

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 8:41 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 8:41 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY HOSPITAL - ST. LOUIS (26-0020) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

PLACEHOLDER

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-376,878	38,538	0	0	1.00
2.00 Subprovider - IPF	0	22,854	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-354,024	38,538	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0020		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 8:41 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 615 S. NEW BALLAS ROAD			PO Box:				1.00			
2.00	City: ST. LOUIS			State: MO		Zip Code: 63141-		County: ST. LOUIS			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MERCY HOSPITAL - ST. LOUIS		260020	41180	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		MERCY ST. LOUIS PSYCH CENTER		26S020	41180	4	07/01/1984	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		

Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 8:41 am

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 8:41 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1			60.02
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y		63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.34	33.87	0.009939	64.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
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)	FAMILY MEDICINE	1350	0.25	16.52	0.014908
65.01		INTERNAL MEDICINE	1400	0.25	21.92	0.011276
65.02		OB/GYN	1750	0.00	20.51	0.000000
			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	37.98	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.50	13.19	0.209706
67.01		INTERNAL MEDICINE	1400	0.63	22.87	0.026809
67.02		OB/GYN	1750	0.00	24.00	0.000000

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				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.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			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.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
						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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	5,832,300		0		0	
						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				269034	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0020		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 8:41 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: MERCY HEALTH EAST COMMUNITIES		Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05301				141.00	
142.00	Street: 645 MARYVILLE CENTRE DRIVE STE. 100		PO Box: BOX 1602						142.00	
143.00	City: ST. LOUIS MO 63141		State: WI		Zip Code: OMAHA				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								N	146.00
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N	N	155.00	
156.00	Subprovider - IPF			N	N	N	N	N	156.00	
157.00	Subprovider - IRF			N	N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF			N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N	N	160.00	
161.00	CMHC				N	N	N	N	161.00	
161.10	CORF				N	N	N	N	161.10	
								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)						10/01/2012	06/30/2019	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: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 8:41 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	11/08/2019	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 8:41 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.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNIFER	COHEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-364-2263	JENNIFER.COHEN@MERCY.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 8:41 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.	MANAGER, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 8:41 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	654	238,710	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)		654	238,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,090	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	33.00	9	3,285	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	98	35,770	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		843	307,695	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		859				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: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 8:41 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)	38,878	10,666	155,234			1.00
2.00	HMO and other (see instructions)	32,460	38,256				2.00
3.00	HMO IPF Subprovider	1,599	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)	38,878	10,666	155,234			7.00
8.00	INTENSIVE CARE UNIT	5,240	1,861	17,354			8.00
9.00	CORONARY CARE UNIT	1,225	225	3,788			9.00
10.00	BURN INTENSIVE CARE UNIT	469	340	2,721			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	3,037	31,141			12.00
13.00	NURSERY		1,210	17,974			13.00
14.00	Total (see instructions)	45,812	17,339	228,212	101.31	5,247.40	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,804	0	4,560	0.29	33.44	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			19			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				101.60	5,280.84	27.00
28.00	Observation Bed Days		677	16,607			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	988	3,083			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: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 8:41 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,700	2,545	41,026	1.00
2.00 HMO and other (see instructions)			5,846	5,051		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	8,700	2,545	41,026	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	326	0	1,095	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 8:41 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	348,691,146	198,744	348,889,890	10,984,139.07	31.76	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		4,160,205	0	4,160,205	25,237.00	164.85	4.00
4.01	Physicians - Part A - Teaching		2,823,016	0	2,823,016	20,574.63	137.21	4.01
5.00	Physician and Non Physician-Part B		33,169,814	0	33,169,814	313,088.09	105.94	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	5,599,013	0	5,599,013	195,856.21	28.59	7.00
7.01	Contracted interns and residents (in an approved programs)		754,798	0	754,798	19,776.00	38.17	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	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		29,389,174	-1,745,449	27,643,725	851,876.91	32.45	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,047,479	0	2,047,479	29,357.00	69.74	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		0	0	0	0.00	0.00	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		101,784,880	0	101,784,880	2,248,897.74	45.26	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)		69,426,432	0	69,426,432			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		6,538,418	0	6,538,418			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		544,805	0	544,805			22.00
22.01	Physician Part A - Teaching		409,666	0	409,666			22.01
23.00	Physician Part B		5,090,650	0	5,090,650			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,414,885	0	1,414,885			25.00
25.50	Home office wage-related (core)		18,543,353	0	18,543,353			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	0	198,744	198,744	0.00	0.00	26.00
27.00	Administrative & General	5.00	26,827,052	-2,139,451	24,687,601	715,146.25	34.52	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 8:41 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	160,664	0	160,664	2,439.00	65.87	28.00
29.00	Maintenance & Repairs	3,419,835	0	3,419,835	128,317.75	26.65	29.00
30.00	Operation of Plant	1,792,211	0	1,792,211	89,598.00	20.00	30.00
31.00	Laundry & Linen Service	554,523	0	554,523	36,387.25	15.24	31.00
32.00	Housekeeping	6,185,516	0	6,185,516	409,903.77	15.09	32.00
33.00	Housekeeping under contract (see instructions)	35,490	0	35,490	2,373.00	14.96	33.00
34.00	Dietary	7,941,737	-115,577	7,826,160	444,517.40	17.61	34.00
35.00	Dietary under contract (see instructions)	149,198	0	149,198	9,213.00	16.19	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	7,025,173	-1,633,180	5,391,993	129,366.00	41.68	38.00
39.00	Central Services and Supply	3,478,222	0	3,478,222	197,260.50	17.63	39.00
40.00	Pharmacy	11,132,454	0	11,132,454	266,109.75	41.83	40.00
41.00	Medical Records & Medical Records Library	777,405	0	777,405	27,184.25	28.60	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 8:41 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	306,689,857	198,744	306,888,601	10,448,869.14	29.37	1.00
2.00	Excluded area salaries (see instructions)	29,389,174	-1,745,449	27,643,725	851,876.91	32.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	277,300,683	1,944,193	279,244,876	9,596,992.23	29.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	103,832,359	0	103,832,359	2,278,254.74	45.58	4.00
5.00	Subtotal wage-related costs (see inst.)	88,514,590	0	88,514,590	0.00	31.70	5.00
6.00	Total (sum of lines 3 thru 5)	469,647,632	1,944,193	471,591,825	11,875,246.97	39.71	6.00
7.00	Total overhead cost (see instructions)	69,479,480	-3,689,464	65,790,016	2,457,815.92	26.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2019 8:41 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		14,899,533	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		35,983,771	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,828,031	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		318,325	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)		868,075	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,662,228	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		19,636,679	17.00
18.00	Medicare Taxes - Employers Portion Only		5,028,263	18.00
19.00	Unemployment Insurance		44,436	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		3,155,514	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		83,424,855	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: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/26/2019 8:41 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	2,047,479	83,424,855	1.00
2.00	Hospital	2,047,479	69,387,272	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	14,037,583	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-10

Date/Time Prepared:
11/26/2019 8:41 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)			0.226648	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			94,003,895	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	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			0	5.00
6.00	Medicaid charges			386,274,706	6.00
7.00	Medicaid cost (line 1 times line 6)			87,548,390	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			1,793,693	9.00
10.00	Stand-alone CHIP charges			6,529,506	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			1,479,899	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)			20,102	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			175,150	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			39,697	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)			19,595	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19,595	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)	88,913,140	3,316,718	92,229,858	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	20,151,985	3,316,718	23,468,703	21.00
22.00	Payments received from patients for amounts previously written off as charity care	59,101	14,335	73,436	22.00
23.00	Cost of charity care (line 21 minus line 22)	20,092,884	3,302,383	23,395,267	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)			123,083,457	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,554,578	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,391,658	27.01
28.00	Non-Medicare bad debt expense (see instructions)			120,691,799	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			28,191,635	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			51,586,902	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			51,606,497	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	25,788,628	25,788,628	1.00
1.01	00101	OTHER BUILDING-MOB		0	0	432,072	432,072	1.01
1.02	00102	OTHER BUILDING-CANCER CENTER		0	0	2,009,768	2,009,768	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	19,017,217	19,017,217	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		0	0	738,314	738,314	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE		0	0	249,833	249,833	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	76,001,362	76,001,362	-8,056,083	67,945,279	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00550	ADMITTING	4,680,199	223,067	4,903,266	-43,899	4,859,367	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	22,146,853	183,540,557	205,687,410	6,478,006	212,165,416	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,419,835	19,040,385	22,460,220	-5,591,001	16,869,219	6.00
7.00	00700	OPERATION OF PLANT	1,792,211	5,714,071	7,506,282	-4,775,777	2,730,505	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	554,523	761,546	1,316,069	3,008,798	4,324,867	8.00
9.00	00900	HOUSEKEEPING	6,185,516	216,839	6,402,355	-90,485	6,311,870	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	7,941,737	6,879,179	14,820,916	-518,177	14,302,739	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,025,173	2,892,602	9,917,775	-4,398,926	5,518,849	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,478,222	1,152,015	4,630,237	-649,447	3,980,790	14.00
15.00	01500	PHARMACY	11,132,454	81,693,793	92,826,247	-79,759,565	13,066,682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	777,405	336,478	1,113,883	-9,844	1,104,039	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,599,013	1,146,361	6,745,374	-143,665	6,601,709	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,250,607	3,326,679	13,577,286	-5,796,822	7,780,464	22.00
23.00	02300	PARAMED ED PRGM	206,024	13,315	219,339	0	219,339	23.00
23.01	02301	RADIOLOGY SCHOOL	202,838	10,472	213,310	-518	212,792	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,413,716	14,760,336	72,174,052	-6,220,016	65,954,036	30.00
31.00	03100	INTENSIVE CARE UNIT	14,130,090	5,111,324	19,241,414	1,363,292	20,604,706	31.00
32.00	03200	CORONARY CARE UNIT	2,772,535	839,377	3,611,912	-164,782	3,447,130	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,062,045	651,788	2,713,833	-649,663	2,064,170	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	15,833,527	2,961,486	18,795,013	-1,653,074	17,141,939	35.00
40.00	04000	SUBPROVIDER - IPF	3,859,335	1,127,381	4,986,716	-2,732,796	2,253,920	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	100,797	121,554	222,351	3,950,404	4,172,755	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,993,415	70,246,525	88,239,940	-65,696,366	22,543,574	50.00
51.00	05100	RECOVERY ROOM	2,059,353	148,007	2,207,360	-85,801	2,121,559	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,048,725	4,533,366	15,582,091	-3,321,324	12,260,767	52.00
53.00	05300	ANESTHESIOLOGY	594,644	4,653,532	5,248,176	-3,315,203	1,932,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,108,939	9,926,228	19,035,167	-7,270,729	11,764,438	54.00
54.01	05401	ULTRASOUND	1,748,816	776,385	2,525,201	-613,562	1,911,639	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,306,518	5,045,556	7,352,074	-597,623	6,754,451	55.00
56.00	05600	RADIOISOTOPE	998,727	2,492,678	3,491,405	-1,962,429	1,528,976	56.00
57.00	05700	CT SCAN	1,039,465	1,468,078	2,507,543	-1,084,919	1,422,624	57.00
58.00	05800	MRI	755,852	770,701	1,526,553	-706,636	819,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,319,992	5,369,302	7,689,294	-5,736,334	1,952,960	59.00
60.00	06000	LABORATORY	10,823,597	22,958,460	33,782,057	-1,098,002	32,684,055	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,447,696	2,808,922	5,256,618	-198,918	5,057,700	62.00
65.00	06500	RESPIRATORY THERAPY	8,401,405	4,292,651	12,694,056	-5,149,483	7,544,573	65.00
66.00	06600	PHYSICAL THERAPY	14,535,790	4,105,687	18,641,477	-1,126,926	17,514,551	66.00
69.00	06900	ELECTROCARDIOLOGY	6,800,737	15,201,349	22,002,086	-14,172,504	7,829,582	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,012,343	49,012,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	55,195,223	55,195,223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	88,674,923	88,674,923	73.00
74.00	07400	RENAL DIALYSIS	780,666	401,604	1,182,270	-406,263	776,007	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,699,162	6,704,095	11,403,257	-5,393,690	6,009,567	75.00
76.00	03020	CARDIAC REHAB	962,548	59,152	1,021,700	-27,985	993,715	76.00
76.01	03030	GI LAB	4,149,687	4,921,847	9,071,534	-3,965,534	5,106,000	76.01
76.02	03040	ECT	125,902	27,845	153,747	-47,433	106,314	76.02
76.03	03050	OP PSYCH	618,048	554,953	1,173,001	-40,955	1,132,046	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.00	09000	CLINIC	5,241,967	7,267,865	12,509,832	-5,071,788	7,438,044	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,299,741	595,745	1,895,486	-253,621	1,641,865	90.01
91.00	09100	EMERGENCY	29,678,245	8,240,054	37,918,299	-3,771,513	34,146,786	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	1,465,877	577,513	2,043,390	-869,403	1,173,987	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	323,570,169	592,670,067	916,240,236	2,679,337	918,919,573	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	368,439	1,475,388	1,843,827	-65,041	1,778,786	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	507,500	362,933	870,433	-122,993	747,440	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	21,893,752	6,111,094	28,004,846	-2,276,467	25,728,379	192.00
193.00	19300	NONPAID WORKERS	109,891	86,955	196,846	-48,443	148,403	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	350,534	29,664	380,198	-773	379,425	194.00
194.01	07951	HOSPICE	0	40,817	40,817	0	40,817	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	1,890,861	874,198	2,765,059	-165,620	2,599,439	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	348,691,146	601,651,116	950,342,262	0	950,342,262	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 8:41 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	-175,595	25,613,033	1.00
1.01	00101	OTHER BUILDING-MOB	0	432,072	1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	2,009,768	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	19,017,217	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	738,314	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	0	249,833	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,213,415	90,158,694	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	5.02
5.03	00550	ADMITTING	0	4,859,367	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	22,038,186	234,203,602	5.04
6.00	00600	MAINTENANCE & REPAIRS	12,990,917	29,860,136	6.00
7.00	00700	OPERATION OF PLANT	-549	2,729,956	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,324,867	8.00
9.00	00900	HOUSEKEEPING	0	6,311,870	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	9.03
10.00	01000	DIETARY	-5,865,849	8,436,890	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-40,877	5,477,972	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-25	3,980,765	14.00
15.00	01500	PHARMACY	-15,484	13,051,198	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,230,290	2,334,329	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-5,083	6,596,626	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-55,993	7,724,471	22.00
23.00	02300	PARAMED ED PRGM	-52,625	166,714	23.00
23.01	02301	RADIOLOGY SCHOOL	-77,230	135,562	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,813,260	69,767,296	30.00
31.00	03100	INTENSIVE CARE UNIT	4,013,682	24,618,388	31.00
32.00	03200	CORONARY CARE UNIT	0	3,447,130	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-1,923	2,062,247	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-99,719	17,042,220	35.00
40.00	04000	SUBPROVIDER - IPF	-26,334	2,227,586	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-7,467	4,165,288	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,283,292	20,260,282	50.00
51.00	05100	RECOVERY ROOM	-3,931	2,117,628	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-505,662	11,755,105	52.00
53.00	05300	ANESTHESIOLOGY	0	1,932,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-735,347	11,029,091	54.00
54.01	05401	ULTRASOUND	0	1,911,639	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-48	6,754,403	55.00
56.00	05600	RADIOISOTOPE	0	1,528,976	56.00
57.00	05700	CT SCAN	-13,295	1,409,329	57.00
58.00	05800	MRI	-1,400	818,517	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,952,960	59.00
60.00	06000	LABORATORY	-102,809	32,581,246	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-35,632	5,022,068	62.00
65.00	06500	RESPIRATORY THERAPY	-26,246	7,518,327	65.00
66.00	06600	PHYSICAL THERAPY	-2,039,422	15,475,129	66.00
69.00	06900	ELECTROCARDIOLOGY	-1,882,436	5,947,146	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,012,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,195,223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,674,923	73.00
74.00	07400	RENAL DIALYSIS	0	776,007	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-399,563	5,610,004	75.00
76.00	03020	CARDIAC REHAB	-767	992,948	76.00
76.01	03030	GI LAB	-8,160	5,097,840	76.01
76.02	03040	ECT	0	106,314	76.02
76.03	03050	OP PSYCH	-146	1,131,900	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-626,766	6,811,278	90.00
90.01	09001	HYPERBARIC/OP WOUND	-466,479	1,175,386	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet A
Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY	-16,487,492	17,659,294	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	AMBULATORY CARE UNIT	-1,244	1,172,743	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,254,860	953,174,433	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,778,786	190.00
190.01	19001	VENDING MACHINES	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	190.02
191.00	19100	RESEARCH	0	747,440	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	25,728,379	192.00
193.00	19300	NONPAID WORKERS	0	148,403	193.00
193.01	19301	MEALS ON WHEELS	0	0	193.01
193.03	19303	CONVENT	0	0	193.03
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	379,425	194.00
194.01	07951	HOSPICE	0	40,817	194.01
194.02	07952	SHARED SERVICES	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	2,599,439	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	34,254,860	984,597,122	200.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/26/2019 8:41 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - NURSERY COSTS					
1.00 NURSERY	43.00	3,669,874	1,090,337		1.00
0		3,669,874	1,090,337		
B - INTERNS AND RESIDENTS					
1.00 I&R SERVICES-OTHER PRGM	22.00	1,200,379	0		1.00
COSTS APPRV		1,200,379	0		
0					
C - CONFIDENTIAL PAYROLL					
1.00 ADULTS & PEDIATRICS	30.00	2,144,801	800,165		1.00
2.00 INTENSIVE CARE UNIT	31.00	3,633,691	0		2.00
3.00 OPERATING ROOM	50.00	50,000	0		3.00
4.00 CLINIC	90.00	16,760	0		4.00
5.00 HYPERBARIC/OP WOUND	90.01	9,111	0		5.00
6.00 EMERGENCY	91.00	584,000	0		6.00
7.00 PHYSICIANS PRIVATE OFFICES	192.00	117,014	0		7.00
0		6,555,377	800,165		
D - BUILDING DEPRECIATION					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	23,424,813		1.00
2.00 OTHER BUILDING-MOB	1.01	0	432,072		2.00
3.00 OTHER BUILDING-CANCER CENTER	1.02	0	2,009,768		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
43.00	0.00	0	0		43.00
44.00	0.00	0	0		44.00
45.00	0.00	0	0		45.00
46.00	0.00	0	0		46.00
0		0	25,866,653		
E - HOUSEKEEPING SERVICES					
1.00 OPERATION OF PLANT	7.00	0	254,420		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

