENSIVE CARE UNIT	266	25,630	44,714	380	0	31.00
32.00	03200	CORONARY CARE UNIT	305	29,388	65,103	442	0	32.00
43.00	04300	NURSERY	407	39,224	98,772	660	0	43.00
44.00	04400	SKILLED NURSING FACILITY	197	19,026	0	133	6,540	44.00
46.00	04600	OTHER LONG TERM CARE	179	17,272	0	104	11,497	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,024	194,985	328,901	50,552	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	96	9,281	0	444	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	36	3,498	20,224	87	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	147	14,211	43,172	455	0	50.04
51.00	05100	RECOVERY ROOM	127	12,217	24,761	74	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	117	11,246	33,267	222	0	52.00
53.00	05300	ANESTHESIOLOGY	46	4,398	768	382	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	710	68,433	249,398	827	0	54.00
54.01	05401	TDOC RADIOLOGY	49	4,759	14,039	35	0	54.01
54.02	05402	CDI RADIOLOGY	681	65,643	0	2	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	87	8,382	19,445	56	0	57.00
57.01	05701	TDOC CT SCAN	16	1,523	6,826	21	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38	3,697	21,835	46	0	58.00
58.01	05801	TDOC - MRI	24	2,299	11,861	24	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	130	12,539	49,850	10,791	0	59.00
60.00	06000	LABORATORY	899	86,591	99,053	4,498	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,739	167,577	28,471	823	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	12	1,134	5,968	13	0	64.01
65.00	06500	RESPIRATORY THERAPY	181	17,426	8,877	240	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1	55	0	12	20	65.01
66.00	06600	PHYSICAL THERAPY	426	41,036	110,103	99	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	113	10,907	0	8	877	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	53	5,132	19,201	6	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	63	6,052	0	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	21	2,036	397	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	140	13,522	19,334	54	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	81	7,803	23,515	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	27	2,598	9,693	42	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	184	17,770	43,538	90	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	739	71,191	0	15,171	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,307	222,269	0	227	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	992	95,538	32,615	565	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	67	6,483	5,342	2	0	76.01
76.02	03952	CARDIAC REHAB	224	21,542	56,077	91	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	59	5,661	35,906	396	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3	314	0	8	0	90.00
91.00	09100	EMERGENCY	420	40,447	50,947	966	0	91.00
91.01	09101	URGENT CARE CENTERS	834	80,396	29,297	841	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	11	1,098	6,890	12	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	336	32,332	7,118	198	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	181	17,410	2,507	227	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,559	2,075,506	2,648,110	98,442	22,026	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4	398	8,141	0	77	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	898	86,497	29,287	562	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	41	3,906	8,490	34	0	194.01
194.02	07952	COMMUNITY OUTREACH	77	7,384	6,487	114	0	194.02
194.03	07953	FOUNTAIN CAFE	4	370	1,139	110	0	194.03
194.04	07954	SLEEP RESEARCH	16	1,532	0	7	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	32	3,070	1,145	6	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	13	1,230	27,421	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	159	15,333	8,199	120	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	6	539	0	20	0	194.12
194.13	07963	VOLUNTEERS	25	2,431	6,996	9	0	194.13
194.14	07964	RETAIL PHARMACY	453	43,630	5,337	91	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	35	3,418	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	12	1,191	2,470	4	0	194.16
194.17	07967	VALET SERVICES	16	1,518	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 through 201)	27,350	2,247,953	2,753,222	99,519	22,103	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	154,763					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	10,103				8.01
9.00	00900	HOUSEKEEPING	0	0	191,016			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,153		9.01
10.00	01000	DIETARY	0	0	5,090	0	592,386	10.00
10.01	01001	DIETARY - SURREY	0	0	0	89	0	10.01
11.00	01100	CAFETERIA	0	0	4,743	0	342,364	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	165	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	599	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	8	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,811	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,150	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	652	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	6	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	123	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	469	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	131	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,769	0	48,815	0	177,591	30.00
31.00	03100	INTENSIVE CARE UNIT	4,659	0	3,159	0	10,803	31.00
32.00	03200	CORONARY CARE UNIT	8,769	0	4,600	0	9,507	32.00
43.00	04300	NURSERY	3,933	0	6,979	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	4,006	0	649	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	6,097	0	1,139	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,205	0	23,238	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	1,429	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	4,055	0	3,050	0	0	50.04
51.00	05100	RECOVERY ROOM	3,502	0	1,749	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,045	0	2,350	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	54	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,037	0	17,621	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	992	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	1,374	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	482	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,826	0	1,543	0	0	58.00
58.01	05801	TDOC - MRI	0	0	838	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,524	0	3,522	0	0	59.00
60.00	06000	LABORATORY	0	0	6,998	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	976	0	2,012	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	422	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	627	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	2	0	65.01
66.00	06600	PHYSICAL THERAPY	499	0	7,779	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	87	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	1,357	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	1,797	0	1,366	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,661	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	0	0	685	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,076	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	2,304	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	377	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	3,962	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,537	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	14,904	0	3,600	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	2,070	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	487	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	503	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	177	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	154,500	10,103	183,591	2,145	540,265	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	575	8	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	263	0	2,069	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	600	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	458	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	81	0	30,017	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	13,270	194.05
194.06	07956	GUEST MEALS	0	0	0	0	8,834	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	81	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	1,937	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	579	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	494	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	377	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	174	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 through 201)	154,763	10,103	191,016	2,153	592,386	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	32,787					10.01
11.00	01100	CAFETERIA	0	883,239				11.00
11.01	01101	CAFETERIA - SURREY	955	0	39,623			11.01
13.00	01300	NURSING ADMINISTRATION	0	9,844	0	94,160		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	638	0	4,464	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,715	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	2,335	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,398	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	25,007	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	624	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	1,219	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	1,936	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	233,938	0	53,914	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,753	0	6,743	0	31.00
32.00	03200	CORONARY CARE UNIT	0	23,987	0	7,541	0	32.00
43.00	04300	NURSERY	0	29,416	0	9,713	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,037	0	14,562	0	1,770	44.00
46.00	04600	OTHER LONG TERM CARE	15,275	0	13,650	0	2,694	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	103,872	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	2,420	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	2,770	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	9,646	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	10,492	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,894	0	2,299	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,146	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,373	0	288	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,832	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	6,263	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	980	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,339	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,563	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	9,687	0	3,154	0	59.00
60.00	06000	LABORATORY	0	41,931	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	21,502	0	950	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	589	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	18,306	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	32,384	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	6,293	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,184	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	6,561	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,779	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,258	0	16	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	7,162	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	2,379	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	17,700	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	23,415	401	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	4,421	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	17,414	0	921	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	3,557	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	537	0	0	0	90.00
91.00	09100	EMERGENCY	0	38,036	0	8,530	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1,213	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 through 117)	26,267	839,044	39,277	94,069	4,464	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	23,188	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	2,193	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	385	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	607	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	1,108	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	412	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	2,846	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	496	0	91	0	194.12
194.13	07963	VOLUNTEERS	0	2,519	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	6,800	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	6,108	735	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	3,318	346	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 through 201)	32,787	883,239	39,623	94,160	4,464	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	702,779					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	279,109				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	13	0	4,801			16.01
17.00	01700	SOCIAL SERVICE	0	0	0	73,509		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	5,433	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	39,446	24,317	0	65,825	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,936	2,704	0	4,087	0	31.00
32.00	03200	CORONARY CARE UNIT	8,060	2,595	0	3,597	0	32.00
43.00	04300	NURSERY	11,113	1,926	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,848	0	975	0	2,154	44.00
46.00	04600	OTHER LONG TERM CARE	1,633	0	1,333	0	3,279	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	25,753	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	23,836	1,301	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,518	846	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	7,620	2,839	0	0	0	50.04
51.00	05100	RECOVERY ROOM	935	2,159	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,789	998	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,547	2,392	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,108	17,641	24	0	0	54.00
54.01	05401	TDOC RADIOLOGY	268	2,460	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	1	11,875	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	893	13,231	0	0	0	57.00
57.01	05701	TDOC CT SCAN	325	2,139	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	860	3,113	0	0	0	58.00
58.01	05801	TDOC - MRI	354	2,164	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	85,490	8,902	0	0	0	59.00
60.00	06000	LABORATORY	88,245	33,642	171	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	14,710	22,929	8	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	248	99	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	2,434	3,822	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1	2	5	0	0	65.01
66.00	06600	PHYSICAL THERAPY	890	4,742	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	26	1	1,372	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	46	427	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	28	837	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	238	1	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	886	7,033	1	0	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/29/2018 8:58 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	679	5,252	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	727	854	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,411	1,386	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	322,264	7,009	104	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,993	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,432	22,917	807	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	23	656	0	0	0	76.01
76.02	03952	CARDIAC REHAB	351	1,526	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	558	466	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	151	24	0	0	0	90.00
91.00	09100	EMERGENCY	12,797	10,042	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	7,785	8,851	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	2	2	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	3,498	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,309	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	702,095	279,105	4,801	73,509	5,433	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	562	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	71	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	4	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	4	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	1	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	2	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	34	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	6	4	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 through 201)	702,779	279,109	4,801	73,509	5,433	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/29/2018 8:58 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		46,627				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			31,499			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					55,292	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 through 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	46,627	31,499	0	55,292	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	46,627	31,499	0	55,292	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/29/2018 8:58 am

		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	18,698					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,437,445	0	6,437,445		30.00
31.00	03100	INTENSIVE CARE UNIT		443,136	0	443,136		31.00
32.00	03200	CORONARY CARE UNIT		614,887	0	614,887		32.00
43.00	04300	NURSERY		884,210	0	884,210		43.00
44.00	04400	SKILLED NURSING FACILITY		208,713	0	208,713		44.00
46.00	04600	OTHER LONG TERM CARE		329,871	0	329,871		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		3,020,552	0	3,020,552		50.00
50.01	03650	VASCULAR ACCESS CENTER		361,355	0	361,355		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		169,521	0	169,521		50.02
50.03	05002	PAIN MGMT CENTER		0	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		459,876	0	459,876		50.04
51.00	05100	RECOVERY ROOM		227,812	0	227,812		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		293,751	0	293,751		52.00
53.00	05300	ANESTHESIOLOGY		25,924	0	25,924		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,171,515	0	2,171,515		54.00
54.01	05401	TDOC RADIOLOGY		123,644	0	123,644		54.01
54.02	05402	CDI RADIOLOGY		2,493,000	0	2,493,000		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		186,411	0	186,411		57.00
57.01	05701	TDOC CT SCAN		59,622	0	59,622		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		186,907	0	186,907		58.00
58.01	05801	TDOC - MRI		100,977	0	100,977		58.01
59.00	05900	CARDIAC CATHETERIZATION		531,605	0	531,605		59.00
60.00	06000	LABORATORY		1,120,866	0	1,120,866		60.00
64.00	06400	INTRAVENOUS THERAPY		464,100	0	464,100		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		49,614	0	49,614		64.01
65.00	06500	RESPIRATORY THERAPY		115,933	0	115,933		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		549	0	549		65.01
66.00	06600	PHYSICAL THERAPY		1,133,954	0	1,133,954		66.00
66.01	06601	PHYSICAL THERAPY - SURREY		40,528	0	40,528		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		159,191	0	159,191		66.02
67.00	06700	OCCUPATIONAL THERAPY		14,761	0	14,761		67.00
68.00	06800	SPEECH PATHOLOGY		7,617	0	7,617		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		249,665	0	249,665		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		209,443	0	209,443		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		84,024	0	84,024		70.00
70.01	07001	SLEEP MEDICINE CLINIC		418,700	0	418,700		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		417,873	0	417,873		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		245,178	0	245,178		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		415,677	0	415,677		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		55,032	0	55,032		76.01
76.02	03952	CARDIAC REHAB		489,042	0	489,042		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		295,701	0	295,701		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		1,078	0	1,078		90.00
91.00	09100	EMERGENCY		542,031	0	542,031		91.00
91.01	09101	URGENT CARE CENTERS		1,787,554	0	1,787,554		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		57,050	0	57,050		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		97,915	0	97,915		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		44,268	0	44,268		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,848,078	0	27,848,078		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		66,688	0	66,688		190.00
191.00	19100	RESEARCH		0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		347,892	0	347,892		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		73,908	0	73,908		194.01
194.02	07952	COMMUNITY OUTREACH		60,255	0	60,255		194.02
194.03	07953	FOUNTAIN CAFE		40,185	0	40,185		194.03
194.04	07954	SLEEP RESEARCH		2,882	0	2,882		194.04
194.05	07955	MEALS ON WHEELS		13,270	0	13,270		194.05
194.06	07956	GUEST MEALS		9,246	0	9,246		194.06
194.07	07957	PHYSICIAN REFERRAL		15,518	0	15,518		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.08
194.09	07959	VACANT SPACE		218,317	0	218,317		194.09
194.10	07960	TV STORAGE		0	0	0		194.10
194.11	07961	MARKETING		81,606	0	81,606		194.11
194.12	07962	CHILDBIRTH INSTRUCTION		1,225	0	1,225		194.12
194.13	07963	VOLUNTEERS		60,931	0	60,931		194.13
194.14	07964	RETAIL PHARMACY		94,297	0	94,297		194.14
194.15	07965	REHAB HOSPITAL COVERAGE		10,731	0	10,731		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		20,966	0	20,966		194.16
194.17	07967	VALET SERVICES		5,397	0	5,397		194.17
200.00		Cross Foot Adjustments	18,698	152,116	0	152,116		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	18,698	29,123,508	0	29,123,508		202.00