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/26/2019 8:41 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
	0		0	254,420		
	F - COST OF DRUGS					
1.00	ADMITTING	5.03	0	26		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	88,674,923		2.00
3.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	8		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
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	88,674,957		
	G - PLANT MAINTENANCE					
1.00	MAINTENANCE & REPAIRS	6.00	0	379,608		1.00
	0		0	379,608		
	I - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,188,220		1.00
	0		0	2,188,220		
	J - PENSION RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	14,798,966		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
	0		0	14,798,966		
	K - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	175,595		1.00
	0		0	175,595		
	L - DIETARY TECH SALARY					
1.00	SUBPROVIDER - IPF	40.00	61,501	0		1.00
2.00	CLINIC	90.00	54,076	0		2.00
	0		115,577	0		

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/26/2019 8:41 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	M - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,017,217	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	738,314	2.00	
3.00	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	2.02	0	249,833	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	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
47.00		0.00	0	0	47.00	
48.00		0.00	0	0	48.00	
49.00		0.00	0	0	49.00	
50.00		0.00	0	0	50.00	
51.00		0.00	0	0	51.00	
52.00		0.00	0	0	52.00	
				20,005,364		
	N - CRITICAL CARE FELLOWSHIP PROGRAM					
1.00	INTENSIVE CARE UNIT	31.00	933,247	1,747	1.00	
2.00	CORONARY CARE UNIT	32.00	233,311	437	2.00	
3.00	BURN INTENSIVE CARE UNIT	33.00	233,311	437	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	233,311	437	4.00	
			1,633,180	3,058		
	O - UTILITIES - SNF ADMINISTRATION					
1.00	OPERATION OF PLANT	7.00	0	1,307	1.00	
			0	1,307		
	P - BENEFITS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,541,446	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	651,396	2.00	
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	900	3.00	
4.00	ECT	76.02	0	3,979	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	

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
0			0	6,197,721		
R - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,020,743		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
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
0			0	3,020,743		

RECLASSIFICATIONS

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	T - INTERVENTIONAL CARE HH					
1.00	CORONARY CARE UNIT	32.00	70,609	24,724		1.00
	0		70,609	24,724		
	U - PACU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	3,431	166		1.00
	0		3,431	166		
	V - EMERGENCY DEPARTMENT ROUTINE REVENUE					
1.00	ADULTS & PEDIATRICS	30.00	234,967	65,567		1.00
	0		234,967	65,567		
	W - AMBULATORY CARE UNIT					
1.00	ADULTS & PEDIATRICS	30.00	387,333	38,968		1.00
	0		387,333	38,968		
	Y - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,012,343		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
	0		0	49,012,343		
	Z - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	55,195,223		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
	0		0	55,195,223		
	BB - BENEFITS/SALARY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	198,744	0		1.00
	0		198,744	0		

RECLASSIFICATIONS

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	Increases						
	Cost Center	Line #	Salary	Other			
	2.00	3.00	4.00	5.00			
	DD - ED CLINICAL DECISION UNIT						
1.00	ADULTS & PEDIATRICS	30.00	33,674	502		1.00	
	0		33,674	502			
	EE - PSYCH ADMIN RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,923,964	777,555		1.00	
	0		1,923,964	777,555			
500.00	Grand Total: Increases		16,027,109	268,572,162		500.00	

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	3,669,874	1,090,337	0		1.00
	0		3,669,874	1,090,337			
	B - INTERNS AND RESIDENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,200,379	0	0		1.00
	0		1,200,379	0			
	C - CONFIDENTIAL PAYROLL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	939,072	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	5,616,305	800,165	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
	0		6,555,377	800,165			
	D - BUILDING DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	675	9		1.00
2.00	ADMITTING	5.03	0	32,936	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,328,527	9		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	5,625,150	0		4.00
5.00	OPERATION OF PLANT	7.00	0	4,895,833	0		5.00
6.00	HOUSEKEEPING	9.00	0	4,403	0		6.00
7.00	DIETARY	10.00	0	120,094	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	232,656	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	299,059	0		9.00
10.00	PHARMACY	15.00	0	210,852	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	42,363	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,721,581	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	834,839	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	27,637	0		14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	0	23,121	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	607,568	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	24,190	0		17.00
18.00	NURSERY	43.00	0	658,222	0		18.00
19.00	OPERATING ROOM	50.00	0	553,545	0		19.00
20.00	RECOVERY ROOM	51.00	0	681	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,052,692	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	466,634	0		22.00
23.00	ULTRASOUND	54.01	0	300,638	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	248,699	0		24.00
25.00	RADIOISOTOPE	56.00	0	5,114	0		25.00
26.00	CT SCAN	57.00	0	46,039	0		26.00
27.00	MRI	58.00	0	108,614	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	48,510	0		28.00
29.00	LABORATORY	60.00	0	210,961	0		29.00
30.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	76,176	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	119,724	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	430,578	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	59,794	0		33.00
34.00	RENAL DIALYSIS	74.00	0	1,567	0		34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	487,675	0		35.00
36.00	GI LAB	76.01	0	549,660	0		36.00
37.00	OP PSYCH	76.03	0	31,572	0		37.00
38.00	CLINIC	90.00	0	277,806	0		38.00
39.00	HYPERBARIC/OP WOUND	90.01	0	4,155	0		39.00
40.00	EMERGENCY	91.00	0	755,050	0		40.00
41.00	AMBULATORY CARE UNIT	92.01	0	52,914	0		41.00
42.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	61,225	0		42.00
43.00	RESEARCH	191.00	0	117,638	0		43.00
44.00	PHYSICIANS PRIVATE OFFICES	192.00	0	17,835	0		44.00
45.00	NONPAID WORKERS	193.00	0	42,527	0		45.00
46.00	ST. JOHNS MERCY HEALTH CARE	194.03	0	48,924	0		46.00
	0		0	25,866,653			
	E - HOUSEKEEPING SERVICES						
1.00	ADMITTING	5.03	0	290	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	154,630	0		2.00

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
3.00	DIETARY	10.00	0	440	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,594	0	4.00
5.00	ULTRASOUND	54.01	0	5,402	0	5.00
6.00	LABORATORY	60.00	0	4,865	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	11,531	0	7.00
8.00	ASC (NON-DISTINCT PART)	75.00	0	10,235	0	8.00
9.00	GI LAB	76.01	0	58,589	0	9.00
10.00	EMERGENCY	91.00	0	6,234	0	10.00
11.00	PHYSICIANS PRIVATE OFFICES	192.00	0	374	0	11.00
12.00	ST. JOHNS MERCY HEALTH CARE	194.03	0	236	0	12.00
0			0	254,420		
F - COST OF DRUGS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37,077	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	40	0	2.00
3.00	DIETARY	10.00	0	128	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	146	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,493	0	5.00
6.00	PHARMACY	15.00	0	78,243,923	0	6.00
8.00	ADULTS & PEDIATRICS	30.00	0	145,868	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	55,756	0	9.00
10.00	CORONARY CARE UNIT	32.00	0	12,131	0	10.00
11.00	BURN INTENSIVE CARE UNIT	33.00	0	30,804	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	24,734	0	12.00
13.00	SUBPROVIDER - IPF	40.00	0	131	0	13.00
14.00	NURSERY	43.00	0	9,347	0	14.00
15.00	OPERATING ROOM	50.00	0	212,486	0	15.00
16.00	RECOVERY ROOM	51.00	0	6,323	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	54,925	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	805,711	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	231,219	0	19.00
20.00	ULTRASOUND	54.01	0	680	0	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	114	0	21.00
22.00	RADIOISOTOPE	56.00	0	1,896,114	0	22.00
23.00	CT SCAN	57.00	0	346,100	0	23.00
24.00	MRI	58.00	0	108,633	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	63,941	0	25.00
26.00	LABORATORY	60.00	0	1,145	0	26.00
27.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	12,190	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	1,071,209	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	2,228	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	0	785,481	0	30.00
31.00	RENAL DIALYSIS	74.00	0	157	0	31.00
32.00	ASC (NON-DISTINCT PART)	75.00	0	53,648	0	32.00
33.00	CARDIAC REHAB	76.00	0	12	0	33.00
34.00	GI LAB	76.01	0	95,038	0	34.00
35.00	ECT	76.02	0	87	0	35.00
36.00	CLINIC	90.00	0	4,203,050	0	36.00
37.00	HYPERBARIC/OP WOUND	90.01	0	47,088	0	37.00
38.00	EMERGENCY	91.00	0	81,605	0	38.00
39.00	AMBULATORY CARE UNIT	92.01	0	11,626	0	39.00
40.00	PHYSICIANS PRIVATE OFFICES	192.00	0	34	0	40.00
41.00	NEIGHBORHOOD MINISTRIES	194.00	0	560	0	41.00
42.00	ST. JOHNS MERCY HEALTH CARE	194.03	0	21,975	0	42.00
0			0	88,674,957		
G - PLANT MAINTENANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	379,608	0	1.00
0			0	379,608		
I - PROPERTY TAX						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,188,220	13	1.00
0			0	2,188,220		
J - PENSION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,590,380	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	199,943	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	21,795	0	3.00
4.00	CLINIC	90.00	0	7,260	0	4.00
5.00	HYPERBARIC/OP WOUND	90.01	0	12,938	0	5.00
6.00	EMERGENCY	91.00	0	360,558	0	6.00
7.00	PHYSICIANS PRIVATE OFFICES	192.00	0	606,092	0	7.00
0			0	14,798,966		

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	K - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	175,595	11		1.00
	0		0	175,595			
	L - DIETARY TECH SALARY						
1.00	DIETARY	10.00	115,577	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		115,577	0			
	M - EQUIPMENT DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,097	9		1.00
2.00	ADMITTING	5.03	0	5,832	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	553,018	9		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	345,419	0		4.00
5.00	OPERATION OF PLANT	7.00	0	135,671	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	11,945	0		6.00
7.00	HOUSEKEEPING	9.00	0	85,620	0		7.00
8.00	DIETARY	10.00	0	164,782	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	460,225	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	348,705	0		10.00
11.00	PHARMACY	15.00	0	1,123,571	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	39,138	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40,346	0		13.00
14.00	RADIOLOGY SCHOOL	23.01	0	518	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	2,361,931	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	530,356	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	126,103	0		17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	0	112,846	0		18.00
19.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	601,666	0		19.00
20.00	SUBPROVIDER - IPF	40.00	0	16,805	0		20.00
21.00	NURSERY	43.00	0	85,834	0		21.00
22.00	OPERATING ROOM	50.00	0	3,772,565	0		22.00
23.00	RECOVERY ROOM	51.00	0	28,248	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	925,033	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	392,510	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,983,576	0		26.00
27.00	ULTRASOUND	54.01	0	271,122	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	137,387	0		28.00
29.00	RADIOISOTOPE	56.00	0	35,354	0		29.00
30.00	CT SCAN	57.00	0	228,368	0		30.00
31.00	MRI	58.00	0	383,100	0		31.00
32.00	CARDIAC CATHETERIZATION	59.00	0	438,436	0		32.00
33.00	LABORATORY	60.00	0	815,912	0		33.00
34.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	85,286	0		34.00
35.00	RESPIRATORY THERAPY	65.00	0	560,339	0		35.00
36.00	PHYSICAL THERAPY	66.00	0	193,766	0		36.00
37.00	ELECTROCARDIOLOGY	69.00	0	483,561	0		37.00
38.00	RENAL DIALYSIS	74.00	0	67,417	0		38.00
39.00	ASC (NON-DISTINCT PART)	75.00	0	354,596	0		39.00
40.00	CARDIAC REHAB	76.00	0	26,151	0		40.00
41.00	GI LAB	76.01	0	782,257	0		41.00
42.00	ECT	76.02	0	2,977	0		42.00
43.00	OP PSYCH	76.03	0	6,383	0		43.00
44.00	CLINIC	90.00	0	119,607	0		44.00
45.00	HYPERBARIC/OP WOUND	90.01	0	21,895	0		45.00
46.00	EMERGENCY	91.00	0	474,034	0		46.00
47.00	AMBULATORY CARE UNIT	92.01	0	242,935	0		47.00
48.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	277	0		48.00
49.00	RESEARCH	191.00	0	5,355	0		49.00
50.00	PHYSICIANS PRIVATE OFFICES	192.00	0	6,474	0		50.00
51.00	NONPAID WORKERS	193.00	0	5,916	0		51.00
52.00	ST. JOHNS MERCY HEALTH CARE	194.03	0	2,099	0		52.00
	0		0	20,005,364			
	N - CRITICAL CARE FELLOWSHIP PROGRAM						
1.00	NURSING ADMINISTRATION	13.00	1,633,180	3,058	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
	0		1,633,180	3,058			