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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)	
			1.00	2.00	2.01	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	661,583					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		661,583				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	181,954,847		4.00
5.01	00591	NONPATIENT TELEPHONES	1,307	1,307	0	442,429	2,139	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	1,182,736	45	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	2,824	507,726	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	60,967	60,967	0	22,813,091	355	5.06
6.00	00600	MAINTENANCE & REPAIRS	73,070	73,070	0	1,968,185	34	6.00
6.01	00601	PURCHASING	2,086	2,086	0	657,916	12	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	211,990	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	88,846	1	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	22,387	0	8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,761,488	38	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	183,778	0	9.01
10.00	01000	DIETARY	13,593	13,593	0	2,069,376	29	10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	691,907	0	10.01
11.00	01100	CAFETERIA	12,666	12,666	0	449,687	6	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	1,544,976	22	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	203,822	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,729,293	23	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	3,466,434	48	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	257,916	0	16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	290,458	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	2,355,492	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	329	329	0	1,853,271	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	0	2	23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	0	2	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,357	130,357	0	30,955,794	319	30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	4,060,716	17	31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	3,941,849	29	32.00
43.00	04300	NURSERY	18,637	18,637	0	3,962,992	60	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,356	2,136,902	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	26,991	1,868,006	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,059	62,059	0	15,002,059	158	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	486,477	2	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,816	3,816	0	260,401	10	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	1,107,993	22	50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,320,420	21	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,277	6,277	0	1,063,572	21	52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	303,421	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,058	47,058	0	5,914,809	90	54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	475,176	5	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	2,052,004	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	715,282	8	57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	125,828	1	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	296,495	9	58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	190,636	1	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	1,356,143	25	59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,369,034	74	60.00
64.00	06400	INTRAVENOUS THERAPY	5,372	5,372	0	2,617,923	8	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	1,126	1,126	0	223,752	1	64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	1,956,742	19	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	48	0	0	65.01
66.00	06600	PHYSICAL THERAPY	20,775	20,775	0	4,347,019	46	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,060	1,332,752	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	71,615	8	66.02

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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)	
			1.00	2.00	2.01	4.00	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	741,499	12	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	245,443	4	68.00
69.00	06900	ELECTROCARDIOLOGY	3,648	3,648	0	1,324,378	26	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	717,481	21	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,829	1,829	0	232,938	11	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,773,949	31	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	6,154	6,154	0	3,863,123	35	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	1,008	1,008	0	762,344	7	76.01
76.02	03952	CARDIAC REHAB	10,581	10,581	0	2,051,208	26	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	6,775	6,775	0	357,032	13	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	34,408	0	90.00
91.00	09100	EMERGENCY	9,613	9,613	0	8,733,663	61	91.00
91.01	09101	URGENT CARE CENTERS	5,528	5,528	0	10,381,568	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	98,257	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	3,575,254	64	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,349,210	39	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	641,750	641,750	56,372	175,510,771	2,000	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	2,424,822	68	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	326,418	8	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	551,053	13	194.02
194.03	07953	FOUNTAIN CAFE	215	215	0	28,115	1	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	140,420	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	368,202	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	757,532	13	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	48,026	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	237,476	14	194.13
194.14	07964	RETAIL PHARMACY	1,007	1,007	0	838,235	7	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	411,992	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	123,004	3	194.16
194.17	07967	VALET SERVICES	0	0	0	188,781	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)	10,535,049	13,467,521	531,144	41,325,290	808,399	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.924002	20.356510	9.392135	0.227118	377.933146	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				191,997	47,886	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001055	22.387097	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

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		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	401,184,749				5.02
5.03	00592	NONPATIENT TELEPHONES	0	43,162	62			5.03
5.04	00540	ADMITTING	0	1,524,264	0	1,388,635,016		5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	964,221	13	0	-973,271	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	57,130,664	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	15,010,510	0	0	0	6.00
6.01	00601	PURCHASING	0	1,785,515	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	687,285	4	0	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,437,127	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	122,903	1	0	0	8.01
9.00	00900	HOUSEKEEPING	0	4,362,471	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	282,489	1	0	0	9.01
10.00	01000	DIETARY	0	2,764,574	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,529,299	6	0	0	10.01
11.00	01100	CAFETERIA	0	1,062,506	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	36,601	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	2,275,438	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	261,483	2	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,868,950	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,044,732	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	317,265	3	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	64,066	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	358,503	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	2,890,467	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,247,214	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	226,820	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	313,471	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	37,370,330	0	120,977,917	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,897,123	0	13,455,059	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,471,202	0	12,908,032	0	32.00
43.00	04300	NURSERY	0	5,976,100	0	9,579,664	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,893,391	15	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,628,538	11	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	29,619,403	0	128,122,037	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	1,409,413	0	6,471,278	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	529,198	0	4,210,737	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	2,153,495	0	14,122,920	0	50.04
51.00	05100	RECOVERY ROOM	0	1,852,814	0	10,743,114	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,711,003	0	4,965,467	0	52.00
53.00	05300	ANESTHESIOLOGY	0	658,220	0	11,900,276	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,348,381	0	87,764,059	0	54.00
54.01	05401	TDOC RADIOLOGY	0	712,975	0	12,240,901	0	54.01
54.02	05402	CDI RADIOLOGY	0	9,954,113	0	59,078,465	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	1,206,998	0	65,826,625	0	57.00
57.01	05701	TDOC CT SCAN	0	220,737	0	10,641,683	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	547,254	0	15,488,558	0	58.00
58.01	05801	TDOC - MRI	0	339,085	0	10,767,824	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,865,103	0	44,286,729	0	59.00
60.00	06000	LABORATORY	0	13,032,817	0	167,420,037	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	25,451,604	0	114,075,579	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	172,573	0	491,044	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,638,864	0	19,016,108	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,309	0	11,155	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,237,304	0	23,591,074	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,661,886	4	5,105	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	780,962	0	2,122,328	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	919,183	0	4,164,234	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	309,421	0	1,186,074	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,025,441	0	34,987,763	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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	1,162,219	0	26,130,271	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	391,847	0	4,248,477	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	2,704,566	0	6,895,280	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,827,398	0	34,869,701	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,831,587	0	84,544,506	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,456,563	0	114,015,169	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	985,904	0	3,261,488	0	76.01
76.02	03952	CARDIAC REHAB	0	3,279,618	0	7,591,083	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	861,425	0	2,317,927	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	47,737	0	116,975	0	90.00
91.00	09100	EMERGENCY	0	6,118,404	0	49,959,487	0	91.00
91.01	09101	URGENT CARE CENTERS	0	12,222,230	0	44,036,784	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	167,651	0	7,879	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	4,934,786	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,657,215	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	374,864,390	62	1,388,616,873	-973,271	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,808	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,201,901	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	596,231	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,127,039	0	239	0	194.02
194.03	07953	FOUNTAIN CAFE	0	56,410	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	233,860	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	468,593	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	187,716	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	2,340,216	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	82,195	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	371,110	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	6,659,125	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	521,725	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	181,773	0	17,904	0	194.16
194.17	07967	VALET SERVICES	0	231,657	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	43,162	1,524,264		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.000000	696.161290	0.001098		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	1,388	54,935		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	22.387097	0.000040		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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	400,211,478					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	57,130,664	-57,269,566	343,915,183			5.06
6.00	00600	MAINTENANCE & REPAIRS	15,010,510	0	15,047,016	519,495		6.00
6.01	00601	PURCHASING	1,785,515	0	1,789,857	2,086	67,078,154	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	690,070	0	691,748	0	10,108	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,437,127	0	1,440,622	3,490	12,322	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	123,599	0	123,900	0	6,857	8.01
9.00	00900	HOUSEKEEPING	4,362,471	0	4,373,081	3,796	360,050	9.00
9.01	00901	HOUSEKEEPING - SURREY	283,185	0	283,874	0	42,279	9.01
10.00	01000	DIETARY	2,764,574	0	2,771,297	13,593	647,988	10.00
10.01	01001	DIETARY - SURREY	1,533,476	0	1,537,205	0	664,199	10.01
11.00	01100	CAFETERIA	1,062,506	0	1,065,090	12,666	1,236,633	11.00
11.01	01101	CAFETERIA - SURREY	36,601	0	36,690	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,275,438	0	2,280,972	1,599	30,203	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	262,875	0	263,514	0	7,833	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,868,950	0	3,878,359	15,519	684,475	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,044,732	0	5,057,001	5,743	23,260	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	319,353	0	320,130	0	0	16.01
17.00	01700	SOCIAL SERVICE	64,066	0	64,222	1,742	331	17.00
17.01	01701	SOCIAL SERVICE - SURREY	359,895	0	360,770	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	2,890,467	0	2,897,497	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,247,214	0	2,252,679	329	40,211	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	226,820	0	227,372	1,252	0	23.01
23.02	02302	PHARMACY EDUCATION	313,471	0	314,233	349	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,503,164	0	37,594,372	130,357	1,672,605	30.00
31.00	03100	INTENSIVE CARE UNIT	3,911,897	0	3,921,411	8,437	255,980	31.00
32.00	03200	CORONARY CARE UNIT	4,485,375	0	4,496,283	12,284	297,666	32.00
43.00	04300	NURSERY	5,986,618	0	6,001,177	18,637	445,079	43.00
44.00	04400	SKILLED NURSING FACILITY	2,903,834	0	2,910,896	0	89,777	44.00
46.00	04600	OTHER LONG TERM CARE	2,636,196	0	2,642,607	0	70,286	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,760,081	0	29,832,458	62,059	34,082,755	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,416,518	0	1,419,963	0	299,111	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	533,821	0	535,119	3,816	58,465	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,169,002	0	2,174,277	8,146	306,276	50.04
51.00	05100	RECOVERY ROOM	1,864,610	0	1,869,145	4,672	49,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,716,455	0	1,720,629	6,277	149,727	52.00
53.00	05300	ANESTHESIOLOGY	671,287	0	672,920	145	257,712	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,444,746	0	10,470,148	47,058	557,226	54.00
54.01	05401	TDOC RADIOLOGY	726,416	0	728,183	2,649	23,668	54.01
54.02	05402	CDI RADIOLOGY	10,018,981	0	10,043,347	0	1,033	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	1,279,276	0	1,282,387	3,669	37,403	57.00
57.01	05701	TDOC CT SCAN	232,422	0	232,987	1,288	14,221	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	564,260	0	565,632	4,120	30,955	58.00
58.01	05801	TDOC - MRI	350,908	0	351,761	2,238	15,937	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,913,730	0	1,918,384	9,406	7,271,756	59.00
60.00	06000	LABORATORY	13,216,186	0	13,248,328	18,690	3,030,772	60.00
64.00	06400	INTRAVENOUS THERAPY	25,576,859	0	25,639,062	5,372	554,386	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	173,112	0	173,533	1,126	8,834	64.01
65.00	06500	RESPIRATORY THERAPY	2,659,744	0	2,666,212	1,675	161,972	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	8,321	0	8,341	0	7,858	65.01
66.00	06600	PHYSICAL THERAPY	6,263,207	0	6,278,439	20,775	66,768	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,664,677	0	1,668,725	0	5,250	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	783,292	0	785,197	3,623	4,129	66.02
67.00	06700	OCCUPATIONAL THERAPY	923,755	0	926,002	0	1,039	67.00
68.00	06800	SPEECH PATHOLOGY	310,723	0	311,479	75	141	68.00
69.00	06900	ELECTROCARDIOLOGY	2,063,858	0	2,068,877	3,648	36,539	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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	
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,190,910	0	1,193,806	4,437	27,551	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	396,512	0	397,476	1,829	28,378	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,712,137	0	2,718,733	8,215	60,765	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,865,685	0	10,892,110	0	10,222,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,924,417	0	34,006,921	0	153,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,581,752	0	14,617,215	6,154	381,020	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	989,485	0	991,891	1,008	1,434	76.01
76.02	03952	CARDIAC REHAB	3,287,953	0	3,295,949	10,581	61,562	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	863,970	0	866,071	6,775	267,023	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	47,865	0	47,981	0	5,489	90.00
91.00	09100	EMERGENCY	6,173,260	0	6,188,273	9,613	650,738	91.00
91.01	09101	URGENT CARE CENTERS	12,270,582	0	12,300,424	5,528	566,600	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	167,660	0	168,068	1,300	8,374	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,934,786	0	4,946,787	1,343	133,142	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,657,215	0	2,663,677	473	152,710	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,891,099	-57,269,566	317,530,792	499,662	66,352,378	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,808	0	60,956	1,536	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,201,901	0	13,234,008	5,526	378,539	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	596,231	0	597,681	1,602	22,722	194.01
194.02	07952	COMMUNITY OUTREACH	1,127,039	0	1,129,780	1,224	76,979	194.02
194.03	07953	FOUNTAIN CAFE	56,410	0	56,547	215	74,222	194.03
194.04	07954	SLEEP RESEARCH	233,860	0	234,429	0	4,399	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	468,593	0	469,733	216	4,352	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	187,716	0	188,173	5,174	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,340,216	0	2,345,907	1,547	81,062	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	82,195	0	82,395	0	13,431	194.12
194.13	07963	VOLUNTEERS	371,110	0	372,013	1,320	6,156	194.13
194.14	07964	RETAIL PHARMACY	6,659,125	0	6,675,320	1,007	61,179	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	521,725	0	522,994	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	181,793	0	182,235	466	2,735	194.16
194.17	07967	VALET SERVICES	231,657	0	232,220	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)	973,271		57,269,566	17,552,675	2,158,390	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002432		0.166522	33.787958	0.032177	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	27,350		2,247,953	2,753,222	99,519	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000068		0.006536	5.299805	0.001484	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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	
		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	1,594,131				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	940	0	35,248			8.01
9.00	00900	HOUSEKEEPING	0	0	0	510,123		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	50,956	9.01
10.00	01000	DIETARY	0	0	0	13,593	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	0	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	801,072	0	130,357	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	47,986	0	8,437	0	31.00
32.00	03200	CORONARY CARE UNIT	0	90,326	0	12,284	0	32.00
43.00	04300	NURSERY	0	40,509	0	18,637	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,356	0	13,977	0	15,356	44.00
46.00	04600	OTHER LONG TERM CARE	26,991	0	21,271	0	26,991	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	156,618	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	41,772	0	8,146	0	50.04
51.00	05100	RECOVERY ROOM	0	36,068	0	4,672	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,759	0	6,277	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	145	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	123,991	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	29,108	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	26,002	0	9,406	0	59.00
60.00	06000	LABORATORY	0	0	0	18,690	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	10,057	0	5,372	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	1,126	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	5,138	0	20,775	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	0	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	18,505	0	3,648	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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	0	0	1,829	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	6,154	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	1,008	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	10,581	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	6,775	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	153,513	0	9,613	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	5,528	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 through 117)	51,716	1,591,424	35,248	490,290	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	2,707	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)	807,264	1,798,833	159,375	5,241,139	332,505	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.555419	1.128410	4.521533	10.274265	6.525336	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	22,103	154,763	10,103	191,016	2,153	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.425910	0.097083	0.286626	0.374451	0.042252	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 am