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

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Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	O - UTILITIES - SNF ADMINISTRATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,307	0		1.00
	0		0	1,307			
	P - BENEFITS RECLASS						
1.00	ADMITTING	5.03	0	4,867	0		1.00
2.00	HOUSEKEEPING	9.00	0	40	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	2,069,360	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,844	0		4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	104,527	0		5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	298,079	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	272,677	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	36,097	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	1,630	0		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	14,211	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	45,545	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	10,612	0		12.00
13.00	NURSERY	43.00	0	10,733	0		13.00
14.00	OPERATING ROOM	50.00	0	50,648	0		14.00
15.00	RECOVERY ROOM	51.00	0	39	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	65,747	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,783	0		17.00
18.00	ULTRASOUND	54.01	0	5,979	0		18.00
19.00	CT SCAN	57.00	0	1,000	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	595	0		20.00
21.00	LABORATORY	60.00	0	64,720	0		21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	9,454	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	12,908	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	71,567	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	24,890	0		25.00
26.00	RENAL DIALYSIS	74.00	0	265	0		26.00
27.00	ASC (NON-DISTINCT PART)	75.00	0	1,250	0		27.00
28.00	CARDIAC REHAB	76.00	0	86	0		28.00
29.00	GI LAB	76.01	0	4,580	0		29.00
30.00	OP PSYCH	76.03	0	3,000	0		30.00
31.00	CLINIC	90.00	0	51,579	0		31.00
32.00	HYPERBARIC/OP WOUND	90.01	0	25,541	0		32.00
33.00	EMERGENCY	91.00	0	1,059,513	0		33.00
34.00	AMBULATORY CARE UNIT	92.01	0	4,818	0		34.00
35.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	3,547	0		35.00
36.00	PHYSICIANS PRIVATE OFFICES	192.00	0	1,756,465	0		36.00
37.00	NEIGHBORHOOD MINISTRIES	194.00	0	213	0		37.00
38.00	ST. JOHNS MERCY HEALTH CARE	194.03	0	92,312	0		38.00
	0		0	6,197,721			
	R - LAUNDRY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,377	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,738	0		2.00
3.00	HOUSEKEEPING	9.00	0	422	0		3.00
4.00	DIETARY	10.00	0	5,280	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	301	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	190	0		6.00
7.00	PHARMACY	15.00	0	1,498	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,120,985	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	329,010	0		9.00
10.00	CORONARY CARE UNIT	32.00	0	64,153	0		10.00
11.00	BURN INTENSIVE CARE UNIT	33.00	0	50,997	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	74,412	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	41,026	0		13.00
14.00	NURSERY	43.00	0	45,671	0		14.00
15.00	OPERATING ROOM	50.00	0	74,351	0		15.00
16.00	RECOVERY ROOM	51.00	0	13,371	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	168,256	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	159,941	0		18.00
19.00	ULTRASOUND	54.01	0	23,338	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	67,765	0		20.00
21.00	RADIOISOTOPE	56.00	0	9,861	0		21.00
22.00	CT SCAN	57.00	0	37,954	0		22.00
23.00	MRI	58.00	0	14,412	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	36,261	0		24.00

RECLASSIFICATIONS

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Period:
From 07/01/2018
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
25.00	LABORATORY	60.00	0	275	0	25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,324	0	26.00
27.00	RESPIRATORY THERAPY	65.00	0	10,627	0	27.00
28.00	PHYSICAL THERAPY	66.00	0	120,399	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	48,513	0	29.00
30.00	RENAL DIALYSIS	74.00	0	10,388	0	30.00
31.00	ASC (NON-DISTINCT PART)	75.00	0	95,917	0	31.00
32.00	CARDIAC REHAB	76.00	0	1,536	0	32.00
33.00	GI LAB	76.01	0	125,811	0	33.00
34.00	ECT	76.02	0	2,790	0	34.00
35.00	CLINIC	90.00	0	39,533	0	35.00
36.00	EMERGENCY	91.00	0	187,253	0	36.00
37.00	AMBULATORY CARE UNIT	92.01	0	20,526	0	37.00
38.00	PHYSICIANS PRIVATE OFFICES	192.00	0	6,207	0	38.00
39.00	ST. JOHNS MERCY HEALTH CARE	194.03	0	74	0	39.00
	0		0	3,020,743		
T - INTERVENTIONAL CARE HH						
1.00	CARDIAC CATHETERIZATION	59.00	70,609	24,724	0	1.00
	0		70,609	24,724		
U - PACU RECLASS						
1.00	RECOVERY ROOM	51.00	3,431	166	0	1.00
	0		3,431	166		
V - EMERGENCY DEPARTMENT ROUTINE REVENUE						
1.00	EMERGENCY	91.00	234,967	65,567	0	1.00
	0		234,967	65,567		
W - AMBULATORY CARE UNIT						
1.00	AMBULATORY CARE UNIT	92.01	387,333	38,968	0	1.00
	0		387,333	38,968		
Y - MEDICAL SUPPLIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	9,185	0	1.00
2.00	DIETARY	10.00	0	111,876	0	2.00
3.00	PHARMACY	15.00	0	179,721	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,247,334	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	1,416,934	0	5.00
6.00	CORONARY CARE UNIT	32.00	0	261,203	0	6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	0	651,042	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	532,897	0	8.00
9.00	SUBPROVIDER - IPF	40.00	0	14	0	9.00
10.00	OPERATING ROOM	50.00	0	21,265,240	0	10.00
11.00	RECOVERY ROOM	51.00	0	33,542	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	856,060	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	2,116,982	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,873,181	0	14.00
15.00	ULTRASOUND	54.01	0	6,403	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	143,957	0	16.00
17.00	RADIOISOTOPE	56.00	0	15,986	0	17.00
18.00	CT SCAN	57.00	0	424,836	0	18.00
19.00	MRI	58.00	0	91,877	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,779,554	0	20.00
21.00	LABORATORY	60.00	0	124	0	21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	12,668	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	3,369,976	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	275,062	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	5,726,870	0	25.00
26.00	RENAL DIALYSIS	74.00	0	326,469	0	26.00
27.00	ASC (NON-DISTINCT PART)	75.00	0	1,522,781	0	27.00
28.00	CARDIAC REHAB	76.00	0	200	0	28.00
29.00	GI LAB	76.01	0	1,997,221	0	29.00
30.00	ECT	76.02	0	45,558	0	30.00
31.00	CLINIC	90.00	0	443,789	0	31.00
32.00	HYPERBARIC/OP WOUND	90.01	0	99,527	0	32.00
33.00	EMERGENCY	91.00	0	1,064,121	0	33.00
34.00	AMBULATORY CARE UNIT	92.01	0	110,153	0	34.00
	0		0	49,012,343		
Z - IMPLANT SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	522	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,401	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	1,006	0	3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	0	390	0	4.00
5.00	OPERATING ROOM	50.00	0	39,817,531	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	198,611	0	6.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:
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Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,545,801	0		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	601	0		8.00
9.00	CT SCAN	57.00	0	622	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	3,273,704	0		10.00
11.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,820	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	4,700	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	7,043,395	0		13.00
14.00	ASC (NON-DISTINCT PART)	75.00	0	2,867,588	0		14.00
15.00	GI LAB	76.01	0	352,378	0		15.00
16.00	HYPERBARIC/OP WOUND	90.01	0	51,588	0		16.00
17.00	EMERGENCY	91.00	0	32,435	0		17.00
18.00	AMBULATORY CARE UNIT	92.01	0	130	0		18.00
	0		0	55,195,223			
	BB - BENEFITS/SALARY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	198,744	0		1.00
	0		0	198,744			
	DD - ED CLINICAL DECISION UNIT						
1.00	EMERGENCY	91.00	33,674	502	0		1.00
	0		33,674	502			
	EE - PSYCH ADMIN RECLASS						
1.00	SUBPROVIDER - IPF	40.00	1,923,964	777,555	0		1.00
	0		1,923,964	777,555			
500.00	Grand Total: Decreases		15,828,365	268,770,906			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements						
			Purchases	Donation	Total							
		1.00	2.00	3.00	4.00	5.00						
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES												
1.00	Land	6,950,344	0	0	0	0	1.00					
2.00	Land Improvements	11,916,991	13,673	0	13,673	0	2.00					
3.00	Buildings and Fixtures	826,577,276	9,242,633	0	9,242,633	808,185	3.00					
4.00	Building Improvements	0	0	0	0	0	4.00					
5.00	Fixed Equipment	8,940,700	1,108,941	0	1,108,941	90,066	5.00					
6.00	Movable Equipment	281,614,456	20,440,282	0	20,440,282	6,880,895	6.00					
7.00	HIT designated Assets	0	0	0	0	0	7.00					
8.00	Subtotal (sum of lines 1-7)	1,135,999,767	30,805,529	0	30,805,529	7,779,146	8.00					
9.00	Reconciling Items	0	0	0	0	0	9.00					
10.00	Total (line 8 minus line 9)	1,135,999,767	30,805,529	0	30,805,529	7,779,146	10.00					
		Ending Balance	Fully Depreciated Assets									
		6.00	7.00									
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES												
1.00	Land	6,950,344	0					1.00				
2.00	Land Improvements	11,930,664	5,889,289					2.00				
3.00	Buildings and Fixtures	835,011,724	250,652,569					3.00				
4.00	Building Improvements	0	0					4.00				
5.00	Fixed Equipment	9,959,575	4,876,555					5.00				
6.00	Movable Equipment	295,173,843	162,474,377					6.00				
7.00	HIT designated Assets	0	0					7.00				
8.00	Subtotal (sum of lines 1-7)	1,159,026,150	423,892,790					8.00				
9.00	Reconciling Items	0	0									9.00
10.00	Total (line 8 minus line 9)	1,159,026,150	423,892,790									10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	OTHER BUILDING-MOB	0	0				1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0				2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	0	0				2.02
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0.000000	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0.000000	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	0	0	0	0.000000	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	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	23,424,813	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	432,072	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	2,009,768	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,017,217	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	738,314	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	0	0	0	249,833	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	45,872,017	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	2,188,220	0	25,613,033	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	432,072	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	2,009,768	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	19,017,217	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	738,314	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	0	0	0	0	249,833	2.02
3.00	Total (sum of lines 1-2)	0	0	2,188,220	0	48,060,237	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-175,595	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - OTHER BUILDING-MOB (chapter 2)			0 OTHER BUILDING-MOB	1.01	0	1.01
1.02	Investment income - OTHER BUILDING-CANCER CENTER (chapter 2)			0 OTHER BUILDING-CANCER CENTER	1.02	0	1.02
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 - NEW CAP REL COSTS-MVBLE EQUIP-MOB (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	2.01
2.02	Investment income - NEW CAP REL COSTS-MVBLE EQUIP-CANCE (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP-CANCE	2.02	0	2.02
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	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	-34,838,431			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	35,114,181			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-5,835,427	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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - OTHER BUILDING-MOB			0 OTHER BUILDING-MOB	1.01	0	26.01
26.02	Depreciation - OTHER BUILDING-CANCER CENTER			0 OTHER BUILDING-CANCER CENTER	1.02	0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-MOB			0NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	27.01
27.02	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-CANCE			0NEW CAP REL COSTS-MVBLE EQUIP-CANCE	2.02	0	27.02
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	A&G NON-ALLOWABLE COSTS	A	-14,678	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.00
33.02	TELEVISION ELIMINATION	A	-188,241	MAINTENANCE & REPAIRS	6.00	0	33.02
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	33.03
33.04	TELEVISION ELIMINATION	A	-17,850	MAINTENANCE & REPAIRS	6.00	9	33.04
34.00	TELEPHONE ADJUSTMENT	A	-69,825	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	35.00
36.00	MOB RENTAL INCOME ELIMINATION	A	-3,695,786	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	36.00
37.00	FRA ADJUSTMENT	A	47,329,031	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00	AHA/MHA/CHA DUES	A	-54,058	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	42.00
42.01	NON-ALLOWABLE MARKETING/PROMOTION	A	-306,540	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.01
42.02	NON-ALLOWABLE MARKETING/PROMOTION	A	-5,083	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	42.02
42.03	NON-ALLOWABLE MARKETING/PROMOTION	A	-4,355	ADULTS & PEDIATRICS	30.00	0	42.03
42.04	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	42.04
42.05	NON-ALLOWABLE MARKETING/PROMOTION	A	-1,208	SUBPROVIDER - IPF	40.00	0	42.05
42.06	NON-ALLOWABLE MARKETING/PROMOTION	A	-232	DELIVERY ROOM & LABOR ROOM	52.00	0	42.06
42.07	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	42.07
42.08	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	42.08
42.09	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	42.09
42.10	NON-ALLOWABLE MARKETING/PROMOTION	A	-35,632	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	42.10
42.11	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	42.11
42.12	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	42.12
42.13	NON-ALLOWABLE MARKETING/PROMOTION	A	-4,785	GI LAB	76.01	0	42.13
42.14	NON-ALLOWABLE MARKETING/PROMOTION	A	-1,731	HYPERBARIC/OP WOUND	90.01	0	42.14

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
43.00	NON-ALLOWABLE	A	-10,751	EMERGENCY		91.00	0	43.00
43.01	MARKETING/PROMOTION							
43.01	MISCELLANEOUS INCOME	B	-179	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	43.01
43.02	MISCELLANEOUS INCOME	B	-1,497,631	OTHER ADMINISTRATIVE AND GENERAL		5.04	0	43.02
43.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.03
43.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.04
43.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.05
43.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.06
43.07	MISCELLANEOUS INCOME	B	-30,422	DIETARY		10.00	0	43.07
43.08	MISCELLANEOUS INCOME	B	-40,877	NURSING ADMINISTRATION		13.00	0	43.08
43.09	MISCELLANEOUS INCOME	B	-15,484	PHARMACY		15.00	0	43.09
43.10	MISCELLANEOUS INCOME	B	-18,491	MEDICAL RECORDS & LIBRARY		16.00	0	43.10
43.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.11
43.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.12
43.13	MISCELLANEOUS INCOME	B	-55,993	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0	43.13
43.14	MISCELLANEOUS INCOME	B	-52,625	PARAMED ED PRGM		23.00	0	43.14
43.15	MISCELLANEOUS INCOME	B	-77,230	RADIOLOGY SCHOOL		23.01	0	43.15
43.16	MISCELLANEOUS INCOME	B	-291,224	ADULTS & PEDIATRICS		30.00	0	43.16
43.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.17
43.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.18
43.19	MISCELLANEOUS INCOME	B	-55,632	NEONATAL INTENSIVE CARE UNIT		35.00	0	43.19
43.20	MISCELLANEOUS INCOME	B	-20,825	SUBPROVIDER - IPF		40.00	0	43.20
43.21	MISCELLANEOUS INCOME	B	-12,578	OPERATING ROOM		50.00	0	43.21
43.22	MISCELLANEOUS INCOME	B	-183	DELIVERY ROOM & LABOR ROOM		52.00	0	43.22
43.23	MISCELLANEOUS INCOME	B	-50	RADIOLOGY-DIAGNOSTIC		54.00	0	43.23
43.24	MISCELLANEOUS INCOME	B	-48	RADIOLOGY-THERAPEUTIC		55.00	0	43.24
43.25	MISCELLANEOUS INCOME	B	-5,633	LABORATORY		60.00	0	43.25
43.26	MISCELLANEOUS INCOME	B	-3,301	RESPIRATORY THERAPY		65.00	0	43.26
43.27	MISCELLANEOUS INCOME	B	-570,600	PHYSICAL THERAPY		66.00	0	43.27
43.28	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.28
43.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.29
43.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.30
43.31	MISCELLANEOUS INCOME	B	-1,000	GI LAB		76.01	0	43.31
43.32	MISCELLANEOUS INCOME	B	-146	OP PSYCH		76.03	0	43.32
43.33	MISCELLANEOUS INCOME	B	-277,429	CLINIC		90.00	0	43.33
43.34	MISCELLANEOUS INCOME	B	108,574	EMERGENCY		91.00	0	43.34
43.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.35
43.36	MISCELLANEOUS INCOME	B	-8,563	INTENSIVE CARE UNIT		31.00	0	43.36
43.37	MISCELLANEOUS INCOME	B	-549	OPERATION OF PLANT		7.00	0	43.37
43.38	MISCELLANEOUS INCOME	B	-25	CENTRAL SERVICES & SUPPLY		14.00	0	43.38
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		34,254,860					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: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 8:41 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	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - CORP. FEE	0	123,934,489	1.00
2.00	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - NETWORK SUPPORT	0	188,730	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - ROI FEE	0	858,122	3.00
4.00	0.00			0	0	4.00
4.01	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT-CORP FEE FIXED ALLOC	0	19,783,377	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - ROI TRANSP FEE	0	1,559,090	4.02
4.04	30.00	ADULTS & PEDIATRICS	DIRECT - E HR FEE	0	9,737	4.04
4.05	30.00	ADULTS & PEDIATRICS	DIRECT - EPIC PM FEE	0	510,403	4.05
4.06	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - MCES	0	13,035,768	4.06
4.07	5.04	OTHER ADMINISTRATIVE AND GEN	DIRECT - SAFEWATCH	0	6,082,110	4.07
4.08	5.04	OTHER ADMINISTRATIVE AND GEN	Direct	163,182	0	4.08
4.09	5.04	OTHER ADMINISTRATIVE AND GEN	Direct	659,130	0	4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT	Direct	2,373,743	0	4.10
4.11	6.00	MAINTENANCE & REPAIRS	Direct	13,197,008	0	4.11
4.12	5.04	OTHER ADMINISTRATIVE AND GEN	Direct	16,127,775	0	4.12
4.13	30.00	ADULTS & PEDIATRICS	Direct	7,298,898	0	4.13
4.14	31.00	INTENSIVE CARE UNIT	Direct	7,671,617	0	4.14
4.15	5.04	OTHER ADMINISTRATIVE AND GEN	Pooled	4,864,071	0	4.15
4.16	5.04	OTHER ADMINISTRATIVE AND GEN	Pooled	5,467,074	0	4.16
4.17	5.04	OTHER ADMINISTRATIVE AND GEN	Pooled	112,181,570	0	4.17
4.18	5.04	OTHER ADMINISTRATIVE AND GEN	Functional-Purchasing	232,550	0	4.18
4.19	4.00	EMPLOYEE BENEFITS DEPARTMENT	Functional-HR	19,839,851	0	4.19
4.20	5.04	OTHER ADMINISTRATIVE AND GEN	Functional	6,273,829	0	4.20
4.21	5.04	OTHER ADMINISTRATIVE AND GEN	Functional-Central Test	2,530,567	0	4.21
4.22	5.04	OTHER ADMINISTRATIVE AND GEN	Functional-Mgd Mental	946,361	0	4.22
4.23	16.00	MEDICAL RECORDS & LIBRARY	Functional-Central Code	1,248,781	0	4.23
4.35	0.00			0	0	4.35
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			201,076,007	165,961,826	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

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

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 8:41 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	-123,934,489	0		1.00
2.00	-188,730	0		2.00
3.00	-858,122	0		3.00
4.00	0	0		4.00
4.01	-19,783,377	0		4.01
4.02	-1,559,090	0		4.02
4.04	-9,737	0		4.04
4.05	-510,403	0		4.05
4.06	-13,035,768	0		4.06
4.07	-6,082,110	0		4.07
4.08	163,182	9		4.08
4.09	659,130	9		4.09
4.10	2,373,743	0		4.10
4.11	13,197,008	0		4.11
4.12	16,127,775	0		4.12
4.13	7,298,898	9		4.13
4.14	7,671,617	9		4.14
4.15	4,864,071	9		4.15
4.16	5,467,074	9		4.16
4.17	112,181,570	0		4.17
4.18	232,550	0		4.18
4.19	19,839,851	0		4.19
4.20	6,273,829	9		4.20
4.21	2,530,567	0		4.21
4.22	946,361	0		4.22
4.23	1,248,781	0		4.23
4.35	0	3		4.35
5.00	35,114,181			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 8:41 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	0.00		0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	249,292	246,441	2,851	237,100	20	2.00
3.00	30.00	ADULTS & PEDIATRICS	553,725	553,725	0	169,700	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	88,448	23,448	65,000	179,000	520	4.00
5.00	40.00	SUBPROVIDER - IPF	791	0	791	181,300	5	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	38,550	0	38,550	237,100	220	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	8,148	8,148	0	260,300	0	7.00
8.00	58.00	MRI	1,400	1,400	0	271,900	0	8.00
9.00	57.00	CT SCAN	13,295	13,295	0	271,900	0	9.00
10.00	60.00	LABORATORY	97,176	97,176	0	260,300	0	10.00
11.00	66.00	PHYSICAL THERAPY	8,195	0	8,195	179,000	117	11.00
12.00	90.00	CLINIC	219,886	0	219,886	179,000	2,199	12.00
13.00	30.00	ADULTS & PEDIATRICS	9,464	9,464	0	237,100	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	104,818	104,818	0	197,500	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	5,689	5,689	0	179,000	0	15.00
16.00	31.00	INTENSIVE CARE UNIT	18,435	18,435	0	179,000	0	16.00
17.00	33.00	BURN INTENSIVE CARE UNIT	1,923	1,923	0	179,000	0	17.00
18.00	35.00	NEONATAL INTENSIVE CARE UNIT	389	389	0	179,000	0	18.00
19.00	40.00	SUBPROVIDER - IPF	3,946	3,946	0	181,300	0	19.00
20.00	43.00	NURSERY	7,467	7,467	0	179,000	0	20.00
21.00	50.00	OPERATING ROOM	2,246,302	2,246,302	0	246,400	0	21.00
22.00	51.00	RECOVERY ROOM	3,931	3,931	0	239,400	0	22.00
23.00	52.00	DELIVERY ROOM & LABOR ROOM	414,827	414,827	0	237,100	0	23.00
27.00	65.00	RESPIRATORY THERAPY	19,876	19,876	0	179,000	0	27.00
28.00	66.00	PHYSICAL THERAPY	899,803	899,803	0	179,000	0	28.00
29.00	69.00	ELECTROCARDIOLOGY	476,806	476,806	0	179,000	0	29.00
30.00	75.00	ASC (NON-DISTINCT PART)	306,010	306,010	0	246,400	0	30.00
32.00	90.00	CLINIC	104,545	104,545	0	179,000	0	32.00
33.00	90.01	HYPERBARIC/OP WOUND	49,947	49,947	0	179,000	0	33.00
34.00	91.00	EMERGENCY	1,997,947	1,997,947	0	179,000	0	34.00
35.00	92.01	AMBULATORY CARE UNIT	1,244	1,244	0	179,000	0	35.00
36.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	4,747,445	2,770,322	1,977,123	179,000	12,674	36.00
39.00	30.00	ADULTS & PEDIATRICS	1,778,272	1,554,693	223,579	237,100	1,345	39.00
40.00	30.00	ADULTS & PEDIATRICS	366,789	8,409	358,380	179,000	2,911	40.00
41.00	30.00	ADULTS & PEDIATRICS	22,422	0	22,422	169,700	177	41.00
43.00	31.00	INTENSIVE CARE UNIT	3,633,691	3,624,985	8,706	179,000	32	43.00
44.00	40.00	SUBPROVIDER - IPF	3,958	0	3,958	181,300	51	44.00
45.00	50.00	OPERATING ROOM	50,000	0	50,000	246,400	216	45.00
46.00	52.00	DELIVERY ROOM & LABOR ROOM	103,850	62,550	41,300	237,100	236	46.00
47.00	54.00	RADIOLOGY-DIAGNOSTIC	727,149	727,149	0	260,300	0	47.00
48.00	65.00	RESPIRATORY THERAPY	7,200	0	7,200	179,000	48	48.00
49.00	66.00	PHYSICAL THERAPY	577,453	567,453	10,000	179,000	98	49.00
50.00	69.00	ELECTROCARDIOLOGY	1,423,014	1,384,634	38,380	179,000	202	50.00
51.00	76.00	CARDIAC REHAB	1,800	0	1,800	179,000	12	51.00
52.00	76.01	GI LAB	7,625	0	7,625	179,000	61	52.00
53.00	90.00	CLINIC	242,804	197,306	45,498	179,000	333	53.00
54.00	90.01	HYPERBARIC/OP WOUND	448,708	411,913	36,795	179,000	394	54.00
55.00	91.00	EMERGENCY	15,142,010	14,149,844	992,166	179,000	6,445	55.00
56.00	75.00	ASC (NON-DISTINCT PART)	93,553	93,553	0	246,400	0	56.00
200.00			37,330,018	33,169,813	4,160,205		28,316	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	0.00		0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,280	114	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	44,750	2,238	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	436	22	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	25,078	1,254	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	58.00	MRI	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	10,069	503	0	0	0	11.00
12.00	90.00	CLINIC	189,241	9,462	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	16.00
17.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:

11/26/2019 8:41 am

	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	
18.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	18.00
19.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	19.00
20.00	43.00	NURSERY	0	0	0	0	0	20.00
21.00	50.00	OPERATING ROOM	0	0	0	0	0	21.00
22.00	51.00	RECOVERY ROOM	0	0	0	0	0	22.00
23.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	23.00
27.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	27.00
28.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	28.00
29.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	29.00
30.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	30.00
32.00	90.00	CLINIC	0	0	0	0	0	32.00
33.00	90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	33.00
34.00	91.00	EMERGENCY	0	0	0	0	0	34.00
35.00	92.01	AMBULATORY CARE UNIT	0	0	0	0	0	35.00
36.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	1,090,695	54,535	0	0	0	36.00
39.00	30.00	ADULTS & PEDIATRICS	153,317	7,666	0	0	0	39.00
40.00	30.00	ADULTS & PEDIATRICS	250,514	12,526	0	0	0	40.00
41.00	30.00	ADULTS & PEDIATRICS	14,441	722	0	0	0	41.00
43.00	31.00	INTENSIVE CARE UNIT	2,754	138	0	0	0	43.00
44.00	40.00	SUBPROVIDER - IPF	4,445	222	0	0	0	44.00
45.00	50.00	OPERATING ROOM	25,588	1,279	0	0	0	45.00
46.00	52.00	DELIVERY ROOM & LABOR ROOM	26,902	1,345	0	0	0	46.00
47.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	47.00
48.00	65.00	RESPIRATORY THERAPY	4,131	207	0	0	0	48.00
49.00	66.00	PHYSICAL THERAPY	8,434	422	0	0	0	49.00
50.00	69.00	ELECTROCARDIOLOGY	17,384	869	0	0	0	50.00
51.00	76.00	CARDIAC REHAB	1,033	52	0	0	0	51.00
52.00	76.01	GI LAB	5,250	263	0	0	0	52.00
53.00	90.00	CLINIC	28,657	1,433	0	0	0	53.00
54.00	90.01	HYPERBARIC/OP WOUND	33,907	1,695	0	0	0	54.00
55.00	91.00	EMERGENCY	554,642	27,732	0	0	0	55.00
56.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	56.00
200.00			2,493,948	124,699	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	0.00		0	0	0	0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	2,280	571	247,012		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	553,725		3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	44,750	20,250	43,698		4.00
5.00	40.00	SUBPROVIDER - IPF	0	436	355	355		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	25,078	13,472	13,472		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	8,148		7.00
8.00	58.00	MRI	0	0	0	1,400		8.00
9.00	57.00	CT SCAN	0	0	0	13,295		9.00
10.00	60.00	LABORATORY	0	0	0	97,176		10.00
11.00	66.00	PHYSICAL THERAPY	0	10,069	0	0		11.00
12.00	90.00	CLINIC	0	189,241	30,645	30,645		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	9,464		13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	104,818		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,689		15.00
16.00	31.00	INTENSIVE CARE UNIT	0	0	0	18,435		16.00
17.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	1,923		17.00
18.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	389		18.00
19.00	40.00	SUBPROVIDER - IPF	0	0	0	3,946		19.00
20.00	43.00	NURSERY	0	0	0	7,467		20.00
21.00	50.00	OPERATING ROOM	0	0	0	2,246,302		21.00
22.00	51.00	RECOVERY ROOM	0	0	0	3,931		22.00
23.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	414,827		23.00
27.00	65.00	RESPIRATORY THERAPY	0	0	0	19,876		27.00
28.00	66.00	PHYSICAL THERAPY	0	0	0	899,803		28.00
29.00	69.00	ELECTROCARDIOLOGY	0	0	0	476,806		29.00
30.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	306,010		30.00
32.00	90.00	CLINIC	0	0	0	104,545		32.00
33.00	90.01	HYPERBARIC/OP WOUND	0	0	0	49,947		33.00
34.00	91.00	EMERGENCY	0	0	0	1,997,947		34.00
35.00	92.01	AMBULATORY CARE UNIT	0	0	0	1,244		35.00
36.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	1,090,695	886,428	3,656,750		36.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 8:41 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		
39.00	30.00	ADULTS & PEDIATRICS	0	153,317	70,262	1,624,955		39.00
40.00	30.00	ADULTS & PEDIATRICS	0	250,514	107,866	116,275		40.00
41.00	30.00	ADULTS & PEDIATRICS	0	14,441	7,981	7,981		41.00
43.00	31.00	INTENSIVE CARE UNIT	0	2,754	5,952	3,630,937		43.00
44.00	40.00	SUBPROVIDER - IPF	0	4,445	0	0		44.00
45.00	50.00	OPERATING ROOM	0	25,588	24,412	24,412		45.00
46.00	52.00	DELIVERY ROOM & LABOR ROOM	0	26,902	14,398	76,948		46.00
47.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	727,149		47.00
48.00	65.00	RESPIRATORY THERAPY	0	4,131	3,069	3,069		48.00
49.00	66.00	PHYSICAL THERAPY	0	8,434	1,566	569,019		49.00
50.00	69.00	ELECTROCARDIOLOGY	0	17,384	20,996	1,405,630		50.00
51.00	76.00	CARDIAC REHAB	0	1,033	767	767		51.00
52.00	76.01	GI LAB	0	5,250	2,375	2,375		52.00
53.00	90.00	CLINIC	0	28,657	16,841	214,147		53.00
54.00	90.01	HYPERBARIC/OP WOUND	0	33,907	2,888	414,801		54.00
55.00	91.00	EMERGENCY	0	554,642	437,524	14,587,368		55.00
56.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	93,553		56.00
200.00			0	2,493,948	1,668,618	34,838,431		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 8:41 am