		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	633,524					10.00
10.01	01001	DIETARY - SURREY	0	135,483				10.01
11.00	01100	CAFETERIA	366,141	0	151,450			11.00
11.01	01101	CAFETERIA - SURREY	0	3,947	0	12,354		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,688	0	41,528	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	199	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,895	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	728	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	436	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	4,288	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	107	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	209	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	332	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	189,924	0	40,114	0	23,778	30.00
31.00	03100	INTENSIVE CARE UNIT	11,553	0	3,730	0	2,974	31.00
32.00	03200	CORONARY CARE UNIT	10,167	0	4,113	0	3,326	32.00
43.00	04300	NURSERY	0	0	5,044	0	4,284	43.00
44.00	04400	SKILLED NURSING FACILITY	0	41,475	0	4,540	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	63,120	0	4,256	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	17,811	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	415	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	475	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	1,654	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	1,799	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,525	0	1,014	52.00
53.00	05300	ANESTHESIOLOGY	0	0	711	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,809	0	127	54.00
54.01	05401	TDOC RADIOLOGY	0	0	657	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	1,074	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	168	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	401	0	0	58.00
58.01	05801	TDOC - MRI	0	0	268	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,661	0	1,391	59.00
60.00	06000	LABORATORY	0	0	7,190	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,687	0	419	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	101	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	5,553	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	1,962	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	203	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,125	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	305	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 am

		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	1,759	0	7	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,228	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	408	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,035	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	4,015	125	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	758	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	2,986	0	406	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	610	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	92	0	0	90.00
91.00	09100	EMERGENCY	0	0	6,522	0	3,762	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	208	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 through 117)	577,785	108,542	143,872	12,246	41,488	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	3,976	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	376	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	66	0	0	194.02
194.03	07953	FOUNTAIN CAFE	32,101	0	104	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	190	0	0	194.04
194.05	07955	MEALS ON WHEELS	14,191	0	0	0	0	194.05
194.06	07956	GUEST MEALS	9,447	1,702	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	488	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	85	0	40	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	25,239	126	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	569	108	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)	3,852,567	1,861,101	4,066,899	183,067	2,777,560	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.081170	13.736786	26.853080	14.818439	66.884030	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	592,386	32,787	883,239	39,623	94,160	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.935065	0.242001	5.831885	3.207301	2.267386	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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 (TOTAL DAYS)	
			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	35,248					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,612,227				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4	1,388,635,016			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	449	0	19,317,583		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	61,165	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	34	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	1,325,343	120,977,917	0	54,771	30.00
31.00	03100	INTENSIVE CARE UNIT	0	233,048	13,455,059	0	3,401	31.00
32.00	03200	CORONARY CARE UNIT	0	270,799	12,908,032	0	2,993	32.00
43.00	04300	NURSERY	0	373,371	9,579,664	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	13,977	62,107	0	3,913,840	0	44.00
46.00	04600	OTHER LONG TERM CARE	21,271	54,873	0	5,354,510	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	128,122,037	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	800,847	6,471,278	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	50,994	4,210,737	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	256,026	14,122,920	0	0	50.04
51.00	05100	RECOVERY ROOM	0	31,410	10,743,114	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	127,312	4,965,467	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	253,571	11,900,276	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,146,002	87,764,059	98,166	0	54.00
54.01	05401	TDOC RADIOLOGY	0	9,007	12,240,901	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	32	59,078,465	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	30,007	65,826,625	0	0	57.00
57.01	05701	TDOC CT SCAN	0	10,913	10,641,683	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,911	15,488,558	0	0	58.00
58.01	05801	TDOC - MRI	0	11,882	10,767,824	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	2,872,360	44,286,729	0	0	59.00
60.00	06000	LABORATORY	0	2,964,931	167,420,037	685,528	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	494,254	114,075,579	32,027	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	8,323	491,044	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	81,782	19,016,108	1,154	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	23	11,155	21,641	0	65.01
66.00	06600	PHYSICAL THERAPY	0	29,906	23,591,074	105	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	860	5,105	5,544,586	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,558	2,122,328	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	940	4,164,234	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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 (TOTAL DAYS)	
			13.01	14.00	16.00	16.01	17.00	
68.00	06800	SPEECH PATHOLOGY	0	0	1,186,074	2,855	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,769	34,987,763	5,174	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	22,821	26,130,271	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,431	4,248,477	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	47,414	6,895,280	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,827,398	34,869,701	416,014	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	84,544,506	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	115,309	114,015,169	3,241,827	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	766	3,261,488	131	0	76.01
76.02	03952	CARDIAC REHAB	0	11,777	7,591,083	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	18,756	2,317,927	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	5,071	116,975	0	0	90.00
91.00	09100	EMERGENCY	0	429,961	49,959,487	25	0	91.00
91.01	09101	URGENT CARE CENTERS	0	261,570	44,036,784	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	52	7,879	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	117,519	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	144,769	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,248	23,589,262	1,388,616,873	19,317,583	61,165	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	18,866	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	2,381	239	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	138	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	149	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	21	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	68	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	1,149	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	193	17,904	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)	314,659	5,334,609	6,152,901	384,328	151,684	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.927003	0.225926	0.004431	0.019895	2.479915	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,464	702,779	279,109	4,801	73,509	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.126645	0.029763	0.000201	0.000249	1.201815	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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	35,248					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		1,941			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			1,941		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	1,164	1,164	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	172	172	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	1	1	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	13,977	0	84	84	0	44.00
46.00	04600	OTHER LONG TERM CARE	21,271	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	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	3	3	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	2	2	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	10	10	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	38	38	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	50	50	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	72	72	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 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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	84	84	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	58	58	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	37	37	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	91	91	0	90.00
91.00	09100	EMERGENCY	0	0	73	73	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)						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	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,248	100	1,939	1,939	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)	430,221	0	3,495,140	2,646,471	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.205544	0.000000	1,800.690366	1,363.457496	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,433	0	46,627	31,499	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.154136	0.000000	24.022154	16.228233	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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	96,413			23.01
23.02	02302	PHARMACY EDUCATION		100		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	54,771	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,401	0		31.00
32.00	03200	CORONARY CARE UNIT	2,993	0		32.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	13,977	0		44.00
46.00	04600	OTHER LONG TERM CARE	21,271	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 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/29/2018 8:58 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 through 117)	96,413	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)	326,012	390,853		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.381411	3,908.530000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,292	18,698		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.573491	186.980000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/29/2018 8:58 am

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		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	55,535,389		55,535,389	423,160	55,958,549	30.00
31.00	03100	INTENSIVE CARE UNIT	5,510,086		5,510,086	35,201	5,545,287	31.00
32.00	03200	CORONARY CARE UNIT	6,428,425		6,428,425	2,213	6,430,638	32.00
43.00	04300	NURSERY	8,430,503		8,430,503	0	8,430,503	43.00
44.00	04400	SKILLED NURSING FACILITY	4,872,321		4,872,321	0	4,872,321	44.00
46.00	04600	OTHER LONG TERM CARE	5,347,576		5,347,576	0	5,347,576	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,854,095		39,854,095	385,017	40,239,112	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,886,792		1,886,792	35,023	1,921,815	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	837,185		837,185	0	837,185	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,117,101		3,117,101	0	3,117,101	50.04
51.00	05100	RECOVERY ROOM	2,531,560		2,531,560	0	2,531,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,460,226		2,460,226	0	2,460,226	52.00
53.00	05300	ANESTHESIOLOGY	928,768		928,768	0	928,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,339,772		15,339,772	0	15,339,772	54.00
54.01	05401	TDOC RADIOLOGY	1,040,840		1,040,840	0	1,040,840	54.01
54.02	05402	CDI RADIOLOGY	11,977,602		11,977,602	0	11,977,602	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	1,986,098		1,986,098	0	1,986,098	57.00
57.01	05701	TDOC CT SCAN	383,124		383,124	0	383,124	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	961,130		961,130	0	961,130	58.00
58.01	05801	TDOC - MRI	567,054		567,054	0	567,054	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,898,425		3,898,425	0	3,898,425	59.00
60.00	06000	LABORATORY	17,993,777		17,993,777	0	17,993,777	60.00
64.00	06400	INTRAVENOUS THERAPY	30,919,220		30,919,220	20,937	30,940,157	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	259,096		259,096	0	259,096	64.01
65.00	06500	RESPIRATORY THERAPY	3,376,263	0	3,376,263	0	3,376,263	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,528	0	11,528	0	11,528	65.01
66.00	06600	PHYSICAL THERAPY	8,507,682	0	8,507,682	0	8,507,682	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,131,863	0	2,131,863	0	2,131,863	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,090,928	0	1,090,928	0	1,090,928	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,129,109	0	1,129,109	0	1,129,109	67.00
68.00	06800	SPEECH PATHOLOGY	380,159	0	380,159	0	380,159	68.00
69.00	06900	ELECTROCARDIOLOGY	2,805,750		2,805,750	0	2,805,750	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,742,907		1,742,907	0	1,742,907	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	580,468		580,468	0	580,468	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,658,152		3,658,152	1,295	3,659,447	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,643,792		15,643,792	0	15,643,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,049,365		40,049,365	0	40,049,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,430,990		18,430,990	0	18,430,990	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	1,236,506		1,236,506	0	1,236,506	76.01
76.02	03952	CARDIAC REHAB	4,456,635		4,456,635	0	4,456,635	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,348,292		1,348,292	3,259	1,351,551	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	60,282		60,282	0	60,282	90.00
91.00	09100	EMERGENCY	8,581,756		8,581,756	170,182	8,751,938	91.00
91.01	09101	URGENT CARE CENTERS	14,864,744		14,864,744	0	14,864,744	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	259,237		259,237	0	259,237	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,036,659		5,036,659		5,036,659	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,860,546		5,860,546		5,860,546	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,165,701		3,165,701		3,165,701	116.00
200.00		Subtotal (see instructions)	367,475,479	0	367,475,479	1,076,287	368,551,766	200.00
201.00		Less Observation Beds	5,036,659		5,036,659		5,036,659	201.00
202.00		Total (see instructions)	362,438,820	0	362,438,820	1,076,287	363,515,107	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/29/2018 8:58 am