			CAPITAL RELATED COSTS					
Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCE R CENTER	MVBLE EQUIP	
			0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	25,613,033	25,613,033				1.00
1.01	00101	OTHER BUILDING-MOB	432,072	0	432,072			1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	2,009,768	0	0	2,009,768		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	19,017,217				19,017,217	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	738,314				0	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	249,833				0	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	90,158,694	131,808	531	72,326	2,097	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00550	ADMITTING	4,859,367	113,079	0	0	5,832	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	234,203,602	980,350	25,565	53,517	518,127	5.04
6.00	00600	MAINTENANCE & REPAIRS	29,860,136	3,157,145	0	203,566	331,646	6.00
7.00	00700	OPERATION OF PLANT	2,729,956	91,797	0	0	135,671	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,324,867	131,183	0	0	11,945	8.00
9.00	00900	HOUSEKEEPING	6,311,870	214,641	165	0	73,375	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	8,436,890	566,075	3,028	26,611	150,293	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,477,972	141,818	0	0	306,817	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,980,765	331,021	0	0	348,706	14.00
15.00	01500	PHARMACY	13,051,198	210,254	0	23,574	1,047,895	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,334,329	65,965	0	12,335	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,596,626	19,693	0	0	39,138	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,724,471	156,064	9,856	0	31,708	22.00
23.00	02300	PARAMED ED PRGM	166,714	12,305	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	135,562	3,450	0	0	518	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,767,296	5,225,724	611	0	2,463,182	30.00
31.00	03100	INTENSIVE CARE UNIT	24,618,388	540,827	0	0	530,356	31.00
32.00	03200	CORONARY CARE UNIT	3,447,130	126,362	0	0	126,103	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,062,247	121,377	0	0	112,846	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	17,042,220	879,535	0	0	601,666	35.00
40.00	04000	SUBPROVIDER - IPF	2,227,586	171,615	0	0	16,805	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,165,288	453,906	548	0	89,890	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,260,282	1,205,924	0	0	3,772,561	50.00
51.00	05100	RECOVERY ROOM	2,117,628	76,993	0	0	28,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,755,105	951,652	0	0	925,034	52.00
53.00	05300	ANESTHESIOLOGY	1,932,973	65,300	0	0	392,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,029,091	717,780	26,530	21,002	1,592,538	54.00
54.01	05401	ULTRASOUND	1,911,639	237,798	0	0	271,122	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,754,403	105,474	0	420,037	137,388	55.00
56.00	05600	RADIOISOTOPE	1,528,976	178,678	0	52,694	35,046	56.00
57.00	05700	CT SCAN	1,409,329	50,292	0	69,142	121,118	57.00
58.00	05800	MRI	818,517	152,886	0	0	383,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,952,960	283,350	0	0	438,436	59.00
60.00	06000	LABORATORY	32,581,246	623,525	0	39,874	815,912	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,022,068	110,784	0	0	85,285	62.00
65.00	06500	RESPIRATORY THERAPY	7,518,327	217,656	4,999	0	364,794	65.00
66.00	06600	PHYSICAL THERAPY	15,475,129	867,407	9,017	44,239	159,542	66.00
69.00	06900	ELECTROCARDIOLOGY	5,947,146	347,020	2,162	0	477,600	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,012,343	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,195,223	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,674,923	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	776,007	45,063	0	0	67,417	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,610,004	578,502	0	0	354,597	75.00
76.00	03020	CARDIAC REHAB	992,948	70,135	0	0	26,151	76.00
76.01	03030	GI LAB	5,097,840	296,524	0	0	782,257	76.01
76.02	03040	ECT	106,314	23,292	0	0	2,977	76.02
76.03	03050	OP PSYCH	1,131,900	242,347	0	0	6,383	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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	Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCE R CENTER	MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	6,811,278	313,501	609	362,156	88,845	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,175,386	49,762	1,022	0	18,537	90.01
91.00	09100	EMERGENCY	17,659,294	984,112	1,663	0	474,033	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	1,172,743	118,104	0	0	242,935	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	953,174,433	22,759,855	86,306	1,401,073	19,008,982	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,778,786	116,692	0	0	277	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	747,440	31,699	6,380	49,257	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	25,728,379	247,264	12,061	0	2,149	192.00
193.00	19300	NONPAID WORKERS	148,403	80,294	0	2,298	5,809	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	501,712	17,106	20,285	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	379,425	22,613	0	0	0	194.00
194.01	07951	HOSPICE	40,817	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	2,599,439	1,845,353	308,729	536,855	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	7,483	302	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	1,188	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	68	0	0	0	194.09
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)	984,597,122	25,613,033	432,072	2,009,768	19,017,217	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCE				
			2.01	2.02				
GENERAL SERVICE COST CENTERS			2.01	2.02	4.00	5.02	5.03	
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	738,314					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	0	249,833				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	90,365,456			4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0		5.02
5.03	00550	ADMITTING	0	0	1,212,902	0	6,191,180	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	33,527	3,463	5,185,038	0	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	13,773	886,271	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	464,462	0	0	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	143,708	0	0	8.00
9.00	00900	HOUSEKEEPING	8,781	3,464	1,603,014	0	0	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	11,122	3,367	2,028,196	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,397,367	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	901,402	0	0	14.00
15.00	01500	PHARMACY	0	75,676	2,885,042	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	201,469	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,451,018	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,638	0	1,512,093	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	53,392	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	52,567	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,104	0	15,153,427	0	563,297	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,845,447	0	135,589	31.00
32.00	03200	CORONARY CARE UNIT	0	0	797,282	0	20,890	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	594,855	0	20,363	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	4,163,817	0	236,663	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	517,501	0	39,000	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	977,192	0	31,455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,676,059	0	407,045	50.00
51.00	05100	RECOVERY ROOM	0	0	532,805	0	110,451	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,863,343	0	82,840	52.00
53.00	05300	ANESTHESIOLOGY	0	0	154,106	0	147,578	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	387,811	3,227	2,360,636	0	172,206	54.00
54.01	05401	ULTRASOUND	0	0	453,216	0	87,634	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	597,748	0	170,394	55.00
56.00	05600	RADIOISOTOPE	0	307	258,826	0	81,281	56.00
57.00	05700	CT SCAN	0	107,251	269,384	0	349,656	57.00
58.00	05800	MRI	0	0	195,884	0	159,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	582,941	0	133,160	59.00
60.00	06000	LABORATORY	0	0	2,805,000	0	622,682	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	634,335	0	30,573	62.00
65.00	06500	RESPIRATORY THERAPY	195,545	0	2,177,275	0	121,041	65.00
66.00	06600	PHYSICAL THERAPY	31,142	3,082	3,767,037	0	102,421	66.00
69.00	06900	ELECTROCARDIOLOGY	5,960	0	1,762,452	0	255,625	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	364,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	198,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,039,114	73.00
74.00	07400	RENAL DIALYSIS	0	0	202,314	0	12,257	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,217,816	0	41,805	75.00
76.00	03020	CARDIAC REHAB	0	0	249,450	0	4,321	76.00
76.01	03030	GI LAB	0	0	1,075,416	0	125,719	76.01
76.02	03040	ECT	0	0	32,628	0	2,473	76.02
76.03	03050	OP PSYCH	0	0	160,171	0	12,526	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCE				
			2.01	2.02	4.00	5.02	5.03	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	30,761	1,376,845	0	19,879	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,359	0	339,197	0	5,274	90.01
91.00	09100	EMERGENCY	0	0	7,773,022	0	252,463	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	279,511	0	8,790	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	733,989	244,371	83,824,879	0	6,170,021	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	95,483	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	5,355	131,522	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,325	0	5,704,222	0	21,159	192.00
193.00	19300	NONPAID WORKERS	0	107	28,479	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	90,843	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	490,028	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	738,314	249,833	90,365,456	0	6,191,180	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5A.03	5.04	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	241,003,189	241,003,189				5.04
6.00	00600	MAINTENANCE & REPAIRS	34,452,537	11,166,274	45,618,811			6.00
7.00	00700	OPERATION OF PLANT	3,421,886	1,109,054	197,247	4,728,187		7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,611,703	1,494,681	281,877	29,342		8.00
9.00	00900	HOUSEKEEPING	8,215,310	2,662,631	461,205	48,009		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	11,225,582	3,638,278	1,216,339	126,616		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,323,974	2,373,744	304,727	31,721		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,561,894	1,802,643	711,272	74,040		14.00
15.00	01500	PHARMACY	17,293,639	5,604,972	451,779	47,028		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,614,098	847,245	141,741	14,755		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,106,475	2,627,357	42,315	4,405		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,442,830	3,060,478	335,340	34,907		22.00
23.00	02300	PARAMED ED PRGM	232,411	75,326	26,440	2,752		23.00
23.01	02301	RADIOLOGY SCHOOL	192,097	62,260	7,412	772		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,221,641	30,213,623	11,228,629	1,168,852	0	30.00
31.00	03100	INTENSIVE CARE UNIT	30,670,607	9,940,528	1,162,088	120,968	0	31.00
32.00	03200	CORONARY CARE UNIT	4,517,767	1,464,235	271,517	28,264	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,911,688	943,696	260,807	27,149	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	22,923,901	7,429,774	1,889,878	196,728	0	35.00
40.00	04000	SUBPROVIDER - IPF	2,972,507	963,407	368,754	38,386	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,718,279	1,853,329	975,318	101,526	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,321,871	9,827,500	2,591,199	269,733	0	50.00
51.00	05100	RECOVERY ROOM	2,866,125	928,928	165,437	17,221	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,577,974	5,373,021	2,044,839	212,859	0	52.00
53.00	05300	ANESTHESIOLOGY	2,692,467	872,645	140,311	14,606	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,310,821	5,286,435	1,542,311	160,548	0	54.00
54.01	05401	ULTRASOUND	2,961,409	959,810	510,962	53,189	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,185,444	2,652,952	226,634	23,592	0	55.00
56.00	05600	RADIOISOTOPE	2,135,808	692,228	383,929	39,965	0	56.00
57.00	05700	CT SCAN	2,376,172	770,132	108,064	11,249	0	57.00
58.00	05800	MRI	1,710,372	554,342	328,511	34,197	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,390,847	1,098,994	608,841	63,378	0	59.00
60.00	06000	LABORATORY	37,488,239	12,150,163	1,339,782	139,465	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,883,045	1,906,730	238,044	24,779	0	62.00
65.00	06500	RESPIRATORY THERAPY	10,599,637	3,435,406	467,684	48,684	0	65.00
66.00	06600	PHYSICAL THERAPY	20,459,016	6,630,890	1,863,818	194,015	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,797,965	2,851,473	745,650	77,619	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,377,150	16,003,431	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,393,987	17,953,524	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,714,037	29,076,858	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,103,058	357,508	96,829	10,079	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,802,724	2,528,910	1,243,041	129,395	0	75.00
76.00	03020	CARDIAC REHAB	1,343,005	435,276	150,700	15,687	0	76.00
76.01	03030	GI LAB	7,377,756	2,391,175	637,148	66,324	0	76.01
76.02	03040	ECT	167,684	54,347	50,048	5,210	0	76.02
76.03	03050	OP PSYCH	1,553,327	503,443	520,738	54,207	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,003,874	2,918,210	673,627	70,122	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5A.03	5.04	6.00	7.00	7.01	
90.01	09001	HYPERBARIC/OP WOUND	1,592,537	516,151	106,926	11,131	0	90.01
91.00	09100	EMERGENCY	27,144,587	8,797,724	2,114,585	220,119	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
92.01	09201	AMBULATORY CARE UNIT	1,822,083	590,548	253,774	26,417	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	942,787,036	227,452,289	39,488,117	4,090,010	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,991,238	645,372	250,739	26,101	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	971,653	314,919	68,113	7,090	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	31,719,559	10,280,499	531,302	55,306	0	192.00
193.00	19300	NONPAID WORKERS	265,390	86,014	172,529	17,959	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	539,103	174,727	1,078,042	112,219	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	492,881	159,746	48,589	5,058	0	194.00
194.01	07951	HOSPICE	40,817	13,229	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	5,780,404	1,873,464	3,965,154	412,755	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	7,785	2,523	16,080	1,674	0	194.06
194.08	07958	REHAB HOSPITAL	1,188	385	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	68	22	146	15	0	194.09
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)	984,597,122	241,003,189	45,618,811	4,728,187	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER BUILDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0					7.02
7.03	00703	HEART HOSPITAL	0	0				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	6,417,603			8.00
9.00	00900	HOUSEKEEPING	0	0	775	11,387,930		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	9,611,442	9,611,442	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	409,938	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	1,366,550	0	9.03
10.00	01000	DIETARY	0	0	9,700	0	261,664	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	542	0	65,554	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	349	0	153,012	14.00
15.00	01500	PHARMACY	0	0	2,752	0	97,189	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	30,492	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	9,103	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	72,140	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	5,688	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	1,595	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	3,354,826	0	2,415,557	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	604,454	0	249,994	31.00
32.00	03200	CORONARY CARE UNIT	0	0	247,583	0	58,410	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	93,691	0	56,106	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	136,709	0	406,559	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	75,372	0	79,328	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	209,815	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	136,597	0	557,431	50.00
51.00	05100	RECOVERY ROOM	0	0	18,262	0	35,590	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	309,117	0	439,895	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	30,184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	293,841	0	331,789	54.00
54.01	05401	ULTRASOUND	0	0	42,876	0	109,920	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	124,497	0	48,754	55.00
56.00	05600	RADIOISOTOPE	0	0	18,116	0	82,593	56.00
57.00	05700	CT SCAN	0	0	69,729	0	23,247	57.00
58.00	05800	MRI	0	0	26,478	0	70,671	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	130,977	59.00
60.00	06000	LABORATORY	0	0	505	0	288,220	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	2,432	0	51,209	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	19,524	0	100,610	65.00
66.00	06600	PHYSICAL THERAPY	0	0	221,193	0	400,953	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	89,127	0	160,408	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	19,085	0	20,830	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	176,217	0	267,409	75.00
76.00	03020	CARDIAC REHAB	0	0	2,822	0	32,419	76.00
76.01	03030	GI LAB	0	0	231,138	0	137,066	76.01
76.02	03040	ECT	0	0	5,126	0	10,767	76.02
76.03	03050	OP PSYCH	0	0	0	0	112,024	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	72,629	0	144,914	90.00

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Cost Center Description			OTHER BUILDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	23,002	90.01
91.00	09100	EMERGENCY	0	0	0	0	454,899	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	0	54,593	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	6,406,064	11,387,930	8,292,580	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	53,940	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	14,653	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	11,403	0	114,296	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	37,115	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	231,913	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	10,453	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	136	0	853,002	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	3,459	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	31	194.09
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)	0	0	6,417,603	11,387,930	9,611,442	202.00

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Cost Center Description		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB	409,938				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	1,366,550			9.03
10.00	01000	DIETARY	3,059	21,641	16,502,879		10.00
11.00	01100	CAFETERIA	0	0	9,103,270	9,103,270	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	170,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	205,640	14.00
15.00	01500	PHARMACY	0	19,172	0	276,853	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,032	0	30,791	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	205,602	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,956	0	0	109,131	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	5,133	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	4,574	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	617	0	4,852,971	2,249,711	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	447,780	493,627	31.00
32.00	03200	CORONARY CARE UNIT	0	0	109,496	99,223	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	84,038	64,799	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	473,716	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	128,476	137,069	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	553	0	0	5,420	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	581,844	50.00
51.00	05100	RECOVERY ROOM	0	0	0	60,709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	354,315	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	32,442	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,799	17,080	0	310,060	54.00
54.01	05401	ULTRASOUND	0	0	0	53,694	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	341,595	0	70,679	55.00
56.00	05600	RADIOISOTOPE	0	42,854	0	29,117	56.00
57.00	05700	CT SCAN	0	56,229	0	35,865	57.00
58.00	05800	MRI	0	0	0	26,300	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	67,667	59.00
60.00	06000	LABORATORY	0	32,427	0	463,555	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	81,159	62.00
65.00	06500	RESPIRATORY THERAPY	5,050	0	0	281,248	65.00
66.00	06600	PHYSICAL THERAPY	9,109	35,977	0	448,120	66.00
69.00	06900	ELECTROCARDIOLOGY	2,184	0	0	159,240	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	22,831	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	152,827	75.00
76.00	03020	CARDIAC REHAB	0	0	0	29,599	76.00
76.01	03030	GI LAB	0	0	0	154,916	76.01
76.02	03040	ECT	0	0	0	4,231	76.02
76.03	03050	OP PSYCH	0	0	0	22,690	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	616	294,522	0	187,850	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,032	0	0	31,629	90.01