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		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	101,528,763		101,528,763			30.00
31.00	03100	INTENSIVE CARE UNIT	13,161,874		13,161,874			31.00
32.00	03200	CORONARY CARE UNIT	12,816,665		12,816,665			32.00
43.00	04300	NURSERY	9,599,741		9,599,741			43.00
44.00	04400	SKILLED NURSING FACILITY	3,913,840		3,913,840			44.00
46.00	04600	OTHER LONG TERM CARE	5,354,510		5,354,510			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,016,425	79,105,612	128,122,037	0.311064	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	20,368	6,450,910	6,471,278	0.291564	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,210,737	4,210,737	0.198821	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	2,946,838	11,176,082	14,122,920	0.220712	0.000000	50.04
51.00	05100	RECOVERY ROOM	3,746,797	6,996,317	10,743,114	0.235645	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,964,464	1,933,435	6,897,899	0.356663	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,107,965	6,792,311	11,900,276	0.078046	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,537,719	74,324,507	87,862,226	0.174589	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	65,984	12,174,917	12,240,901	0.085030	0.000000	54.01
54.02	05402	CDI RADIOLOGY	165,214	58,913,251	59,078,465	0.202741	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	19,080,043	46,746,582	65,826,625	0.030172	0.000000	57.00
57.01	05701	TDOC CT SCAN	69,561	10,572,122	10,641,683	0.036002	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,165,902	11,322,656	15,488,558	0.062054	0.000000	58.00
58.01	05801	TDOC - MRI	29,993	10,737,832	10,767,825	0.052662	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	15,749,538	28,537,190	44,286,728	0.088027	0.000000	59.00
60.00	06000	LABORATORY	63,910,454	104,195,111	168,105,565	0.107039	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,393,025	111,714,582	114,107,607	0.270965	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	9,388	481,656	491,044	0.527643	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	17,615,662	1,401,601	19,017,263	0.177537	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	22,881	9,915	32,796	0.351506	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,896,714	16,694,466	23,591,180	0.360630	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,359,124	190,567	5,549,691	0.384141	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,122,328	2,122,328	0.514024	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,678,942	485,292	4,164,234	0.271144	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	834,086	354,843	1,188,929	0.319749	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,374,852	17,618,085	34,992,937	0.080180	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	26,130,271	26,130,271	0.066701	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	712,766	3,535,711	4,248,477	0.136630	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	30,754	6,864,526	6,895,280	0.530530	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,503,192	17,782,523	35,285,715	0.443346	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,677,590	41,866,916	84,544,506	0.473707	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,652,725	35,604,271	117,256,996	0.157185	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	2,336,314	925,305	3,261,619	0.379108	0.000000	76.01
76.02	03952	CARDIAC REHAB	1,415,806	6,175,277	7,591,083	0.587088	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	26,789	2,291,138	2,317,927	0.581680	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,375	115,600	116,975	0.515341	0.000000	90.00
91.00	09100	EMERGENCY	19,318,389	30,641,123	49,959,512	0.171774	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	0	44,036,784	44,036,784	0.337553	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	7,879	7,879	32.902272	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,349,440	15,531,756	17,881,196	0.281673	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,896,615	5,896,615			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,853,055	4,853,055			116.00
200.00		Subtotal (see instructions)	551,162,472	867,521,657	1,418,684,129			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	551,162,472	867,521,657	1,418,684,129			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/29/2018 8:58 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	0.314069		50.00
50.01	03650	VASCULAR ACCESS CENTER	0.296976		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.198821		50.02
50.03	05002	PAIN MGMT CENTER	0.000000		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.220712		50.04
51.00	05100	RECOVERY ROOM	0.235645		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.356663		52.00
53.00	05300	ANESTHESIOLOGY	0.078046		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174589		54.00
54.01	05401	TDOC RADIOLOGY	0.085030		54.01
54.02	05402	CDI RADIOLOGY	0.202741		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.030172		57.00
57.01	05701	TDOC CT SCAN	0.036002		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062054		58.00
58.01	05801	TDOC - MRI	0.052662		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088027		59.00
60.00	06000	LABORATORY	0.107039		60.00
64.00	06400	INTRAVENOUS THERAPY	0.271149		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.527643		64.01
65.00	06500	RESPIRATORY THERAPY	0.177537		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.351506		65.01
66.00	06600	PHYSICAL THERAPY	0.360630		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.384141		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.514024		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.271144		67.00
68.00	06800	SPEECH PATHOLOGY	0.319749		68.00
69.00	06900	ELECTROCARDIOLOGY	0.080180		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.066701		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136630		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.530718		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.443346		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.473707		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157185		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	0.379108		76.01
76.02	03952	CARDIAC REHAB	0.587088		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.583086		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.515341		90.00
91.00	09100	EMERGENCY	0.175181		91.00
91.01	09101	URGENT CARE CENTERS	0.337553		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	32.902272		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281673		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 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/29/2018 8:58 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	55,535,389		55,535,389	423,160	55,958,549	30.00
31.00	03100	INTENSIVE CARE UNIT	5,510,086		5,510,086	35,201	5,545,287	31.00
32.00	03200	CORONARY CARE UNIT	6,428,425		6,428,425	2,213	6,430,638	32.00
43.00	04300	NURSERY	8,430,503		8,430,503	0	8,430,503	43.00
44.00	04400	SKILLED NURSING FACILITY	4,872,321		4,872,321	0	4,872,321	44.00
46.00	04600	OTHER LONG TERM CARE	5,347,576		5,347,576	0	5,347,576	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,854,095		39,854,095	385,017	40,239,112	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,886,792		1,886,792	35,023	1,921,815	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	837,185		837,185	0	837,185	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,117,101		3,117,101	0	3,117,101	50.04
51.00	05100	RECOVERY ROOM	2,531,560		2,531,560	0	2,531,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,460,226		2,460,226	0	2,460,226	52.00
53.00	05300	ANESTHESIOLOGY	928,768		928,768	0	928,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,339,772		15,339,772	0	15,339,772	54.00
54.01	05401	TDOC RADIOLOGY	1,040,840		1,040,840	0	1,040,840	54.01
54.02	05402	CDI RADIOLOGY	11,977,602		11,977,602	0	11,977,602	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	1,986,098		1,986,098	0	1,986,098	57.00
57.01	05701	TDOC CT SCAN	383,124		383,124	0	383,124	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	961,130		961,130	0	961,130	58.00
58.01	05801	TDOC - MRI	567,054		567,054	0	567,054	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,898,425		3,898,425	0	3,898,425	59.00
60.00	06000	LABORATORY	17,993,777		17,993,777	0	17,993,777	60.00
64.00	06400	INTRAVENOUS THERAPY	30,919,220		30,919,220	20,937	30,940,157	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	259,096		259,096	0	259,096	64.01
65.00	06500	RESPIRATORY THERAPY	3,376,263	0	3,376,263	0	3,376,263	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,528	0	11,528	0	11,528	65.01
66.00	06600	PHYSICAL THERAPY	8,507,682	0	8,507,682	0	8,507,682	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,131,863	0	2,131,863	0	2,131,863	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,090,928	0	1,090,928	0	1,090,928	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,129,109	0	1,129,109	0	1,129,109	67.00
68.00	06800	SPEECH PATHOLOGY	380,159	0	380,159	0	380,159	68.00
69.00	06900	ELECTROCARDIOLOGY	2,805,750		2,805,750	0	2,805,750	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,742,907		1,742,907	0	1,742,907	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	580,468		580,468	0	580,468	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,658,152		3,658,152	1,295	3,659,447	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,643,792		15,643,792	0	15,643,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,049,365		40,049,365	0	40,049,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,430,990		18,430,990	0	18,430,990	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	1,236,506		1,236,506	0	1,236,506	76.01
76.02	03952	CARDIAC REHAB	4,456,635		4,456,635	0	4,456,635	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,348,292		1,348,292	3,259	1,351,551	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	60,282		60,282	0	60,282	90.00
91.00	09100	EMERGENCY	8,581,756		8,581,756	170,182	8,751,938	91.00
91.01	09101	URGENT CARE CENTERS	14,864,744		14,864,744	0	14,864,744	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	259,237		259,237	0	259,237	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,036,659		5,036,659		5,036,659	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,860,546		5,860,546		5,860,546	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,165,701		3,165,701		3,165,701	116.00
200.00		Subtotal (see instructions)	367,475,479	0	367,475,479	1,076,287	368,551,766	200.00
201.00		Less Observation Beds	5,036,659		5,036,659		5,036,659	201.00
202.00		Total (see instructions)	362,438,820	0	362,438,820	1,076,287	363,515,107	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/29/2018 8:58 am

		Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Title XIX Hospital Cost or Other Ratio	Title XIX Hospital TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	101,528,763		101,528,763			30.00
31.00	03100	INTENSIVE CARE UNIT	13,161,874		13,161,874			31.00
32.00	03200	CORONARY CARE UNIT	12,816,665		12,816,665			32.00
43.00	04300	NURSERY	9,599,741		9,599,741			43.00
44.00	04400	SKILLED NURSING FACILITY	3,913,840		3,913,840			44.00
46.00	04600	OTHER LONG TERM CARE	5,354,510		5,354,510			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,016,425	79,105,612	128,122,037	0.311064	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	20,368	6,450,910	6,471,278	0.291564	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,210,737	4,210,737	0.198821	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	2,946,838	11,176,082	14,122,920	0.220712	0.000000	50.04
51.00	05100	RECOVERY ROOM	3,746,797	6,996,317	10,743,114	0.235645	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,964,464	1,933,435	6,897,899	0.356663	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,107,965	6,792,311	11,900,276	0.078046	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,537,719	74,324,507	87,862,226	0.174589	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	65,984	12,174,917	12,240,901	0.085030	0.000000	54.01
54.02	05402	CDI RADIOLOGY	165,214	58,913,251	59,078,465	0.202741	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	19,080,043	46,746,582	65,826,625	0.030172	0.000000	57.00
57.01	05701	TDOC CT SCAN	69,561	10,572,122	10,641,683	0.036002	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,165,902	11,322,656	15,488,558	0.062054	0.000000	58.00
58.01	05801	TDOC - MRI	29,993	10,737,832	10,767,825	0.052662	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	15,749,538	28,537,190	44,286,728	0.088027	0.000000	59.00
60.00	06000	LABORATORY	63,910,454	104,195,111	168,105,565	0.107039	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,393,025	111,714,582	114,107,607	0.270965	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	9,388	481,656	491,044	0.527643	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	17,615,662	1,401,601	19,017,263	0.177537	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	22,881	9,915	32,796	0.351506	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,896,714	16,694,466	23,591,180	0.360630	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,359,124	190,567	5,549,691	0.384141	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,122,328	2,122,328	0.514024	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,678,942	485,292	4,164,234	0.271144	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	834,086	354,843	1,188,929	0.319749	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,374,852	17,618,085	34,992,937	0.080180	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	26,130,271	26,130,271	0.066701	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	712,766	3,535,711	4,248,477	0.136630	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	30,754	6,864,526	6,895,280	0.530530	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,503,192	17,782,523	35,285,715	0.443346	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,677,590	41,866,916	84,544,506	0.473707	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,652,725	35,604,271	117,256,996	0.157185	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	2,336,314	925,305	3,261,619	0.379108	0.000000	76.01
76.02	03952	CARDIAC REHAB	1,415,806	6,175,277	7,591,083	0.587088	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	26,789	2,291,138	2,317,927	0.581680	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,375	115,600	116,975	0.515341	0.000000	90.00
91.00	09100	EMERGENCY	19,318,389	30,641,123	49,959,512	0.171774	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	0	44,036,784	44,036,784	0.337553	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	7,879	7,879	32.902272	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,349,440	15,531,756	17,881,196	0.281673	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,896,615	5,896,615			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,853,055	4,853,055			116.00
200.00		Subtotal (see instructions)	551,162,472	867,521,657	1,418,684,129			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	551,162,472	867,521,657	1,418,684,129			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/29/2018 8:58 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 07/01/2017 To 06/30/2018 | Worksheet D Part I Date/Time Prepared: 11/29/2018 8:58 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	6,437,445	0	6,437,445	60,351	106.67	30.00
31.00	INTENSIVE CARE UNIT	443,136		443,136	3,401	130.30	31.00
32.00	CORONARY CARE UNIT	614,887		614,887	2,993	205.44	32.00
43.00	NURSERY	884,210		884,210	4,968	177.98	43.00
44.00	SKILLED NURSING FACILITY	208,713		208,713	13,977	14.93	44.00
200.00	Total (lines 30 through 199)	8,588,391		8,588,391	85,690		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	27,643	2,948,679		30.00
31.00	INTENSIVE CARE UNIT	1,847	240,664		31.00
32.00	CORONARY CARE UNIT	1,501	308,365		32.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	7,493	111,870		44.00
200.00	Total (lines 30 through 199)	38,484	3,609,578		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part II Date/Time Prepared: 11/29/2018 8:58 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	3,020,552	128,122,037	0.023576	24,032,793	566,597	50.00
50.01	03650	VASCULAR ACCESS CENTER	361,355	6,471,278	0.055840	9,438	527	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	169,521	4,210,737	0.040259	0	0	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	459,876	14,122,920	0.032562	1,384,629	45,086	50.04
51.00	05100	RECOVERY ROOM	227,812	10,743,114	0.021205	1,824,105	38,680	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	293,751	6,897,899	0.042586	602	26	52.00
53.00	05300	ANESTHESIOLOGY	25,924	11,900,276	0.002178	4,160,552	9,062	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,171,515	87,862,226	0.024715	7,103,583	175,565	54.00
54.01	05401	TDOC RADIOLOGY	123,644	12,240,901	0.010101	62,006	626	54.01
54.02	05402	CDI RADIOLOGY	2,493,000	59,078,465	0.042198	60,301	2,545	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	186,411	65,826,625	0.002832	11,147,736	31,570	57.00
57.01	05701	TDOC CT SCAN	59,622	10,641,683	0.005603	65,157	365	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	186,907	15,488,558	0.012067	2,046,449	24,695	58.00
58.01	05801	TDOC - MRI	100,977	10,767,825	0.009378	23,780	223	58.01
59.00	05900	CARDIAC CATHETERIZATION	531,605	44,286,728	0.012004	9,486,433	113,875	59.00
60.00	06000	LABORATORY	1,120,866	168,105,565	0.006668	33,560,751	223,783	60.00
64.00	06400	INTRAVENOUS THERAPY	464,100	114,107,607	0.004067	974,027	3,961	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	49,614	491,044	0.101038	5,293	535	64.01
65.00	06500	RESPIRATORY THERAPY	115,933	19,017,263	0.006096	11,279,620	68,761	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	549	32,796	0.016740	9,676	162	65.01
66.00	06600	PHYSICAL THERAPY	1,133,954	23,591,180	0.048067	2,803,600	134,761	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	40,528	5,549,691	0.007303	2,131,851	15,569	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	159,191	2,122,328	0.075008	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	14,761	4,164,234	0.003545	1,435,453	5,089	67.00
68.00	06800	SPEECH PATHOLOGY	7,617	1,188,929	0.006407	316,735	2,029	68.00
69.00	06900	ELECTROCARDIOLOGY	249,665	34,992,937	0.007135	9,863,298	70,375	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	209,443	26,130,271	0.008015	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	84,024	4,248,477	0.019777	445,324	8,807	70.00
70.01	07001	SLEEP MEDICINE CLINIC	418,700	6,895,280	0.060723	206	13	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	417,873	35,285,715	0.011843	1,428,449	16,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	245,178	84,544,506	0.002900	19,358,423	56,139	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	415,677	117,256,996	0.003545	40,498,662	143,568	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	55,032	3,261,619	0.016873	1,395,392	23,544	76.01
76.02	03952	CARDIAC REHAB	489,042	7,591,083	0.064423	644,022	41,490	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	295,701	2,317,927	0.127571	16,721	2,133	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,078	116,975	0.009216	0	0	90.00
91.00	09100	EMERGENCY	542,031	49,959,512	0.010849	7,737,683	83,946	91.00
91.01	09101	URGENT CARE CENTERS	1,787,554	44,036,784	0.040592	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	57,050	7,879	7.240767	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	579,417	17,881,196	0.032404	0	0	92.00
200.00		Total (lines 50 through 199)	19,367,050	1,261,559,066		195,312,750	1,911,024	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part III Date/Time Prepared: 11/29/2018 8:58 am

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				Title XVIII		Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	185,203	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	11,500	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	10,121	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	47,262		44.00
200.00		Total (lines 30 through 199)	0	0	0	254,086	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	185,203	60,351	3.07	27,643	30.00
31.00	03100	INTENSIVE CARE UNIT		11,500	3,401	3.38	1,847	31.00
32.00	03200	CORONARY CARE UNIT		10,121	2,993	3.38	1,501	32.00
43.00	04300	NURSERY		0	4,968	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		47,262	13,977	3.38	7,493	44.00
200.00		Total (lines 30 through 199)		254,086	85,690		38,484	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost	
			9.00	13.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	84,864	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,243	0	31.00
32.00	03200	CORONARY CARE UNIT	5,073	0	32.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	25,326		44.00
200.00		Total (lines 30 through 199)	121,506	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/29/2018 8:58 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XVIII			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
		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	0	0	390,853	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		16,671	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	407,524	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/29/2018 8:58 am

Title XVIII Hospital PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	128,122,037	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	6,471,278	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	4,210,737	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	14,122,920	0.000000	50.04
51.00	05100	RECOVERY ROOM	0	0	0	10,743,114	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,897,899	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,900,276	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,862,226	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	12,240,901	0.000000	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	59,078,465	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	65,826,625	0.000000	57.00
57.01	05701	TDOC CT SCAN	0	0	0	10,641,683	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,488,558	0.000000	58.00
58.01	05801	TDOC - MRI	0	0	0	10,767,825	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,286,728	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	168,105,565	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	114,107,607	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	491,044	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,017,263	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	32,796	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	23,591,180	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	5,549,691	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	2,122,328	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,164,234	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,188,929	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,992,937	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	26,130,271	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,248,477	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	6,895,280	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,285,715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	84,544,506	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	390,853	390,853	117,256,996	0.003333	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	3,261,619	0.000000	76.01
76.02	03952	CARDIAC REHAB	0	0	0	7,591,083	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	2,317,927	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	116,975	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	49,959,512	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	44,036,784	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	7,879	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,671	16,671	17,881,196	0.000932	92.00
200.00		Total (lines 50 through 199)	0	407,524	407,524	1,261,559,066		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/29/2018 8:58 am

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	24,032,793	0	27,259,661	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000	9,438	0	1,614,947	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000	0	0	1,261,278	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	0.000000	1,384,629	0	3,974,324	0	50.04
51.00	05100	RECOVERY ROOM	0.000000	1,824,105	0	1,757,839	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	602	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	4,160,552	0	2,221,813	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,103,583	0	23,441,555	0	54.00
54.01	05401	TDOC RADIOLOGY	0.000000	62,006	0	4,799,446	0	54.01
54.02	05402	CDI RADIOLOGY	0.000000	60,301	0	13,280,585	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	0.000000	11,147,736	0	16,114,186	0	57.00
57.01	05701	TDOC CT SCAN	0.000000	65,157	0	3,565,100	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,046,449	0	3,004,048	0	58.00
58.01	05801	TDOC - MRI	0.000000	23,780	0	2,704,897	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,486,433	0	11,505,679	0	59.00
60.00	06000	LABORATORY	0.000000	33,560,751	0	13,001,756	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	974,027	0	51,421,459	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000	5,293	0	134,427	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.000000	11,279,620	0	365,186	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	9,676	0	33	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	2,803,600	0	367,140	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000	2,131,851	0	7,251	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000	0	0	35,239	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,435,453	0	45,978	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	316,735	0	15,115	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	9,863,298	0	7,134,733	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000	0	0	10,133,174	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	445,324	0	2,256,040	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000	206	0	446,050	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,428,449	0	74,631	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	19,358,423	0	15,226,364	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003333	40,498,662	134,982	16,171,936	53,901	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	0.000000	1,395,392	0	199,909	0	76.01
76.02	03952	CARDIAC REHAB	0.000000	644,022	0	2,916,554	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000	16,721	0	972,396	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	599	0	90.00
91.00	09100	EMERGENCY	0.000000	7,737,683	0	6,580,508	0	91.00
91.01	09101	URGENT CARE CENTERS	0.000000	0	0	2,517,272	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000	0	0	3,086	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000932	0	0	1,997,484	1,862	92.00
200.00		Total (lines 50 through 199)		195,312,750	134,982	248,529,678	55,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV Date/Time Prepared: 11/29/2018 8:58 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		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 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/29/2018 8:58 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	0.311064	27,259,661	0	73	8,479,499	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.291564	1,614,947	0	31	470,860	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.198821	1,261,278	0	0	250,769	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	0.220712	3,974,324	0	0	877,181	50.04
51.00	05100	RECOVERY ROOM	0.235645	1,757,839	0	21	414,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.356663	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078046	2,221,813	0	0	173,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174589	23,441,555	0	3,055	4,092,638	54.00
54.01	05401	TDOC RADIOLOGY	0.085030	4,799,446	0	1,666	408,097	54.01
54.02	05402	CDI RADIOLOGY	0.202741	13,280,585	0	631	2,692,519	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	0.030172	16,114,186	0	1,498	486,197	57.00
57.01	05701	TDOC CT SCAN	0.036002	3,565,100	0	119	128,351	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062054	3,004,048	0	187	186,413	58.00
58.01	05801	TDOC - MRI	0.052662	2,704,897	0	136	142,445	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088027	11,505,679	0	515	1,012,810	59.00
60.00	06000	LABORATORY	0.107039	13,001,756	0	11	1,391,695	60.00
64.00	06400	INTRAVENOUS THERAPY	0.270965	51,421,459	0	107,536	13,933,416	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.527643	134,427	0	0	70,929	64.01
65.00	06500	RESPIRATORY THERAPY	0.177537	365,186	0	0	64,834	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.351506	33	0	0	12	65.01
66.00	06600	PHYSICAL THERAPY	0.360630	367,140	0	0	132,402	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.384141	7,251	0	0	2,785	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.514024	35,239	0	0	18,114	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.271144	45,978	0	0	12,467	67.00
68.00	06800	SPEECH PATHOLOGY	0.319749	15,115	0	0	4,833	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080180	7,134,733	0	277	572,063	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.066701	10,133,174	0	205	675,893	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136630	2,256,040	0	0	308,243	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.530530	446,050	0	0	236,643	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.443346	74,631	0	0	33,087	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.473707	15,226,364	0	0	7,212,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157185	16,171,936	0	26,860	2,541,986	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	0.379108	199,909	0	0	75,787	76.01
76.02	03952	CARDIAC REHAB	0.587088	2,916,554	0	0	1,712,274	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.581680	972,396	0	446	565,623	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.515341	599	0	0	309	90.00
91.00	09100	EMERGENCY	0.171774	6,580,508	0	0	1,130,360	91.00
91.01	09101	URGENT CARE CENTERS	0.337553	2,517,272	0	2	849,713	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	32.902272	3,086	0	0	101,536	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281673	1,997,484	0	0	562,637	92.00
200.00		Subtotal (see instructions)		248,529,678	0	143,269	52,025,885	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		248,529,678	0	143,269	52,025,885	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/29/2018 8:58 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	23		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	9		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	5		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	533		54.00
54.01	05401	TDOC RADIOLOGY	0	142		54.01
54.02	05402	CDI RADIOLOGY	0	128		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	45		57.00
57.01	05701	TDOC CT SCAN	0	4		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12		58.00
58.01	05801	TDOC - MRI	0	7		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	45		59.00
60.00	06000	LABORATORY	0	1		60.00
64.00	06400	INTRAVENOUS THERAPY	0	29,138		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	22		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	14		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	4,222		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	259		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	1		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	34,610		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	34,610		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/29/2018 8:58 am

		Title XVIII			Skilled Nursing Facility	PPS	
	Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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	0	0	390,853	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	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	390,853	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/29/2018 8:58 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	128,122,037	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	6,471,278	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	4,210,737	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	14,122,920	0.000000	50.04
51.00	05100	RECOVERY ROOM	0	0	0	10,743,114	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,897,899	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,900,276	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,862,226	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	12,240,901	0.000000	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	59,078,465	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	65,826,625	0.000000	57.00
57.01	05701	TDOC CT SCAN	0	0	0	10,641,683	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,488,558	0.000000	58.00
58.01	05801	TDOC - MRI	0	0	0	10,767,825	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,286,728	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	168,105,565	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	114,107,607	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	491,044	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,017,263	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	32,796	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	23,591,180	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	5,549,691	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	2,122,328	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,164,234	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,188,929	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,992,937	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	26,130,271	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,248,477	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	6,895,280	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,285,715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	84,544,506	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	390,853	390,853	117,256,996	0.003333	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	3,261,619	0.000000	76.01
76.02	03952	CARDIAC REHAB	0	0	0	7,591,083	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	2,317,927	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	116,975	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	49,959,512	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	44,036,784	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	7,879	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	17,881,196	0.000000	92.00
200.00		Total (lines 50 through 199)	0	390,853	390,853	1,261,559,066		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/29/2018 8:58 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	31,248	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000	10	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000	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	0.000000	2,047	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0.000000	4,532	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	29,047	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	60,198	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.000000	263	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.000000	13	0	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	0.000000	422	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0.000000	3	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	6	0	0	0	58.00
58.01	05801	TDOC - MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,234	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	374,754	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,514	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000	4	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.000000	10,890	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	140	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	1,058,056	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000	930,737	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	699,392	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	177,927	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,052	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	25	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	19,077	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003333	1,851,711	6,172	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	0.000000	1,420	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0.000000	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	128	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.000000	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		5,262,850	6,172	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part V
Date/Time Prepared: 11/29/2018 8:58 am