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Cost Center Description			HOUSEKEEPING-M OB	HOUSEKEEPING-C ANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
91.00	09100	EMERGENCY	1,680	0	0	579,096	1,104,532	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	42,711	81,465	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,655	871,529	14,726,031	8,816,369	10,270,948	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	1,729,621	27,632	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	6,445	40,058	0	12,452	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	12,183	0	0	201,568	0	192.00
193.00	19300	NONPAID WORKERS	0	1,869	0	4,804	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	47,227	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	17,280	16,497	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	11,591	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	311,870	436,597	0	28,854	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	305	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	1,200	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	409,938	1,366,550	16,502,879	9,103,270	10,270,948	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER						7.02
7.03	00703	HEART HOSPITAL						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB						9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,508,850					14.00
15.00	01500	PHARMACY	0	23,793,384				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,689,154			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	10,995,257	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	335,673	0	4,895,851	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	80,799	0	783,274	31.00
32.00	03200	CORONARY CARE UNIT	0	0	12,448	0	687,895	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	12,134	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	141,030	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	23,240	0	166,677	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	18,744	0	57,339	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	242,562	0	1,486,519	50.00
51.00	05100	RECOVERY ROOM	0	0	65,819	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	49,365	0	804,352	52.00
53.00	05300	ANESTHESIOLOGY	0	0	87,943	0	372,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	102,619	0	36,427	54.00
54.01	05401	ULTRASOUND	0	0	52,222	0	53,557	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	101,539	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	48,436	0	0	56.00
57.00	05700	CT SCAN	0	0	208,363	0	0	57.00
58.00	05800	MRI	0	0	95,336	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	79,351	0	0	59.00
60.00	06000	LABORATORY	0	0	371,061	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	18,218	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	72,129	0	91,931	65.00
66.00	06600	PHYSICAL THERAPY	0	0	61,033	0	57,060	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	152,329	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,057,781	0	217,391	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,451,069	0	118,445	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,793,384	618,998	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	7,304	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	24,912	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	2,575	0	0	76.00
76.01	03030	GI LAB	0	0	74,917	0	67,850	76.01
76.02	03040	ECT	0	0	1,474	0	0	76.02
76.03	03050	OP PSYCH	0	0	7,464	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			14.00	15.00	16.00	17.00	21.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	11,846	0	349,593	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	3,143	0	0	90.01
91.00	09100	EMERGENCY	0	0	150,445	0	382,850	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	5,238	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,508,850	23,793,384	3,676,545	0	10,293,903	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	12,609	0	701,354	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	0	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	8,508,850	23,793,384	3,689,154	0	10,995,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER						7.02
7.03	00703	HEART HOSPITAL						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB						9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,064,782					22.00
23.00	02300	PARAMED ED PRGM		347,750				23.00
23.01	02301	RADIOLOGY SCHOOL			268,710			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,817,348	0	0	164,046,260	-10,713,199	30.00
31.00	03100	INTENSIVE CARE UNIT	930,702	0	0	46,426,336	-1,713,976	31.00
32.00	03200	CORONARY CARE UNIT	817,371	0	0	8,503,461	-1,505,266	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,577,701	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	34,501,831	0	35.00
40.00	04000	SUBPROVIDER - IPF	198,048	0	0	5,412,702	-364,725	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	68,131	0	0	9,018,791	-125,470	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,766,311	0	0	48,891,340	-3,252,830	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,158,091	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	955,747	0	0	27,797,282	-1,760,099	52.00
53.00	05300	ANESTHESIOLOGY	442,883	0	0	4,686,209	-815,611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,284	0	268,710	24,730,724	-79,711	54.00
54.01	05401	ULTRASOUND	63,637	0	0	4,963,689	-117,194	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,775,686	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,473,046	0	56.00
57.00	05700	CT SCAN	0	0	0	3,659,050	0	57.00
58.00	05800	MRI	0	0	0	2,846,207	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,569,119	0	59.00
60.00	06000	LABORATORY	0	0	0	52,273,417	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,205,616	0	62.00
65.00	06500	RESPIRATORY THERAPY	109,234	0	0	15,231,137	-201,165	65.00
66.00	06600	PHYSICAL THERAPY	67,800	0	0	30,448,984	-124,860	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,339,719	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	69,655,753	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	77,917,025	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	143,203,277	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,681,071	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	12,325,435	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	2,012,083	0	76.00
76.01	03030	GI LAB	80,620	0	0	11,218,910	-148,470	76.01
76.02	03040	ECT	0	0	0	298,887	0	76.02
76.03	03050	OP PSYCH	0	0	0	2,773,893	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	415,393	0	0	14,143,196	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	2,285,551	90.01
91.00	09100	EMERGENCY	454,910	347,750	0	41,753,177	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	2,876,829	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,231,419	347,750	268,710	916,681,485	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	4,724,643	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	1,435,383	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	833,363	0	0	44,473,442	192.00
193.00	19300	NONPAID WORKERS	0	0	0	585,680	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	47,227	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	2,169,781	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	728,318	194.00
194.01	07951	HOSPICE	0	0	0	54,046	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	0	13,662,236	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	31,826	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	2,773	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	282	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,064,782	347,750	268,710	984,597,122	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	OTHER BUILDING-MOB	1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	5.02
5.03	00550	ADMITTING	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OTHER BUILDING-MOB	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	7.02
7.03	00703	HEART HOSPITAL	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	9.01
9.02	00902	HOUSEKEEPING-MOB	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	9.03
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM	23.00
23.01	02301	RADIOLOGY SCHOOL	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
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	ULTRASOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03020	CARDIAC REHAB	76.00
76.01	03030	GI LAB	76.01
76.02	03040	ECT	76.02
76.03	03050	OP PSYCH	76.03
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	HYPERBARIC/OP WOUND	90.01
91.00	09100	EMERGENCY	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			Total	
			26.00	
91.02	09101	NATURAL FAMILY PLANNING	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201	AMBULATORY CARE UNIT	2,876,829	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	894,156,163	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	4,724,643	190.00
190.01	19001	VENDING MACHINES	0	190.01
190.02	19002	VISITOR MEALS	0	190.02
191.00	19100	RESEARCH	1,435,383	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	42,938,725	192.00
193.00	19300	NONPAID WORKERS	585,680	193.00
193.01	19301	MEALS ON WHEELS	47,227	193.01
193.03	19303	CONVENT	0	193.03
193.06	19306	VACANT SPACE	2,169,781	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	728,318	194.00
194.01	07951	HOSPICE	54,046	194.01
194.02	07952	SHARED SERVICES	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	13,662,236	194.03
194.04	07954	SJMH SHARED SERVICES	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	31,826	194.06
194.08	07958	REHAB HOSPITAL	2,773	194.08
194.09	07960	MERCY SAFEWATCH	282	194.09
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	960,537,083	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCE R CENTER	MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,372	131,808	531	72,326	2,097	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00550	ADMITTING	145,115	113,079	0	0	5,832	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	13,480,115	980,350	25,565	53,517	518,127	5.04
6.00	00600	MAINTENANCE & REPAIRS	-1	3,157,145	0	203,566	331,646	6.00
7.00	00700	OPERATION OF PLANT	-1	91,797	0	0	135,671	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	131,183	0	0	11,945	8.00
9.00	00900	HOUSEKEEPING	0	214,641	165	0	73,375	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	174,665	566,075	3,028	26,611	150,293	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	141,818	0	0	306,817	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	331,021	0	0	348,706	14.00
15.00	01500	PHARMACY	76,190	210,254	0	23,574	1,047,895	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,782	65,965	0	12,335	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	19,693	0	0	39,138	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	371,258	156,064	9,856	0	31,708	22.00
23.00	02300	PARAMED ED PRGM	0	12,305	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	3,450	0	0	518	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,225,724	611	0	2,463,182	30.00
31.00	03100	INTENSIVE CARE UNIT	0	540,827	0	0	530,356	31.00
32.00	03200	CORONARY CARE UNIT	0	126,362	0	0	126,103	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	121,377	0	0	112,846	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	879,535	0	0	601,666	35.00
40.00	04000	SUBPROVIDER - IPF	0	171,615	0	0	16,805	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,447	453,906	548	0	89,890	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1	1,205,924	0	0	3,772,561	50.00
51.00	05100	RECOVERY ROOM	0	76,993	0	0	28,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	951,652	0	0	925,034	52.00
53.00	05300	ANESTHESIOLOGY	0	65,300	0	0	392,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,802,871	717,780	26,530	21,002	1,592,538	54.00
54.01	05401	ULTRASOUND	71,071	237,798	0	0	271,122	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,253,477	105,474	0	420,037	137,388	55.00
56.00	05600	RADIOISOTOPE	292,288	178,678	0	52,694	35,046	56.00
57.00	05700	CT SCAN	123,834	50,292	0	69,142	121,118	57.00
58.00	05800	MRI	0	152,886	0	0	383,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	283,350	0	0	438,436	59.00
60.00	06000	LABORATORY	481,663	623,525	0	39,874	815,912	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	110,784	0	0	85,285	62.00
65.00	06500	RESPIRATORY THERAPY	139,783	217,656	4,999	0	364,794	65.00
66.00	06600	PHYSICAL THERAPY	1,877,747	867,407	9,017	44,239	159,542	66.00
69.00	06900	ELECTROCARDIOLOGY	267,864	347,020	2,162	0	477,600	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	45,063	0	0	67,417	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,123,421	578,502	0	0	354,597	75.00
76.00	03020	CARDIAC REHAB	0	70,135	0	0	26,151	76.00
76.01	03030	GI LAB	0	296,524	0	0	782,257	76.01
76.02	03040	ECT	0	23,292	0	0	2,977	76.02
76.03	03050	OP PSYCH	473,774	242,347	0	0	6,383	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCE R CENTER	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	882,485	313,501	609	362,156	90.00
90.01	09001	HYPERBARIC/OP WOUND	139,946	49,762	1,022	0	90.01
91.00	09100	EMERGENCY	663,219	984,112	1,663	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	AMBULATORY CARE UNIT	0	118,104	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,882,386	22,759,855	86,306	1,401,073	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	33,297	116,692	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	151,361	31,699	6,380	49,257	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	135,445	247,264	12,061	0	192.00
193.00	19300	NONPAID WORKERS	0	80,294	0	2,298	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	501,712	17,106	20,285	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	44,136	22,613	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	29,440	1,845,353	308,729	536,855	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	7,483	302	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	1,188	0	194.08
194.09	07960	MERCY SAFEWATCH	0	68	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,276,065	25,613,033	432,072	2,009,768	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCE				
			2.01	2.02				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	216,134	216,134		4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00550	ADMITTING	0	0	264,026	2,902	0	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	33,527	3,463	15,094,664	12,405	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	13,773	3,706,129	2,120	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	227,467	1,111	0	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	143,128	344	0	8.00
9.00	00900	HOUSEKEEPING	8,781	3,464	300,426	3,835	0	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	11,122	3,367	935,161	4,852	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	448,635	3,343	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	679,727	2,156	0	14.00
15.00	01500	PHARMACY	0	75,676	1,433,589	6,902	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	101,082	482	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	58,831	3,471	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,638	0	577,524	3,618	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	12,305	128	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	3,968	126	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,104	0	7,737,621	36,199	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,071,183	11,592	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	252,465	1,907	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	234,223	1,423	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	1,481,201	9,961	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	188,420	1,238	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	553,791	2,338	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,978,486	11,187	0	50.00
51.00	05100	RECOVERY ROOM	0	0	105,241	1,275	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,876,686	6,850	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	457,810	369	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	387,811	3,227	4,551,759	5,648	0	54.00
54.01	05401	ULTRASOUND	0	0	579,991	1,084	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,916,376	1,430	0	55.00
56.00	05600	RADIOISOTOPE	0	307	559,013	619	0	56.00
57.00	05700	CT SCAN	0	107,251	471,637	644	0	57.00
58.00	05800	MRI	0	0	535,986	469	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	721,786	1,395	0	59.00
60.00	06000	LABORATORY	0	0	1,960,974	6,711	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	196,069	1,518	0	62.00
65.00	06500	RESPIRATORY THERAPY	195,545	0	922,777	5,209	0	65.00
66.00	06600	PHYSICAL THERAPY	31,142	3,082	2,992,176	9,012	0	66.00
69.00	06900	ELECTROCARDIOLOGY	5,960	0	1,100,606	4,216	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	112,480	484	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	2,056,520	2,913	0	75.00
76.00	03020	CARDIAC REHAB	0	0	96,286	597	0	76.00
76.01	03030	GI LAB	0	0	1,078,781	2,573	0	76.01
76.02	03040	ECT	0	0	26,269	78	0	76.02
76.03	03050	OP PSYCH	0	0	722,504	383	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCE				
			2.01	2.02	2A	4.00	5.02	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	30,761	1,678,357	3,294	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,359	0	212,626	811	0	90.01
91.00	09100	EMERGENCY	0	0	2,123,027	18,596	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	361,039	669	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	733,989	244,371	68,116,962	200,487	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	150,266	228	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	5,355	244,052	315	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,325	0	401,244	13,647	0	192.00
193.00	19300	NONPAID WORKERS	0	107	88,508	68	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	539,103	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	66,749	217	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	2,720,377	1,172	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	7,785	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	1,188	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	68	0	0	194.09
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)	738,314	249,833	72,336,302	216,134	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
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Part II
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Cost Center Description			ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING	266,928					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	15,107,069				5.04
6.00	00600	MAINTENANCE & REPAIRS	0	699,938	4,408,187			6.00
7.00	00700	OPERATION OF PLANT	0	69,519	19,060	317,157		7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	93,691	27,238	1,968	0	8.00
9.00	00900	HOUSEKEEPING	0	166,902	44,567	3,220	0	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	228,059	117,536	8,493	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	148,794	29,446	2,128	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	112,995	68,731	4,966	0	14.00
15.00	01500	PHARMACY	0	351,338	43,656	3,155	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53,108	13,697	990	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	164,691	4,089	295	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	191,841	32,404	2,342	0	22.00
23.00	02300	PARAMED ED PRGM	0	4,722	2,555	185	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	3,903	716	52	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,131	1,894,110	1,085,035	78,403	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,808	623,104	112,294	8,114	0	31.00
32.00	03200	CORONARY CARE UNIT	895	91,783	26,237	1,896	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	872	59,154	25,202	1,821	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	10,138	465,722	182,621	13,196	0	35.00
40.00	04000	SUBPROVIDER - IPF	1,671	60,389	35,633	2,575	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,348	116,173	94,246	6,810	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,437	616,019	250,390	18,093	0	50.00
51.00	05100	RECOVERY ROOM	4,732	58,228	15,986	1,155	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,549	336,798	197,595	14,278	0	52.00
53.00	05300	ANESTHESIOLOGY	6,322	54,700	13,558	980	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,377	331,371	149,035	10,769	0	54.00
54.01	05401	ULTRASOUND	3,754	60,164	49,375	3,568	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,300	166,295	21,900	1,582	0	55.00
56.00	05600	RADIOISOTOPE	3,482	43,391	37,099	2,681	0	56.00
57.00	05700	CT SCAN	14,979	48,274	10,442	755	0	57.00
58.00	05800	MRI	6,854	34,748	31,744	2,294	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,704	68,888	58,833	4,251	0	59.00
60.00	06000	LABORATORY	26,675	761,611	129,464	9,355	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,310	119,520	23,002	1,662	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,185	215,342	45,193	3,266	0	65.00
66.00	06600	PHYSICAL THERAPY	4,388	415,645	180,102	13,014	0	66.00
69.00	06900	ELECTROCARDIOLOGY	10,951	178,739	72,053	5,207	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,628	1,003,146	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,515	1,125,384	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,217	1,822,630	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	525	22,410	9,357	676	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,791	158,520	120,116	8,680	0	75.00
76.00	03020	CARDIAC REHAB	185	27,284	14,562	1,052	0	76.00
76.01	03030	GI LAB	5,386	149,886	61,568	4,449	0	76.01
76.02	03040	ECT	106	3,407	4,836	349	0	76.02
76.03	03050	OP PSYCH	537	31,557	50,319	3,636	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	852	182,923	65,093	4,704	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
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Part II
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Cost Center Description			ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
90.01	09001	HYPERBARIC/OP WOUND	226	32,354	10,332	747	0	90.01
91.00	09100	EMERGENCY	10,815	551,469	204,334	14,765	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	377	37,017	24,522	1,772	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	266,022	14,257,656	3,815,773	274,349	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	40,454	24,229	1,751	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	19,740	6,582	476	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	906	644,415	51,340	3,710	0	192.00
193.00	19300	NONPAID WORKERS	0	5,392	16,672	1,205	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	10,952	104,172	7,527	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	10,013	4,695	339	0	194.00
194.01	07951	HOSPICE	0	829	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	117,435	383,156	27,687	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	158	1,554	112	0	194.06
194.08	07958	REHAB HOSPITAL	0	24	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	1	14	1	0	194.09
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)	266,928	15,107,069	4,408,187	317,157	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			OTHER BUILDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0					7.02
7.03	00703	HEART HOSPITAL	0	0				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	266,369			8.00
9.00	00900	HOUSEKEEPING	0	0	32	518,982		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	438,022	438,022	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	18,682	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	62,278	0	9.03
10.00	01000	DIETARY	0	0	403	0	11,925	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	22	0	2,987	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14	0	6,973	14.00
15.00	01500	PHARMACY	0	0	114	0	4,429	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,390	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	415	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	3,288	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	259	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	73	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	139,247	0	110,084	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	25,088	0	11,393	31.00
32.00	03200	CORONARY CARE UNIT	0	0	10,276	0	2,662	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	3,889	0	2,557	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	5,674	0	18,528	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	3,128	0	3,615	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	9,562	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,670	0	25,404	50.00
51.00	05100	RECOVERY ROOM	0	0	758	0	1,622	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12,830	0	20,047	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,196	0	15,121	54.00
54.01	05401	ULTRASOUND	0	0	1,780	0	5,009	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,167	0	2,222	55.00
56.00	05600	RADIOISOTOPE	0	0	752	0	3,764	56.00
57.00	05700	CT SCAN	0	0	2,894	0	1,059	57.00
58.00	05800	MRI	0	0	1,099	0	3,221	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,969	59.00
60.00	06000	LABORATORY	0	0	21	0	13,135	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	101	0	2,334	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	810	0	4,585	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,181	0	18,273	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,699	0	7,310	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	792	0	949	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	7,314	0	12,187	75.00
76.00	03020	CARDIAC REHAB	0	0	117	0	1,477	76.00
76.01	03030	GI LAB	0	0	9,594	0	6,247	76.01
76.02	03040	ECT	0	0	213	0	491	76.02
76.03	03050	OP PSYCH	0	0	0	0	5,105	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	3,015	0	6,604	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
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Cost Center Description			OTHER BUILDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	1,048	90.01
91.00	09100	EMERGENCY	0	0	0	0	20,731	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	0	2,488	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	265,890	518,982	377,918	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	2,458	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	668	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	473	0	5,209	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	1,691	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	10,569	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	476	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	6	0	38,874	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	158	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	1	194.09
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)	0	0	266,369	518,982	438,022	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

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Cost Center Description		HOUSEKEEPING-M OB	HOUSEKEEPING-C ANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB	18,682				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	62,278			9.03
10.00	01000	DIETARY	139	986	1,307,554		10.00
11.00	01100	CAFETERIA	0	0	721,270	721,270	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13,524	648,879
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	16,293	0
15.00	01500	PHARMACY	0	874	0	21,936	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	457	0	2,440	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	16,290	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	454	0	0	8,647	0
23.00	02300	PARAMED ED PRGM	0	0	0	407	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	362	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28	0	384,510	178,247	271,087
31.00	03100	INTENSIVE CARE UNIT	0	0	35,478	39,111	59,481
32.00	03200	CORONARY CARE UNIT	0	0	8,676	7,862	11,956
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	6,658	5,134	7,808
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	37,534	57,082
40.00	04000	SUBPROVIDER - IPF	0	0	10,179	10,860	16,517
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	25	0	0	429	653
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	46,101	70,111
51.00	05100	RECOVERY ROOM	0	0	0	4,810	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,073	42,694
53.00	05300	ANESTHESIOLOGY	0	0	0	2,570	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,221	778	0	24,567	0
54.01	05401	ULTRASOUND	0	0	0	4,254	6,470
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,568	0	5,600	0
56.00	05600	RADIOISOTOPE	0	1,953	0	2,307	0
57.00	05700	CT SCAN	0	2,563	0	2,842	0
58.00	05800	MRI	0	0	0	2,084	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,361	8,154
60.00	06000	LABORATORY	0	1,478	0	36,729	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	6,430	0
65.00	06500	RESPIRATORY THERAPY	230	0	0	22,284	0
66.00	06600	PHYSICAL THERAPY	415	1,640	0	35,506	0
69.00	06900	ELECTROCARDIOLOGY	100	0	0	12,617	19,188
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	1,809	2,751
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	12,109	0
76.00	03020	CARDIAC REHAB	0	0	0	2,345	0
76.01	03030	GI LAB	0	0	0	12,274	0
76.02	03040	ECT	0	0	0	335	0
76.03	03050	OP PSYCH	0	0	0	1,798	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	28	13,422	0	14,884	0
90.01	09001	HYPERBARIC/OP WOUND	47	0	0	2,506	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			HOUSEKEEPING-M OB	HOUSEKEEPING-C ANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
91.00	09100	EMERGENCY	77	0	0	45,883	69,780	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	3,384	5,147	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,764	39,719	1,166,771	698,538	648,879	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	137,041	2,189	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	294	1,826	0	987	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	555	0	0	15,971	0	192.00
193.00	19300	NONPAID WORKERS	0	85	0	381	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	3,742	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	788	752	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	918	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	14,212	19,896	0	2,286	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	14	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	55	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	18,682	62,278	1,307,554	721,270	648,879	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER						7.02
7.03	00703	HEART HOSPITAL						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB						9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	891,855					14.00
15.00	01500	PHARMACY	0	1,865,993				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	173,646			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	248,082	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	15,847	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,815	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	588	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	573	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	6,658	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,097	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	885	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	11,451	0		50.00
51.00	05100	RECOVERY ROOM	0	0	3,107	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,331	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,152	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,845	0		54.00
54.01	05401	ULTRASOUND	0	0	2,465	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4,794	0		55.00
56.00	05600	RADIOISOTOPE	0	0	2,287	0		56.00
57.00	05700	CT SCAN	0	0	9,837	0		57.00
58.00	05800	MRI	0	0	4,501	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,746	0		59.00
60.00	06000	LABORATORY	0	0	17,518	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	860	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,405	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,881	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7,191	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	425,329	0	10,263	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	466,526	0	5,592	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,865,993	28,703	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	345	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,176	0		75.00
76.00	03020	CARDIAC REHAB	0	0	122	0		76.00
76.01	03030	GI LAB	0	0	3,537	0		76.01
76.02	03040	ECT	0	0	70	0		76.02
76.03	03050	OP PSYCH	0	0	352	0		76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			14.00	15.00	16.00	17.00	21.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	0	559	0		90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	148	0		90.01
91.00	09100	EMERGENCY	0	0	7,103	0		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0		91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	247	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.10	09910	CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	891,855	1,865,993	173,051	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	VENDING MACHINES	0	0	0	0		190.01
190.02	19002	VISITOR MEALS	0	0	0	0		190.02
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	595	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0		193.01
193.03	19303	CONVENT	0	0	0	0		193.03
193.06	19306	VACANT SPACE	0	0	0	0		193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0		193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0		194.00
194.01	07951	HOSPICE	0	0	0	0		194.01
194.02	07952	SHARED SERVICES	0	0	0	0		194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	0	0		194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0		194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0		194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0		194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0		194.09
200.00		Cross Foot Adjustments					248,082	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	891,855	1,865,993	173,646	0	248,082	202.00

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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER					9.03
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	820,118				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM		20,561			23.00
23.01	02301	RADIOLOGY SCHOOL			9,200		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			11,954,549	0	30.00
31.00	03100	INTENSIVE CARE UNIT			2,006,461	0	31.00
32.00	03200	CORONARY CARE UNIT			417,203	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			349,314	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT			2,288,315	0	35.00
40.00	04000	SUBPROVIDER - IPF			335,322	0	40.00
41.00	04100	SUBPROVIDER - IRF			0	0	41.00
42.00	04200	SUBPROVIDER			0	0	42.00
43.00	04300	NURSERY			786,260	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			6,050,349	0	50.00
51.00	05100	RECOVERY ROOM			196,914	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			2,541,731	0	52.00
53.00	05300	ANESTHESIOLOGY			541,837	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			5,114,687	0	54.00
54.01	05401	ULTRASOUND			717,914	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC			2,148,234	0	55.00
56.00	05600	RADIOISOTOPE			657,348	0	56.00
57.00	05700	CT SCAN			565,926	0	57.00
58.00	05800	MRI			623,000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			884,087	0	59.00
60.00	06000	LABORATORY			2,963,671	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			352,806	0	62.00
65.00	06500	RESPIRATORY THERAPY			1,228,286	0	65.00
66.00	06600	PHYSICAL THERAPY			3,682,233	0	66.00
69.00	06900	ELECTROCARDIOLOGY			1,421,877	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,454,366	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,606,017	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			3,763,543	0	73.00
74.00	07400	RENAL DIALYSIS			152,578	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			2,381,326	0	75.00
76.00	03020	CARDIAC REHAB			144,027	0	76.00
76.01	03030	GI LAB			1,334,295	0	76.01
76.02	03040	ECT			36,154	0	76.02
76.03	03050	OP PSYCH			816,191	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	24.00	25.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC			0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	89.00
90.00	09000	CLINIC			1,973,735	0	90.00
90.01	09001	HYPERBARIC/OP WOUND			260,845	0	90.01
91.00	09100	EMERGENCY			3,066,580	0	91.00
91.02	09101	NATURAL FAMILY PLANNING			0	0	91.02
91.03	09102	PAIN THERAPY CENTER			0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	0	92.00
92.01	09201	AMBULATORY CARE UNIT			436,662	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES			0	0	95.00
99.10	09910	CORF			0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION			0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	65,254,643	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			358,616	0	190.00
190.01	19001	VENDING MACHINES			0	0	190.01
190.02	19002	VISITOR MEALS			0	0	190.02
191.00	19100	RESEARCH			274,940	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			1,138,065	0	192.00
193.00	19300	NONPAID WORKERS			114,002	0	193.00
193.01	19301	MEALS ON WHEELS			3,742	0	193.01
193.03	19303	CONVENT			0	0	193.03
193.06	19306	VACANT SPACE			673,863	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE			0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES			83,407	0	194.00
194.01	07951	HOSPICE			829	0	194.01
194.02	07952	SHARED SERVICES			0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE			3,325,101	0	194.03
194.04	07954	SJMH SHARED SERVICES			0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE			9,781	0	194.06
194.08	07958	REHAB HOSPITAL			1,267	0	194.08
194.09	07960	MERCY SAFEWATCH			85	0	194.09
200.00		Cross Foot Adjustments	820,118	20,561	9,200	1,097,961	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	820,118	20,561	9,200	72,336,302	0

ALLOCATION OF CAPITAL RELATED COSTS

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From 07/01/2018
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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OTHER BUILDING-MOB		1.01
1.02	00102	OTHER BUILDING-CANCER CENTER		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590	PURCHASING RECEIVING AND STORES		5.02
5.03	00550	ADMITTING		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OTHER BUILDING-MOB		7.01
7.02	00702	OTHER BUILDING-CANCER CENTER		7.02
7.03	00703	HEART HOSPITAL		7.03
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-MED CENTER		9.01
9.02	00902	HOUSEKEEPING-MOB		9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	11,954,549	30.00
31.00	03100	INTENSIVE CARE UNIT	2,006,461	31.00
32.00	03200	CORONARY CARE UNIT	417,203	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	349,314	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	2,288,315	35.00
40.00	04000	SUBPROVIDER - IPF	335,322	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	786,260	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	6,050,349	50.00
51.00	05100	RECOVERY ROOM	196,914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,541,731	52.00
53.00	05300	ANESTHESIOLOGY	541,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,114,687	54.00
54.01	05401	ULTRASOUND	717,914	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,148,234	55.00
56.00	05600	RADIOISOTOPE	657,348	56.00
57.00	05700	CT SCAN	565,926	57.00
58.00	05800	MRI	623,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	884,087	59.00
60.00	06000	LABORATORY	2,963,671	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	352,806	62.00
65.00	06500	RESPIRATORY THERAPY	1,228,286	65.00
66.00	06600	PHYSICAL THERAPY	3,682,233	66.00
69.00	06900	ELECTROCARDIOLOGY	1,421,877	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,454,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,606,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,763,543	73.00
74.00	07400	RENAL DIALYSIS	152,578	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,381,326	75.00
76.00	03020	CARDIAC REHAB	144,027	76.00
76.01	03030	GI LAB	1,334,295	76.01
76.02	03040	ECT	36,154	76.02
76.03	03050	OP PSYCH	816,191	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	1,973,735	90.00
90.01	09001	HYPERBARIC/OP WOUND	260,845	90.01
91.00	09100	EMERGENCY	3,066,580	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Total	
			26.00	
91.02	09101	NATURAL FAMILY PLANNING	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201	AMBULATORY CARE UNIT	436,662	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	65,254,643	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	358,616	190.00
190.01	19001	VENDING MACHINES	0	190.01
190.02	19002	VISITOR MEALS	0	190.02
191.00	19100	RESEARCH	274,940	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,138,065	192.00
193.00	19300	NONPAID WORKERS	114,002	193.00
193.01	19301	MEALS ON WHEELS	3,742	193.01
193.03	19303	CONVENT	0	193.03
193.06	19306	VACANT SPACE	673,863	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	83,407	194.00
194.01	07951	HOSPICE	829	194.01
194.02	07952	SHARED SERVICES	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	3,325,101	194.03
194.04	07954	SJMH SHARED SERVICES	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	9,781	194.06
194.08	07958	REHAB HOSPITAL	1,267	194.08
194.09	07960	MERCY SAFEWATCH	85	194.09
200.00		Cross Foot Adjustments	1,097,961	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	72,336,302	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCE R CENTER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)	
1.00	1.01	1.02	2.00	2.01			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,885,883				1.00
1.01	00101	OTHER BUILDING-MOB	0	280,794			1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	0	95,312		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				19,017,222	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				0	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE				0	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,705	345	3,430	2,097	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	5.02
5.03	00550	ADMITTING	8,326	0	0	5,832	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	72,183	16,614	2,538	518,127	5.04
6.00	00600	MAINTENANCE & REPAIRS	232,460	0	9,654	331,646	6.00
7.00	00700	OPERATION OF PLANT	6,759	0	0	135,671	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	9,659	0	0	11,945	8.00
9.00	00900	HOUSEKEEPING	15,804	107	0	73,375	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	9.03
10.00	01000	DIETARY	41,680	1,968	1,262	150,293	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,442	0	0	306,817	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,373	0	0	348,706	14.00
15.00	01500	PHARMACY	15,481	0	1,118	1,047,895	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,857	0	585	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,450	0	0	39,138	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,491	6,405	0	31,708	22.00
23.00	02300	PARAMED ED PRGM	906	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	254	0	0	518	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	384,769	397	0	2,463,182	30.00
31.00	03100	INTENSIVE CARE UNIT	39,821	0	0	530,356	31.00
32.00	03200	CORONARY CARE UNIT	9,304	0	0	126,103	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,937	0	0	112,846	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,760	0	0	601,666	35.00
40.00	04000	SUBPROVIDER - IPF	12,636	0	0	16,805	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	33,421	356	0	89,890	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,792	0	0	3,772,566	50.00
51.00	05100	RECOVERY ROOM	5,669	0	0	28,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,070	0	0	925,034	52.00
53.00	05300	ANESTHESIOLOGY	4,808	0	0	392,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,850	17,241	996	1,592,538	54.00
54.01	05401	ULTRASOUND	17,509	0	0	271,122	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,766	0	19,920	137,388	55.00
56.00	05600	RADIOISOTOPE	13,156	0	2,499	35,046	56.00
57.00	05700	CT SCAN	3,703	0	3,279	121,118	57.00
58.00	05800	MRI	11,257	0	0	383,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,863	0	0	438,436	59.00
60.00	06000	LABORATORY	45,910	0	1,891	815,912	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,157	0	0	85,285	62.00
65.00	06500	RESPIRATORY THERAPY	16,026	3,249	0	364,794	65.00
66.00	06600	PHYSICAL THERAPY	63,867	5,860	2,098	159,542	66.00
69.00	06900	ELECTROCARDIOLOGY	25,551	1,405	0	477,600	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,318	0	0	67,417	74.00
75.00	07500	ASC (NON-DISTINCT PART)	42,595	0	0	354,597	75.00
76.00	03020	CARDIAC REHAB	5,164	0	0	26,151	76.00
76.01	03030	GI LAB	21,833	0	0	782,257	76.01
76.02	03040	ECT	1,715	0	0	2,977	76.02
76.03	03050	OP PSYCH	17,844	0	0	6,383	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