Title XVIII | Skilled Nursing Facility | 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	0.311064	0	0	3	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.291564	0	0	2	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.198821	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	0.220712	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0.235645	0	0	1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.356663	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078046	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174589	0	0	156	0	54.00
54.01	05401	TDOC RADIOLOGY	0.085030	0	0	74	0	54.01
54.02	05402	CDI RADIOLOGY	0.202741	0	0	48	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	0.030172	0	0	55	0	57.00
57.01	05701	TDOC CT SCAN	0.036002	0	0	6	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062054	0	0	8	0	58.00
58.01	05801	TDOC - MRI	0.052662	0	0	7	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088027	0	0	28	0	59.00
60.00	06000	LABORATORY	0.107039	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.270965	0	0	4,902	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.527643	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.177537	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.351506	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.360630	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.384141	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.514024	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.271144	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.319749	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080180	0	0	12	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.066701	0	0	10	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136630	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.530530	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.443346	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.473707	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157185	0	0	1,300	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	0.379108	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0.587088	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.581680	0	0	10	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.515341	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.171774	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.337553	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	32.902272	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281673	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	6,622	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	6,622	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 8:58 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	1		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	1		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	27		54.00
54.01	05401	TDOC RADIOLOGY	0	6		54.01
54.02	05402	CDI RADIOLOGY	0	10		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	2		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	2		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,328		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	1		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1		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	204		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	6		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)	0	1,589		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,589		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part V Date/Time Prepared: 11/29/2018 8:58 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	0.311064	0	1,125,741	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.291564	0	223,621	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.198821	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	0.220712	0	24,884	0	0	50.04
51.00	05100	RECOVERY ROOM	0.235645	0	142,568	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.356663	0	256,122	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078046	0	116,977	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174589	0	584,931	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.085030	0	109,848	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.202741	0	653,362	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	0.030172	0	678,435	0	0	57.00
57.01	05701	TDOC CT SCAN	0.036002	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062054	0	59,998	0	0	58.00
58.01	05801	TDOC - MRI	0.052662	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088027	0	209,196	0	0	59.00
60.00	06000	LABORATORY	0.107039	0	1,199,927	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.270965	0	536,722	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.527643	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.177537	0	23,546	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.351506	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.360630	0	74,750	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.384141	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.514024	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.271144	0	622	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.319749	0	292	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080180	0	149,154	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.066701	0	105,408	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136630	0	1,623	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.530530	0	86,252	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.443346	0	481,776	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.473707	0	532,288	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157185	0	432,807	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	0.379108	0	2,687	0	0	76.01
76.02	03952	CARDIAC REHAB	0.587088	0	7,369	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.581680	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.515341	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.171774	0	1,232,187	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.337553	0	1,739,689	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	32.902272	0	1,426	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281673	0	266,816	0	0	92.00
200.00		Subtotal (see instructions)		0	11,061,024	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	11,061,024	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/29/2018 8:58 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	350,177	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	65,200	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	5,492	0		50.04
51.00	05100	RECOVERY ROOM	33,595	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	91,349	0		52.00
53.00	05300	ANESTHESIOLOGY	9,130	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,123	0		54.00
54.01	05401	TDOC RADIOLOGY	9,340	0		54.01
54.02	05402	CDI RADIOLOGY	132,463	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	20,470	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,723	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	18,415	0		59.00
60.00	06000	LABORATORY	128,439	0		60.00
64.00	06400	INTRAVENOUS THERAPY	145,433	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	4,180	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	26,957	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	169	0		67.00
68.00	06800	SPEECH PATHOLOGY	93	0		68.00
69.00	06900	ELECTROCARDIOLOGY	11,959	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	7,031	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	222	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	45,759	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	213,593	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	252,149	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,031	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	1,019	0		76.01
76.02	03952	CARDIAC REHAB	4,326	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	211,658	0		91.00
91.01	09101	URGENT CARE CENTERS	587,237	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	46,919	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	75,155	0		92.00
200.00		Subtotal (see instructions)	2,671,806	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,671,806	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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)	60,351	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	60,351	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.	24,875	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	30,044	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)	27,643	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)	55,958,549	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)	55,958,549	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	111,828,026	28.00
29.00	Private room charges (excluding swing-bed charges)	50,453,720	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	61,374,306	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.500398	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,028.29	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,042.81	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)	55,958,549	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)	927.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	25,631,142	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)	25,631,142	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 11/29/2018 8:58 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		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	5,545,287	3,401	1,630.49	1,847	3,011,515	43.00
44.00	CORONARY CARE UNIT	6,430,638	2,993	2,148.56	1,501	3,224,989	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)	38,649,916	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	70,517,562	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)	3,593,888	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,046,006	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,639,894	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	64,877,668	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	5,432	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	927.22	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,036,659	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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	6,437,445	55,958,549	0.115040	5,036,659	579,417	90.00
91.00	Nursing School cost	0	55,958,549	0.000000	5,036,659	0	91.00
92.00	Allied health cost	185,203	55,958,549	0.003310	5,036,659	16,671	92.00
93.00	All other Medical Education	0	55,958,549	0.000000	5,036,659	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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)	13,977	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,977	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.	7,031	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,946	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)	7,493	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)	4,872,321	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)	4,872,321	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	3,913,280	28.00
29.00	Private room charges (excluding swing-bed charges)	1,969,240	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,944,040	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.245073	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	280.08	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	279.88	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.20	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.25	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,758	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,870,563	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 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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)	4,870,563	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	348.47	71.00
72.00	Program routine service cost (line 9 x line 71)	2,611,086	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)	2,611,086	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)	2,611,086	83.00
84.00	Program inpatient ancillary services (see instructions)	1,353,085	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)	3,964,171	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 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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)	60,351	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	60,351	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.	24,875	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	30,044	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)	704	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)	4,968	15.00
16.00	Nursery days (title V or XIX only)	70	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)	55,535,389	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)	55,535,389	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	111,828,026	28.00
29.00	Private room charges (excluding swing-bed charges)	50,453,720	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	61,374,306	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.496614	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,028.29	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,042.81	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)	55,535,389	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)	920.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	647,828	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)	647,828	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 11/29/2018 8:58 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)	8,430,503	4,968	1,696.96	70	118,787	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,510,086	3,401	1,620.14	39	63,185	43.00
44.00	CORONARY CARE UNIT	6,428,425	2,993	2,147.82	90	193,304	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)	1,408,527	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,431,631	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	5,432	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	920.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,998,581	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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	6,437,445	55,535,389	0.115916	4,998,581	579,416	90.00
91.00	Nursing School cost	0	55,535,389	0.000000	4,998,581	0	91.00
92.00	Allied health cost	0	55,535,389	0.000000	4,998,581	0	92.00
93.00	All other Medical Education	0	55,535,389	0.000000	4,998,581	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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)	13,977	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,977	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.	7,031	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,946	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)	150	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)	4,968	15.00
16.00	Nursery days (title V or XIX only)	70	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)	4,872,321	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)	4,872,321	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	3,913,280	28.00
29.00	Private room charges (excluding swing-bed charges)	1,969,240	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,944,040	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.245073	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	280.08	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	279.88	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.20	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.25	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,758	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,870,563	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 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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)	4,870,563	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	348.47	71.00
72.00	Program routine service cost (line 9 x line 71)	52,271	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)	52,271	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	208,713	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	14.93	76.00
77.00	Program capital-related costs (line 9 x line 76)	2,240	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	50,031	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)	50,031	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)	2,240	83.00
84.00	Program inpatient ancillary services (see instructions)	12	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)	2,252	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 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:58 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 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/29/2018 8:58 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		51,878,234		30.00
31.00	03100	INTENSIVE CARE UNIT		7,444,063		31.00
32.00	03200	CORONARY CARE UNIT		6,195,842		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.314069	24,032,793	7,547,955	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.296976	9,438	2,803	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.198821	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	0.220712	1,384,629	305,604	50.04
51.00	05100	RECOVERY ROOM	0.235645	1,824,105	429,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.356663	602	215	52.00
53.00	05300	ANESTHESIOLOGY	0.078046	4,160,552	324,714	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174589	7,103,583	1,240,207	54.00
54.01	05401	TDOC RADIOLOGY	0.085030	62,006	5,272	54.01
54.02	05402	CDI RADIOLOGY	0.202741	60,301	12,225	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	0.030172	11,147,736	336,349	57.00
57.01	05701	TDOC CT SCAN	0.036002	65,157	2,346	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062054	2,046,449	126,990	58.00
58.01	05801	TDOC - MRI	0.052662	23,780	1,252	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088027	9,486,433	835,062	59.00
60.00	06000	LABORATORY	0.107039	33,560,751	3,592,309	60.00
64.00	06400	INTRAVENOUS THERAPY	0.271149	974,027	264,106	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.527643	5,293	2,793	64.01
65.00	06500	RESPIRATORY THERAPY	0.177537	11,279,620	2,002,550	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.351506	9,676	3,401	65.01
66.00	06600	PHYSICAL THERAPY	0.360630	2,803,600	1,011,062	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.384141	2,131,851	818,931	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.514024	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.271144	1,435,453	389,214	67.00
68.00	06800	SPEECH PATHOLOGY	0.319749	316,735	101,276	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080180	9,863,298	790,839	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.066701	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136630	445,324	60,845	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.530718	206	109	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.443346	1,428,449	633,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.473707	19,358,423	9,170,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157185	40,498,662	6,365,782	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	0.379108	1,395,392	529,004	76.01
76.02	03952	CARDIAC REHAB	0.587088	644,022	378,098	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.583086	16,721	9,750	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.515341	0	0	90.00
91.00	09100	EMERGENCY	0.175181	7,737,683	1,355,495	91.00
91.01	09101	URGENT CARE CENTERS	0.337553	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	32.902272	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281673	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		195,312,750	38,649,916	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)		195,312,750		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D-3
Date/Time Prepared: 11/29/2018 8:58 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		34,736		30.00
31.00	03100	INTENSIVE CARE UNIT		2,934		31.00
32.00	03200	CORONARY CARE UNIT		1,155		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.311064	31,248	9,720	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.291564	10	3	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.198821	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	0.220712	2,047	452	50.04
51.00	05100	RECOVERY ROOM	0.235645	4,532	1,068	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.356663	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078046	29,047	2,267	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174589	60,198	10,510	54.00
54.01	05401	TDOC RADIOLOGY	0.085030	263	22	54.01
54.02	05402	CDI RADIOLOGY	0.202741	13	3	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	0.030172	422	13	57.00
57.01	05701	TDOC CT SCAN	0.036002	3	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062054	6	0	58.00
58.01	05801	TDOC - MRI	0.052662	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088027	8,234	725	59.00
60.00	06000	LABORATORY	0.107039	374,754	40,113	60.00
64.00	06400	INTRAVENOUS THERAPY	0.270965	1,514	410	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.527643	4	2	64.01
65.00	06500	RESPIRATORY THERAPY	0.177537	10,890	1,933	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.351506	140	49	65.01
66.00	06600	PHYSICAL THERAPY	0.360630	1,058,056	381,567	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.384141	930,737	357,534	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.514024	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.271144	699,392	189,636	67.00
68.00	06800	SPEECH PATHOLOGY	0.319749	177,927	56,892	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080180	1,052	84	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.066701	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136630	25	3	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.530530	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.443346	19,077	8,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.473707	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157185	1,851,711	291,061	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	0.379108	1,420	538	76.01
76.02	03952	CARDIAC REHAB	0.587088	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.581680	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.515341	0	0	90.00
91.00	09100	EMERGENCY	0.171774	128	22	91.00
91.01	09101	URGENT CARE CENTERS	0.337553	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	32.902272	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281673	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,262,850	1,353,085	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)		5,262,850		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/29/2018 8:58 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		1,928,693		30.00
31.00	03100	INTENSIVE CARE UNIT		181,932		31.00
32.00	03200	CORONARY CARE UNIT		389,110		32.00
43.00	04300	NURSERY		646,521		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.311064	372,721	115,940	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.291564	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.198821	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	0.220712	39,895	8,805	50.04
51.00	05100	RECOVERY ROOM	0.235645	31,464	7,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.356663	572,383	204,148	52.00
53.00	05300	ANESTHESIOLOGY	0.078046	86,614	6,760	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174589	200,171	34,948	54.00
54.01	05401	TDOC RADIOLOGY	0.085030	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.202741	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	0.030172	399,581	12,056	57.00
57.01	05701	TDOC CT SCAN	0.036002	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062054	122,825	7,622	58.00
58.01	05801	TDOC - MRI	0.052662	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088027	292,799	25,774	59.00
60.00	06000	LABORATORY	0.107039	1,454,439	155,682	60.00
64.00	06400	INTRAVENOUS THERAPY	0.270965	28,556	7,738	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.527643	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.177537	462,645	82,137	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.351506	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.360630	57,499	20,736	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.384141	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.514024	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.271144	31,955	8,664	67.00
68.00	06800	SPEECH PATHOLOGY	0.319749	10,034	3,208	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080180	265,505	21,288	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.066701	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136630	2,698	369	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.530530	1,270	674	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.443346	488,463	216,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.473707	377,967	179,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157185	1,660,100	260,943	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	0.379108	39,869	15,115	76.01
76.02	03952	CARDIAC REHAB	0.587088	21,171	12,429	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.581680	814	473	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.515341	0	0	90.00
91.00	09100	EMERGENCY	0.171774	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.337553	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	32.902272	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281673	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,021,438	1,408,527	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)		7,021,438		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-3
Date/Time Prepared:
11/29/2018 8:58 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	0.311064	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.291564	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.198821	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	0.220712	0	0	50.04
51.00	05100	RECOVERY ROOM	0.235645	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.356663	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078046	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174589	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.085030	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.202741	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	0.030172	0	0	57.00
57.01	05701	TDOC CT SCAN	0.036002	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062054	0	0	58.00
58.01	05801	TDOC - MRI	0.052662	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088027	0	0	59.00
60.00	06000	LABORATORY	0.107039	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.270965	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.527643	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.177537	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.351506	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.360630	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.384141	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.514024	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.271144	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.319749	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080180	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.066701	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136630	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.530530	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.443346	28	12	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.473707	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157185	0	0	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	0.379108	0	0	76.01
76.02	03952	CARDIAC REHAB	0.587088	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.581680	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.515341	0	0	90.00
91.00	09100	EMERGENCY	0.171774	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.337553	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	32.902272	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281673	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28	12	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)		28		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	15,036,143	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	45,108,429	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)	2,028,198	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	21,697,394	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	377.65	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 § 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 § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	37.71	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	40.05	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).	0.099854	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.100423	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.099854	21.00
22.00	IME payment adjustment (see instructions)	3,190,910	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	1,151,134	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	2.34	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)	3,190,910	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,151,134	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	1.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)	2.70	31.00
32.00	Sum of lines 30 and 31	4.34	32.00
33.00	Allowable disproportionate share percentage (see instructions)	0.00	33.00
34.00	Disproportionate share adjustment (see instructions)	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000000000	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)	65,363,680		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)	66,514,814	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,377,107	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).	1,690,965	52.00
53.00	Nursing and Allied Health Managed Care payment	205,196	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).	96,180	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	134,982	58.00
59.00	Total (sum of amounts on lines 49 through 58)	74,019,244	59.00
60.00	Primary payer payments	55,928	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	73,963,316	61.00
62.00	Deductibles billed to program beneficiaries	6,191,956	62.00
63.00	Coinsurance billed to program beneficiaries	252,356	63.00
64.00	Allowable bad debts (see instructions)	509,785	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	331,360	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	309,167	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	67,850,364	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		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)	920,842	70.93
70.94	HRR adjustment amount (see instructions)	0	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		68,771,206	71.00
71.01	Sequestration adjustment (see instructions)		1,375,424	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		67,380,420	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		15,362	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)	1.0147078620	1.0154752911	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
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet DSH | Date/Time Prepared: 11/29/2018 8:58 am

Title XVIII | Hospital | PPS

		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)	1.64	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	2.70	0.00			2.70	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	4.34	0.00			2.70	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)	377.65	0.00			377.65	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)	1.64	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)	838	0			838	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)	65	0			65	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)	912	0			912	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)	1,815	0			1,815	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	66,281	0			66,281	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	990	0			990	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)	67,271	0			67,271	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	2.70	0.00			2.70	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet DSH Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	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	9.43		0.00	True	29.00
30.00	Line 28 or 29 as applicable		9.43		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		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 07/01/2017 To 06/30/2018	Worksheet DSH Date/Time Prepared: 11/29/2018 8:58 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	10.50		29.00
30.00	Line 28 or 29 as applicable	10.50		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	34,610	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	51,970,122	2.00
3.00	OPPS payments	51,658,766	3.00
4.00	Outlier payment (see instructions)	24,632	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	55,763	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	34,610	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	143,269	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)	143,269	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)	143,269	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	108,659	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	34,610	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	51,739,161	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)	9,321,722	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	42,452,049	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,150,391	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)	43,602,440	30.00
31.00	Primary payer payments	31,511	31.00
32.00	Subtotal (line 30 minus line 31)	43,570,929	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)	449,270	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	292,026	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	145,958	36.00
37.00	Subtotal (see instructions)	43,862,955	37.00
38.00	MSP-LCC reconciliation amount from PS&R	1,750	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	43,861,205	40.00
40.01	Sequestration adjustment (see instructions)	877,224	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	42,920,466	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	63,515	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Hospital	PPS

		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 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,589	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
4.01	Outlier reconciliation amount (see instructions)		4.01
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 lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	1,589	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	6,622	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)	6,622	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)	6,622	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	5,033	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	1,589	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	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)	1,589	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)	1,589	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,589	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)	1,589	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)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,589	40.00
40.01	Sequestration adjustment (see instructions)	32	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	1,661	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-104	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Skilled Nursing Facility	PPS

		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 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/29/2018 8:58 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		67,337,920		42,874,466	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	01/30/2018	42,500	01/30/2018	46,000	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)		42,500		46,000	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)		67,380,420		42,920,466	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		15,362		63,515	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		67,395,782		42,983,981	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 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/29/2018 8:58 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		2,803,816		1,661	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)		2,803,816		1,661	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		40,120		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		104	6.02
7.00	Total Medicare program liability (see instructions)		2,843,936		1,557	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 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/29/2018 8:58 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		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment		108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VI Date/Time Prepared: 11/29/2018 8:58 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)	3,375,805	1.00
2.00	Routine service other pass through costs	25,326	2.00
3.00	Ancillary service other pass through costs	6,172	3.00
4.00	Subtotal (sum of lines 1 through 3)	3,407,303	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	514,768	7.00
8.00	Allowable bad debts (see instructions)	14,525	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	9,441	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)	2,901,976	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	Demonstration payment adjustment amount before sequestration	0	14.99
15.00	Subtotal (see instructions	2,901,976	15.00
15.01	Sequestration adjustment (see instructions)	58,040	15.01
15.02	Demonstration payment adjustment amount after sequestration	0	15.02
16.00	Interim payments	2,803,816	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, 15.02, 16, and 17)	40,120	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 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2018 8:58 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	2,431,631		1.00
2.00	Medical and other services		2,671,806	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,431,631	2,671,806	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)	2,431,631	2,671,806	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	7,021,438	11,061,024	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)	7,021,438	11,061,024	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)	7,021,438	11,061,024	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	4,589,807	8,389,218	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)	2,431,631	2,671,806	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)	2,431,631	2,671,806	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)	2,431,631	2,671,806	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)	2,431,631	2,671,806	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	2,431,631	2,671,806	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	114,627		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,546,258	2,671,806	40.00
41.00	Interim payments	1,802,751	2,140,748	41.00
42.00	Balance due provider/program (line 40 minus line 41)	743,507	531,058	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 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2018 8:58 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	2,252		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)	2,252	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)	2,252	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	28	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)	28	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)	28	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)	2,224	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)	28	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)	28	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	2,224	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	28	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)	28	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	28	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)	28	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	28	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 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/29/2018 8:58 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)			40.05	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.	40.05	0.00	40.05	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.	37.52	0.00	37.52	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	37.52	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.43	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.46	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	37.47	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	37.47	0.00		17.00
18.00	Per resident amount	116,279.99	110,106.89		18.00
19.00	Approved amount for resident costs	4,357,011	0	4,357,011	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)			2.53	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			106,049.84	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)			4,357,011	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	30,991	11,225		26.00
27.00	Total Inpatient Days (see instructions)	62,303	62,303		27.00
28.00	Ratio of inpatient days to total inpatient days	0.497424	0.180168		28.00
29.00	Program direct GME amount	2,167,282	784,994		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		110,920		30.00
31.00	Net Program direct GME amount			2,841,356	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/29/2018 8:58 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)	76,535,951	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)	55,928	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	76,480,023	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	52,062,084	42.00
43.00	Primary payer payments (see instructions)	31,511	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	52,030,573	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	128,510,596	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.595126	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.404874	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	2,841,356	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,690,965	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	1,150,391	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/29/2018 8:58 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)			40.05	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.	40.05	0.00	40.05	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.	37.52	0.00	37.52	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	37.52	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.43	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.46	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	37.47	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	37.47	0.00		17.00
18.00	Per resident amount	116,279.99	110,106.89		18.00
19.00	Approved amount for resident costs	4,357,011	0	4,357,011	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)			2.53	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			106,049.84	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)			4,357,011	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	856	912		26.00
27.00	Total Inpatient Days (see instructions)	62,303	62,303		27.00
28.00	Ratio of inpatient days to total inpatient days	0.013739	0.014638		28.00
29.00	Program direct GME amount	59,861	63,778		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		9,012		30.00
31.00	Net Program direct GME amount			114,627	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/29/2018 8:58 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)	114,627	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 07/01/2017 To 06/30/2018

Worksheet G

Date/Time Prepared: 11/29/2018 8:58 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	46,002,037	0	0	0	1.00
2.00	Temporary investments	2,608,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	143,348,777	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-93,790,672	0	0	0	6.00
7.00	Inventory	6,755,983	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	25,793,184	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)	130,717,309	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,267,851	0	0	0	12.00
13.00	Land improvements	13,263,193	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	357,394,977	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	11,477,263	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	620,195	0	0	0	19.00
20.00	Accumulated depreciation	0	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	249,696,975	0	0	0	23.00
24.00	Accumulated depreciation	-426,621,905	0	0	0	24.00
25.00	Minor equipment depreciable	402,590	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	223,501,139	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	328,078,600	8,495,653	19,170,044	29,240	34.00
35.00	Total other assets (sum of lines 31-34)	328,078,600	8,495,653	19,170,044	29,240	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	682,297,048	8,495,653	19,170,044	29,240	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	11,133,934	0	0	0	37.00
38.00	Salaries, wages, and fees payable	28,635,466	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,526,011	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	74,382,048	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	120,677,459	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	82,746,394	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	25,431,503	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	108,177,897	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	228,855,356	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	453,441,692				52.00
53.00	Specific purpose fund		8,495,653			53.00
54.00	Donor created - endowment fund balance - restricted			19,170,044		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)	453,441,692	8,495,653	19,170,044	29,240	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	682,297,048	8,495,653	19,170,044	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-1 | Date/Time Prepared: 11/29/2018 8:58 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		10,323,065		18,685,162		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		16,907,000				2.00
3.00	Total (sum of line 1 and line 2)		27,230,065		18,685,162		3.00
4.00	ADDITIONS	1,175,881		484,881		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,175,881		484,881		10.00
11.00	Subtotal (line 3 plus line 10)		28,405,946		19,170,043		11.00
12.00	DEDUCTIONS	3,003,293		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3,003,293		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		25,402,653		19,170,043		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	29,240		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	29,240		0		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)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	29,240		0		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)	29,240		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 26-0179 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/29/2018 8:58 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	111,128,505		111,128,505	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	3,913,840		3,913,840	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	5,354,510		5,354,510	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	120,396,855		120,396,855	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	13,161,874		13,161,874	11.00
12.00	CORONARY CARE UNIT	12,816,665		12,816,665	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)	25,978,539		25,978,539	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	146,375,394		146,375,394	17.00
18.00	Ancillary services	404,604,961	856,954,102	1,261,559,063	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		5,896,615	5,896,615	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	4,853,055	4,853,055	26.00
27.00	MEDICAL GROUP	0	135,813,590	135,813,590	27.00
27.01	NON-REIMB/PRO FEES	0	11,592,588	11,592,588	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	550,980,355	1,015,109,950	1,566,090,305	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		429,817,249		29.00
30.00	MEDICAL GROUP EXPENSE	80,595,388			30.00
31.00	FRA EXPENSE	22,082,149			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)		102,677,537		36.00
37.00	MISCELLANEOUS	786			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)		786		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		532,494,000		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet G-3 Date/Time Prepared: 11/29/2018 8:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,566,090,305	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,054,207,305	2.00
3.00	Net patient revenues (line 1 minus line 2)	511,883,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	532,494,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-20,611,000	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	1,815,336	6.00
7.00	Income from investments	8,545,089	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	1,878,921	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.)	8,420	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	272,115	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	10,883,870	22.00
23.00	Governmental appropriations	0	23.00
24.00	JOINT VENTURE REVENUE	3,600,065	24.00
24.01	OTHER OPERATING	924,769	24.01
24.02	RETAIL PHARMACY	6,737,028	24.02
24.03	MEDICAL GROUP OTHER INCOME	6,568,477	24.03
24.04	ASSETS RELEASED FROM RESTRICTIONS	499,996	24.04
24.05	GAIN ON SALE OF ASSETS, NET	-216,090	24.05
25.00	Total other income (sum of lines 6-24)	41,517,996	25.00
26.00	Total (line 5 plus line 25)	20,906,996	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,999,996	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,907,000	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet H
Date/Time Prepared: 11/29/2018 8:58 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	751,613	195,421	891	0	261,363	1,209,288	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,343,588	349,336	78,814	0	0	1,771,738	6.00
7.00	Physical Therapy	1,016,950	264,409	50,422	0	0	1,331,781	7.00
8.00	Occupational Therapy	341,159	88,702	24,186	0	0	454,047	8.00
9.00	Speech Pathology	31,542	8,201	2,283	0	0	42,026	9.00
10.00	Medical Social Services	105,147	27,338	2,826	0	0	135,311	10.00
11.00	Home Health Aide	29,910	7,777	5,893	0	0	43,580	11.00
12.00	Supplies (see instructions)	0	0	0	0	80,996	80,996	12.00
13.00	Drugs	0	0	0	0	15,344	15,344	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)	3,619,909	941,184	165,315	0	357,703	5,084,111	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	-240,077	969,211	-48,403	920,808			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-349,336	1,422,402	0	1,422,402			6.00
7.00	Physical Therapy	-264,409	1,067,372	0	1,067,372			7.00
8.00	Occupational Therapy	-88,702	365,345	0	365,345			8.00
9.00	Speech Pathology	-8,201	33,825	0	33,825			9.00
10.00	Medical Social Services	-27,338	107,973	0	107,973			10.00
11.00	Home Health Aide	-7,777	35,803	0	35,803			11.00
12.00	Supplies (see instructions)	0	80,996	0	80,996			12.00
13.00	Drugs	0	15,344	0	15,344			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)	-985,840	4,098,271	-48,403	4,049,868			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 07/01/2017 To 06/30/2018

Worksheet H-1 Part I
Date/Time Prepared: 11/29/2018 8:58 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	920,808	0	0	0	0	920,808	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,422,402	0	0	0	0	1,422,402	6.00
7.00	Physical Therapy	1,067,372	0	0	0	0	1,067,372	7.00
8.00	Occupational Therapy	365,345	0	0	0	0	365,345	8.00
9.00	Speech Pathology	33,825	0	0	0	0	33,825	9.00
10.00	Medical Social Services	107,973	0	0	0	0	107,973	10.00
11.00	Home Health Aide	35,803	0	0	0	0	35,803	11.00
12.00	Supplies (see instructions)	80,996	0	0	0	0	80,996	12.00
13.00	Drugs	15,344	0	0	0		15,344	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)	4,049,868	0	0	0	0	4,049,868	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	920,808		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	418,580	1,840,982	6.00
7.00	Physical Therapy	314,102	1,381,474	7.00
8.00	Occupational Therapy	107,512	472,857	8.00
9.00	Speech Pathology	9,954	43,779	9.00
10.00	Medical Social Services	31,774	139,747	10.00
11.00	Home Health Aide	10,536	46,339	11.00
12.00	Supplies (see instructions)	23,835	104,831	12.00
13.00	Drugs	4,515	19,859	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)		4,049,868	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

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

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-1
Part II
Date/Time Prepared:
11/29/2018 8:58 am

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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	1,343				0		1.00
2.00	Capital Related - Movable Equipment		1,343			0		2.00
3.00	Plant Operation & Maintenance	0	0	1,343		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	804	804	804	0	-920,808	3,129,060	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	274	274	274	0	0	1,422,402	6.00
7.00	Physical Therapy	162	162	162	0	0	1,067,372	7.00
8.00	Occupational Therapy	58	58	58	0	0	365,345	8.00
9.00	Speech Pathology	5	5	5	0	0	33,825	9.00
10.00	Medical Social Services	27	27	27	0	0	107,973	10.00
11.00	Home Health Aide	13	13	13	0	0	35,803	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	80,996	12.00
13.00	Drugs	0	0	0		0	15,344	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)	1,343	1,343	1,343	0	-920,808	3,129,060	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		920,808	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.294276	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet H-2 Part I
Date/Time Prepared: 11/29/2018 8:58 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	12,803	16,368	0	160,563	5,291	1.00
2.00	Skilled Nursing Care	1,840,982	4,427	5,659	0	305,153	10,204	2.00
3.00	Physical Therapy	1,381,474	2,643	3,379	0	230,968	5,669	3.00
4.00	Occupational Therapy	472,857	1,003	1,282	0	77,483	2,268	4.00
5.00	Speech Pathology	43,779	64	81	0	7,164	0	5.00
6.00	Medical Social Services	139,747	223	285	0	23,881	378	6.00
7.00	Home Health Aide	46,339	223	285	0	6,793	378	7.00
8.00	Supplies (see instructions)	104,831	0	0	0	0	0	8.00
9.00	Drugs	19,859	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)	4,049,868	21,386	27,339	0	812,005	24,188	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	195,025	0	0	0	195,025	474	1.00
2.00	Skilled Nursing Care	2,166,425	0	0	0	2,166,425	5,270	2.00
3.00	Physical Therapy	1,624,133	0	0	0	1,624,133	3,950	3.00
4.00	Occupational Therapy	554,893	0	0	0	554,893	1,349	4.00
5.00	Speech Pathology	51,088	0	0	0	51,088	124	5.00
6.00	Medical Social Services	164,514	0	0	0	164,514	400	6.00
7.00	Home Health Aide	54,018	0	0	0	54,018	131	7.00
8.00	Supplies (see instructions)	104,831	0	0	0	104,831	255	8.00
9.00	Drugs	19,859	0	0	0	19,859	48	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)	4,934,786	0	0	0	4,934,786	12,001	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 07/01/2017
To 06/30/2018

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2018 8:58 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	195,499	32,555	27,165	1,678	0	0	1.00
2.00	Skilled Nursing Care	2,171,695	361,634	9,393	0	0	0	2.00
3.00	Physical Therapy	1,628,083	271,112	5,609	0	0	0	3.00
4.00	Occupational Therapy	556,242	92,627	2,129	0	0	0	4.00
5.00	Speech Pathology	51,212	8,528	135	0	0	0	5.00
6.00	Medical Social Services	164,914	27,462	473	0	0	0	6.00
7.00	Home Health Aide	54,149	9,017	473	0	0	0	7.00
8.00	Supplies (see instructions)	105,086	17,499	0	2,606	0	0	8.00
9.00	Drugs	19,907	3,315	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)	4,946,787	823,749	45,377	4,284	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	8,261	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,856	0	0	0	0	2.00
3.00	Physical Therapy	0	1,705	0	0	0	0	3.00
4.00	Occupational Therapy	0	647	0	0	0	0	4.00
5.00	Speech Pathology	0	41	0	0	0	0	5.00
6.00	Medical Social Services	0	144	0	0	0	0	6.00
7.00	Home Health Aide	0	144	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	13,798	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 07/01/2017 To 06/30/2018

Worksheet H-2 Part I
Date/Time Prepared: 11/29/2018 8:58 am

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	8,252	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	18,299	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	26,551	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 07/01/2017 To 06/30/2018

Worksheet H-2 Part I
Date/Time Prepared: 11/29/2018 8:58 am

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	273,410	0	273,410		1.00
2.00	Skilled Nursing Care	0	0	2,545,578	0	2,545,578	124,569	2.00
3.00	Physical Therapy	0	0	1,906,509	0	1,906,509	93,297	3.00
4.00	Occupational Therapy	0	0	651,645	0	651,645	31,889	4.00
5.00	Speech Pathology	0	0	59,916	0	59,916	2,932	5.00
6.00	Medical Social Services	0	0	192,993	0	192,993	9,444	6.00
7.00	Home Health Aide	0	0	63,783	0	63,783	3,121	7.00
8.00	Supplies (see instructions)	0	0	143,490	0	143,490	7,022	8.00
9.00	Drugs	0	0	23,222	0	23,222	1,136	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	5,860,546	0	5,860,546	273,410	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.						0.048936	21.00

	Cost Center Description	Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	2,670,147	2.00
3.00	Physical Therapy	1,999,806	3.00
4.00	Occupational Therapy	683,534	4.00
5.00	Speech Pathology	62,848	5.00
6.00	Medical Social Services	202,437	6.00
7.00	Home Health Aide	66,904	7.00
8.00	Supplies (see instructions)	150,512	8.00
9.00	Drugs	24,358	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)	5,860,546	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 07/01/2017 To 06/30/2018

Worksheet H-2 Part II Date/Time Prepared: 11/29/2018 8:58 am

Home Health Agency I | PPS

	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	706,957	14	-195,025	1.00
2.00	Skilled Nursing Care	278	278	0	1,343,589	27	-2,166,425	2.00
3.00	Physical Therapy	166	166	0	1,016,950	15	-1,624,133	3.00
4.00	Occupational Therapy	63	63	0	341,159	6	-554,893	4.00
5.00	Speech Pathology	4	4	0	31,542	0	-51,088	5.00
6.00	Medical Social Services	14	14	0	105,147	1	-164,514	6.00
7.00	Home Health Aide	14	14	0	29,910	1	-54,018	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	-104,831	8.00
9.00	Drugs	0	0	0	0	0	-19,859	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	3,575,254	64		20.00
21.00	Total cost to be allocated	21,386	27,339	0	812,005	24,188		21.00
22.00	Unit cost multiplier	15.924051	20.356664	0.000000	0.227118	377.937500		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	195,025	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,166,425	0	2.00
3.00	Physical Therapy	0	0	0	0	1,624,133	0	3.00
4.00	Occupational Therapy	0	0	0	0	554,893	0	4.00
5.00	Speech Pathology	0	0	0	0	51,088	0	5.00
6.00	Medical Social Services	0	0	0	0	164,514	0	6.00
7.00	Home Health Aide	0	0	0	0	54,018	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	104,831	0	8.00
9.00	Drugs	0	0	0	0	19,859	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		4,934,786		20.00
21.00	Total cost to be allocated	0	0	0		12,001		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.002432		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet H-2 Part II
Date/Time Prepared: 11/29/2018 8:58 am

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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	195,499	804	52,146	0	0	0	1.00
2.00	Skilled Nursing Care	2,171,695	278	0	0	0	0	2.00
3.00	Physical Therapy	1,628,083	166	0	0	0	0	3.00
4.00	Occupational Therapy	556,242	63	0	0	0	0	4.00
5.00	Speech Pathology	51,212	4	0	0	0	0	5.00
6.00	Medical Social Services	164,914	14	0	0	0	0	6.00
7.00	Home Health Aide	54,149	14	0	0	0	0	7.00
8.00	Supplies (see instructions)	105,086	0	80,996	0	0	0	8.00
9.00	Drugs	19,907	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)	4,946,787	1,343	133,142	0	0	0	20.00
21.00	Total cost to be allocated	823,749	45,377	4,284	0	0	0	21.00
22.00	Unit cost multiplier	0.166522	33.787789	0.032176	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	278	0	0	0	0	0	2.00
3.00	Physical Therapy	166	0	0	0	0	0	3.00
4.00	Occupational Therapy	63	0	0	0	0	0	4.00
5.00	Speech Pathology	4	0	0	0	0	0	5.00
6.00	Medical Social Services	14	0	0	0	0	0	6.00
7.00	Home Health Aide	14	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	13,798	0	0	0	0	0	21.00
22.00	Unit cost multiplier	10.274013	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 07/01/2017 To 06/30/2018

Worksheet H-2 Part II
Date/Time Prepared: 11/29/2018 8:58 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 (TOTAL DAYS)	
		13.00	13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	0	36,523	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	80,996	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	117,519	0	0	0	20.00
21.00	Total cost to be allocated	0	0	26,551	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.225929	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 07/01/2017 To 06/30/2018	Worksheet H-2 Part II Date/Time Prepared: 11/29/2018 8:58 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 07/01/2017 To 06/30/2018

Worksheet H-3 Part I
Date/Time Prepared: 11/29/2018 8:58 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	2,670,147		2,670,147	16,326	163.55	1.00
2.00	Physical Therapy	3.00	1,999,806	0	1,999,806	12,034	166.18	2.00
3.00	Occupational Therapy	4.00	683,534	0	683,534	4,358	156.85	3.00
4.00	Speech Pathology	5.00	62,848	0	62,848	309	203.39	4.00
5.00	Medical Social Services	6.00	202,437		202,437	304	665.91	5.00
6.00	Home Health Aide	7.00	66,904		66,904	886	75.51	6.00
7.00	Total (sum of lines 1-6)		5,685,676	0	5,685,676	34,217		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	8,179			8.00
9.00	Physical Therapy		41180	0	5,949			9.00
10.00	Occupational Therapy		41180	0	2,345			10.00
11.00	Speech Pathology		41180	0	166			11.00
12.00	Medical Social Services		41180	0	168			12.00
13.00	Home Health Aide		41180	0	509			13.00
14.00	Total (sum of lines 8-13)			0	17,316			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	150,512	0	150,512	51,396	2.928477	15.00
16.00	Cost of Drugs	9.00	24,358	0	24,358	0	0.000000	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	8,179		0	1,337,675		1.00
2.00	Physical Therapy	0	5,949		0	988,605		2.00
3.00	Occupational Therapy	0	2,345		0	367,813		3.00
4.00	Speech Pathology	0	166		0	33,763		4.00
5.00	Medical Social Services	0	168		0	111,873		5.00
6.00	Home Health Aide	0	509		0	38,435		6.00
7.00	Total (sum of lines 1-6)	0	17,316		0	2,878,164		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 07/01/2017 To 06/30/2018	Worksheet H-3 Part I Date/Time Prepared: 11/29/2018 8:58 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	51,396	0	0	150,512	0	15.00
16.00	Cost of Drugs		0	0		0	0	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	1,337,675						1.00
2.00	Physical Therapy	988,605						2.00
3.00	Occupational Therapy	367,813						3.00
4.00	Speech Pathology	33,763						4.00
5.00	Medical Social Services	111,873						5.00
6.00	Home Health Aide	38,435						6.00
7.00	Total (sum of lines 1-6)	2,878,164						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 07/01/2017 To 06/30/2018	Worksheet H-3 Part II Date/Time Prepared: 11/29/2018 8:58 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	0.360630	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.384141	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.514024	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.271144	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.319749	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.443346	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.157185	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2017 To 06/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Home Health Agency I	PPS

		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	0	0	1.00
2.00	Total charges	0	3,035,711	0	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	3,035,711	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	3,035,711	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	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	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	3,218,753	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	132,415	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	108,719	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	59,805	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	28,569	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	2,552	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	3,550,813	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	3,550,813	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	3,550,813	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	3,550,813	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
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	3,550,813	31.00
31.01	Sequestration adjustment (see instructions)	0	71,030	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	3,480,507	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	-724	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 07/01/2017 To 06/30/2018	Worksheet H-5 Date/Time Prepared: 11/29/2018 8:58 am
		Home Health Agency I	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		0		3,480,507	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		3,480,507	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		724	6.02
7.00	Total Medicare program liability (see instructions)		0		3,479,783	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 07/01/2017 To 06/30/2018

Worksheet O
Date/Time Prepared: 11/29/2018 8:58 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*	299,568	1,105,865	1,405,433	-170,610	1,234,823	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	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**	805,415	37,288	842,703	0	842,703	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	151	0	151	0	151	30.00
31.00	OCCUPATIONAL THERAPY**	57	0	57	0	57	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	141,142	9,483	150,625	0	150,625	33.00
34.00	SPIRITUAL COUNSELING**	59,548	5,979	65,527	0	65,527	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**	62,071	13,720	75,791	0	75,791	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
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
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	1,367,952	1,172,341	2,540,293	-170,610	2,369,683	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 07/01/2017 To 06/30/2018

Worksheet O
Date/Time Prepared: 11/29/2018 8:58 am

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*	-50,798	1,184,025	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	842,703	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	151	30.00
31.00	OCCUPATIONAL THERAPY**	0	57	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	150,625	33.00
34.00	SPIRITUAL COUNSELING**	0	65,527	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	75,791	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
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
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	-50,798	2,318,885	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 07/01/2017 To 06/30/2018

Worksheet O-1
Date/Time Prepared: 11/29/2018 8:58 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	0	0	0	0	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
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
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	0	0	0	0	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	0		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
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
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	0		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 07/01/2017 To 06/30/2018

Worksheet O-2
Date/Time Prepared: 11/29/2018 8:58 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	805,415	37,288	842,703	0	842,703	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	151	0	151	0	151	30.00
31.00	OCCUPATIONAL THERAPY	57	0	57	0	57	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	141,142	9,483	150,625	0	150,625	33.00
34.00	SPIRITUAL COUNSELING	59,548	5,979	65,527	0	65,527	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	62,071	13,720	75,791	0	75,791	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
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
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 *	1,068,384	66,472	1,134,856	0	1,134,856	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	842,703		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	151		30.00
31.00	OCCUPATIONAL THERAPY	0	57		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	150,625		33.00
34.00	SPIRITUAL COUNSELING	0	65,527		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	75,791		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
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
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	1,134,856		100.00

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

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

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

Period: From 07/01/2017 To 06/30/2018

Worksheet O-5
Date/Time Prepared: 11/29/2018 8:58 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	7,532	7,532	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,629	9,629	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1	306,430	306,431	3.00
4.00	ADMINISTRATIVE & GENERAL	1,184,025	485,658	1,669,683	4.00
5.00	PLANT OPERATION & MAINTENANCE	1	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	4,860	4,860	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	32,707	32,707	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	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,134,856		1,134,856	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0		0	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	2,318,885	846,816	3,165,701	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

Period:
From 07/01/2017
To 06/30/2018

Worksheet O-6
Part I
Date/Time Prepared:
11/29/2018 8:58 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	7,532	7,532				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,629		9,629			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	306,431	0	0	306,431		3.00
4.00	ADMINISTRATIVE & GENERAL	1,669,683	7,532	9,629	63,781	1,750,625	4.00
5.00	PLANT OPERATION & MAINTENANCE	1	0	0	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	4,860	0	0	0	4,860	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	32,707	0	0	0	32,707	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	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,134,856			242,650	1,377,506	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	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	3,165,701	7,532	9,629	306,431	3,165,701	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

Period:
From 07/01/2017
To 06/30/2018

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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	1,750,625					4.00
5.00	PLANT OPERATION & MAINTENANCE	1	2				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	6,012	0		10,872		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	40,463	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	1	0		0		13.00
14.00	PHARMACY	1	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	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	1,704,147					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1	0	6,710	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1	0	4,162	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	1,750,625	2	0	10,872	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

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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	73,170				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	2	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	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	73,170	0	0	2	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	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	0	0	0	0	0	99.00
100.00	TOTAL	0	73,170	0	0	2	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

Period:
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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	2					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	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2	0	0		3,154,827	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	6,711	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	4,163	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	2	0	0	0	3,165,701	100.00

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

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

Period:
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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	1,349,210			3.00
4.00	ADMINISTRATIVE & GENERAL	473	473	280,827	-1,750,625	1,415,076	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	4,860	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	32,707	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	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,068,383	0	1,377,506	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	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)	7,532	9,629	306,431		1,750,625	100.00
101.00	UNIT COST MULTIPLIER	15.923890	20.357294	0.227119		1.237124	101.00

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

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

Period:
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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		23,896	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					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					23,896	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	129	0	129	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	80	0	80	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	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)	2	0	10,872	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.009569	0.000000	52.019139	0.000000	0.000000	101.00

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

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

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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	23,896					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	23,896		13.00
14.00	PHARMACY			0	0	23,896	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	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	23,896	0	0	23,896	23,896	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	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)	73,170	0	0	2	2	100.00
101.00	UNIT COST MULTIPLIER	3.062019	0.000000	0.000000	0.000084	0.000084	101.00

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

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

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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 07/01/2017 To 06/30/2018

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Date/Time Prepared: 11/29/2018 8:58 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	0.360630	0	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.384141	0	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.514024	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.271144	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.319749	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.157185	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.107039	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.443346	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	0.379108	0	0	0	10.01
10.02	CARDIAC REHAB	76.02	0.587088	0	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.581680	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 07/01/2017 To 06/30/2018

Worksheet O-8
Date/Time Prepared: 11/29/2018 8:58 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)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	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)			3,154,827	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			23,896	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			132.02	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	23,183	13		9.00
10.00	Program cost (line 8 times line 9)	3,060,620	1,716		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)			6,711	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	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)			4,163	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,165,701	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			23,896	22.00
23.00	Average cost per diem (line 21 divided by line 22)			132.48	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 26-0179	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/29/2018 8:58 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,854,255	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	168,006	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)	170.69	3.00
4.00	Number of interns & residents (see instructions)	37.71	4.00
5.00	Indirect medical education percentage (see instructions)	6.43	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)	312,129	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	2.70	8.00
9.00	Sum of lines 7 and 8	4.34	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.88	10.00
11.00	Disproportionate share adjustment (see instructions)	42,717	11.00
12.00	Total prospective capital payments (see instructions)	5,377,107	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