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Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCE R CENTER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)	
1.00	1.01	1.02	2.00	2.01			
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	23,083	396	17,175	88,845	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,664	664	0	18,537	90.01
91.00	09100	EMERGENCY	72,460	1,081	0	474,033	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	AMBULATORY CARE UNIT	8,696	0	0	242,935	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,675,804	56,088	66,445	19,008,987	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	8,592	0	0	277	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	2,334	4,146	2,336	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,206	7,838	0	2,149	192.00
193.00	19300	NONPAID WORKERS	5,912	0	109	5,809	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	36,941	11,117	962	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	1,665	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	135,873	200,637	25,460	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	551	196	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	772	0	0	194.08
194.09	07960	MERCY SAFEWATCH	5	0	0	0	194.09
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)	25,613,033	432,072	2,009,768	19,017,217	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.581454	1.538751	21.086201	1.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			CAPITAL RELATED COSTS NEW MVBLE EQUIP-CANCE (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVE UE)	Reconciliation	
			2.02	4.00	5.02	5.03	5A.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE	249,832					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	348,691,146				4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	25,883,999			5.02
5.03	00550	ADMITTING	0	4,680,199	84,010	3,958,651,712		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	3,463	20,007,402	998,478	0	-241,003,189	5.04
6.00	00600	MAINTENANCE & REPAIRS	13,773	3,419,835	49,920	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,792,211	37,419	0	0	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	554,523	259,819	0	0	8.00
9.00	00900	HOUSEKEEPING	3,464	6,185,516	1,036,618	0	0	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	3,367	7,826,160	6,129,953	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,391,993	28,241	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,478,222	97,872	0	0	14.00
15.00	01500	PHARMACY	75,676	11,132,454	218,347	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	777,405	2,029	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5,599,013	297,279	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,834,681	54,998	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	206,024	3,155	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	202,838	2,727	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	58,472,012	983,906	360,164,406	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,697,028	235,936	86,693,905	0	31.00
32.00	03200	CORONARY CARE UNIT	0	3,076,455	36,345	13,356,660	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,295,356	28,262	13,019,519	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	16,066,838	212,858	151,319,334	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	1,996,872	23,293	24,936,036	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,770,671	113,693	20,112,027	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,043,415	648,107	260,259,187	0	50.00
51.00	05100	RECOVERY ROOM	0	2,055,922	11,269	70,620,896	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,048,725	155,858	52,966,654	0	52.00
53.00	05300	ANESTHESIOLOGY	0	594,644	23,325	94,359,382	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,227	9,108,939	164,020	110,106,026	0	54.00
54.01	05401	ULTRASOUND	0	1,748,816	19,488	56,031,870	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,306,518	32,667	108,947,769	0	55.00
56.00	05600	RADIOISOTOPE	307	998,727	69,606	51,969,701	0	56.00
57.00	05700	CT SCAN	107,250	1,039,465	72,667	223,565,402	0	57.00
58.00	05800	MRI	0	755,852	13,585	102,292,215	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,249,383	77,993	85,140,434	0	59.00
60.00	06000	LABORATORY	0	10,823,597	11,301,693	398,134,082	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,447,696	671,156	19,547,715	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	8,401,405	174,710	77,391,811	0	65.00
66.00	06600	PHYSICAL THERAPY	3,082	14,535,790	129,452	65,486,472	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,800,737	138,307	163,443,112	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	233,252,608	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,087,139	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	664,491,483	0	73.00
74.00	07400	RENAL DIALYSIS	0	780,666	13,348	7,836,866	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,699,162	93,374	26,729,673	0	75.00
76.00	03020	CARDIAC REHAB	0	962,548	11,870	2,763,017	0	76.00
76.01	03030	GI LAB	0	4,149,687	139,094	80,383,034	0	76.01
76.02	03040	ECT	0	125,902	1,412	1,581,396	0	76.02
76.03	03050	OP PSYCH	0	618,048	24,080	8,009,107	0	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVE UE)	Reconciliation	
		NEW MVBLE EQUIP-CANCE (DOLLAR VALUE)					
		2.02	4.00	5.02	5.03	5A.04	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	30,761	5,312,803	134,984	12,710,153	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	1,308,852	41,729	3,372,366	90.01
91.00	09100	EMERGENCY	0	29,993,604	512,600	161,421,616	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	AMBULATORY CARE UNIT	0	1,078,544	12,609	5,620,031	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	244,370	323,453,155	25,624,161	3,945,123,104	-241,003,189
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	368,439	2,380	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	5,355	507,500	3,392	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	22,010,766	34,076	13,528,608	192.00
193.00	19300	NONPAID WORKERS	107	109,891	25,475	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	350,534	6,067	0	194.00
194.01	07951	HOSPICE	0	0	7,372	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	1,890,861	180,689	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	387	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	194.09
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)	249,833	90,365,456	0	6,191,180	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.000004	0.259156	0.000000	0.001564	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		216,134	0	266,928	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000620	0.000000	0.000067	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: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCE R CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	743,593,933				5.04
6.00	00600	MAINTENANCE & REPAIRS	34,452,537	1,563,209			6.00
7.00	00700	OPERATION OF PLANT	3,421,886	6,759	1,556,450		7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	263,835	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	79,690	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,611,703	9,659	9,659	0	8.00
9.00	00900	HOUSEKEEPING	8,215,310	15,804	15,804	107	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	9.03
10.00	01000	DIETARY	11,225,582	41,680	41,680	1,968	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,323,974	10,442	10,442	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,561,894	24,373	24,373	0	14.00
15.00	01500	PHARMACY	17,293,639	15,481	15,481	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,614,098	4,857	4,857	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,106,475	1,450	1,450	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,442,830	11,491	11,491	6,405	22.00
23.00	02300	PARAMED ED PRGM	232,411	906	906	0	23.00
23.01	02301	RADIOLOGY SCHOOL	192,097	254	254	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	93,221,641	384,769	384,769	397	30.00
31.00	03100	INTENSIVE CARE UNIT	30,670,607	39,821	39,821	0	31.00
32.00	03200	CORONARY CARE UNIT	4,517,767	9,304	9,304	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,911,688	8,937	8,937	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	22,923,901	64,760	64,760	0	35.00
40.00	04000	SUBPROVIDER - IPF	2,972,507	12,636	12,636	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	5,718,279	33,421	33,421	356	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,321,871	88,792	88,792	0	50.00
51.00	05100	RECOVERY ROOM	2,866,125	5,669	5,669	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,577,974	70,070	70,070	0	52.00
53.00	05300	ANESTHESIOLOGY	2,692,467	4,808	4,808	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,310,821	52,850	52,850	17,241	54.00
54.01	05401	ULTRASOUND	2,961,409	17,509	17,509	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,185,444	7,766	7,766	0	55.00
56.00	05600	RADIOISOTOPE	2,135,808	13,156	13,156	0	56.00
57.00	05700	CT SCAN	2,376,172	3,703	3,703	0	57.00
58.00	05800	MRI	1,710,372	11,257	11,257	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,390,847	20,863	20,863	0	59.00
60.00	06000	LABORATORY	37,488,239	45,910	45,910	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,883,045	8,157	8,157	0	62.00
65.00	06500	RESPIRATORY THERAPY	10,599,637	16,026	16,026	3,249	65.00
66.00	06600	PHYSICAL THERAPY	20,459,016	63,867	63,867	5,860	66.00
69.00	06900	ELECTROCARDIOLOGY	8,797,965	25,551	25,551	1,405	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,377,150	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,393,987	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,714,037	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,103,058	3,318	3,318	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,802,724	42,595	42,595	0	75.00
76.00	03020	CARDIAC REHAB	1,343,005	5,164	5,164	0	76.00
76.01	03030	GI LAB	7,377,756	21,833	21,833	0	76.01
76.02	03040	ECT	167,684	1,715	1,715	0	76.02
76.03	03050	OP PSYCH	1,553,327	17,844	17,844	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCE R CENTER (SQUARE FEET)	
			5.04	6.00	7.00	7.01	7.02	
90.00	09000	CLINIC	9,003,874	23,083	23,083	396	17,175	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,592,537	3,664	3,664	664	0	90.01
91.00	09100	EMERGENCY	27,144,587	72,460	72,460	1,081	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	1,822,083	8,696	8,696	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	701,783,847	1,353,130	1,346,371	39,129	50,823	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,991,238	8,592	8,592	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	971,653	2,334	2,334	4,146	2,336	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	31,719,559	18,206	18,206	7,838	0	192.00
193.00	19300	NONPAID WORKERS	265,390	5,912	5,912	0	109	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	539,103	36,941	36,941	11,117	962	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	492,881	1,665	1,665	0	0	194.00
194.01	07951	HOSPICE	40,817	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	5,780,404	135,873	135,873	200,637	25,460	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	7,785	551	551	196	0	194.06
194.08	07958	REHAB HOSPITAL	1,188	0	0	772	0	194.08
194.09	07960	MERCY SAFEWATCH	68	5	5	0	0	194.09
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)	241,003,189	45,618,811	4,728,187	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.324106	29.182797	3.037802	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	15,107,069	4,408,187	317,157	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.020316	2.819960	0.203769	0.000000	0.000000	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: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAU NDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-M ED CENTER (SQUARE FEET)	HOUSEKEEPING-M OB (SQUARE FEET)	
		7.03	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL	1,556,450				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	9,659	3,493,171			8.00
9.00	00900	HOUSEKEEPING	15,804	422	337,467		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	284,823	1,530,987	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	12,148	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	40,496	0	9.03
10.00	01000	DIETARY	41,680	5,280	0	41,680	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,442	295	0	10,442	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,373	190	0	24,373	14.00
15.00	01500	PHARMACY	15,481	1,498	0	15,481	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,857	0	0	4,857	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,450	0	0	1,450	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,491	0	0	11,491	22.00
23.00	02300	PARAMED ED PRGM	906	0	0	906	23.00
23.01	02301	RADIOLOGY SCHOOL	254	0	0	254	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	384,769	1,826,067	0	384,769	30.00
31.00	03100	INTENSIVE CARE UNIT	39,821	329,011	0	39,821	31.00
32.00	03200	CORONARY CARE UNIT	9,304	134,762	0	9,304	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,937	50,997	0	8,937	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,760	74,412	0	64,760	35.00
40.00	04000	SUBPROVIDER - IPF	12,636	41,026	0	12,636	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	33,421	0	0	33,421	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,792	74,351	0	88,792	50.00
51.00	05100	RECOVERY ROOM	5,669	9,940	0	5,669	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,070	168,256	0	70,070	52.00
53.00	05300	ANESTHESIOLOGY	4,808	0	0	4,808	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,850	159,941	0	52,850	54.00
54.01	05401	ULTRASOUND	17,509	23,338	0	17,509	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,766	67,765	0	7,766	55.00
56.00	05600	RADIOISOTOPE	13,156	9,861	0	13,156	56.00
57.00	05700	CT SCAN	3,703	37,954	0	3,703	57.00
58.00	05800	MRI	11,257	14,412	0	11,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,863	0	0	20,863	59.00
60.00	06000	LABORATORY	45,910	275	0	45,910	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,157	1,324	0	8,157	62.00
65.00	06500	RESPIRATORY THERAPY	16,026	10,627	0	16,026	65.00
66.00	06600	PHYSICAL THERAPY	63,867	120,398	0	63,867	66.00
69.00	06900	ELECTROCARDIOLOGY	25,551	48,513	0	25,551	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,318	10,388	0	3,318	74.00
75.00	07500	ASC (NON-DISTINCT PART)	42,595	95,917	0	42,595	75.00
76.00	03020	CARDIAC REHAB	5,164	1,536	0	5,164	76.00
76.01	03030	GI LAB	21,833	125,811	0	21,833	76.01
76.02	03040	ECT	1,715	2,790	0	1,715	76.02
76.03	03050	OP PSYCH	17,844	0	0	17,844	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAU NDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-M ED CENTER (SQUARE FEET)	HOUSEKEEPING-M OB (SQUARE FEET)	
			7.03	8.00	9.00	9.01	9.02	
90.00	09000	CLINIC	23,083	39,533	0	23,083	396	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,664	0	0	3,664	664	90.01
91.00	09100	EMERGENCY	72,460	0	0	72,460	1,081	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	8,696	0	0	8,696	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,346,371	3,486,890	337,467	1,320,908	39,022	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	8,592	0	0	8,592	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	2,334	0	0	2,334	4,146	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,206	6,207	0	18,206	7,838	192.00
193.00	19300	NONPAID WORKERS	5,912	0	0	5,912	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	36,941	0	0	36,941	11,117	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	1,665	0	0	1,665	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	135,873	74	0	135,873	200,637	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	551	0	0	551	196	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	772	194.08
194.09	07960	MERCY SAFEWATCH	5	0	0	5	0	194.09
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	6,417,603	11,387,930	9,611,442	409,938	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.837185	33.745314	6.277938	1.554397	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	266,369	518,982	438,022	18,682	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.076254	1.537875	0.286104	0.070838	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: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.03	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER						7.02
7.03	00703	HEART HOSPITAL						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB						9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	79,690					9.03
10.00	01000	DIETARY	1,262	2,745,908				10.00
11.00	01100	CAFETERIA	0	1,514,690	8,749,593			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	164,055	5,175,747		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	197,651	0	102,774,530	14.00
15.00	01500	PHARMACY	1,118	0	266,097	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	585	0	29,595	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	197,614	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	104,891	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	4,934	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	4,396	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	807,484	2,162,306	2,162,306	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	74,506	474,449	474,449	0	31.00
32.00	03200	CORONARY CARE UNIT	0	18,219	95,368	95,368	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,983	62,281	62,281	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	455,311	455,311	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	21,377	131,744	131,744	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	5,209	5,209	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	559,238	559,238	0	50.00
51.00	05100	RECOVERY ROOM	0	0	58,350	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	340,549	340,549	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	31,182	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	996	0	298,014	0	0	54.00
54.01	05401	ULTRASOUND	0	0	51,608	51,608	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,920	0	67,933	0	0	55.00
56.00	05600	RADIOISOTOPE	2,499	0	27,986	0	0	56.00
57.00	05700	CT SCAN	3,279	0	34,472	0	0	57.00
58.00	05800	MRI	0	0	25,278	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	65,038	65,038	0	59.00
60.00	06000	LABORATORY	1,891	0	445,545	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	78,006	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	270,321	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,098	0	430,710	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	153,053	153,053	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	49,012,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	53,762,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	21,944	21,944	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	146,889	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	28,449	0	0	76.00
76.01	03030	GI LAB	0	0	148,897	0	0	76.01
76.02	03040	ECT	0	0	4,067	0	0	76.02
76.03	03050	OP PSYCH	0	0	21,808	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.03	10.00	11.00	13.00	14.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	17,175	0	180,552	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	30,400	0	0	90.01
91.00	09100	EMERGENCY	0	0	556,597	556,597	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	41,052	41,052	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,823	2,450,259	8,473,839	5,175,747	102,774,530	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	287,791	26,558	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	2,336	0	11,968	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	193,737	0	0	192.00
193.00	19300	NONPAID WORKERS	109	0	4,617	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	7,858	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	962	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	11,141	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	25,460	0	27,733	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	1,366,550	16,502,879	9,103,270	10,270,948	8,508,850	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.148325	6.009990	1.040422	1.984438	0.082791	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	62,278	1,307,554	721,270	648,879	891,855	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.781503	0.476183	0.082435	0.125369	0.008678	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: 26-0020

Period:
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Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS	
						SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)
			15.00	16.00	17.00	21.00	22.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER					9.03
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,958,651,712			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	197,705	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		197,705
23.00	02300	PARAMED ED PRGM	0	0	0		23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	360,164,406	0	88,032	88,032
31.00	03100	INTENSIVE CARE UNIT	0	86,693,905	0	14,084	14,084
32.00	03200	CORONARY CARE UNIT	0	13,356,660	0	12,369	12,369
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,019,519	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	151,319,334	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	24,936,036	0	2,997	2,997
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	20,112,027	0	1,031	1,031
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	260,259,187	0	26,729	26,729
51.00	05100	RECOVERY ROOM	0	70,620,896	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52,966,654	0	14,463	14,463
53.00	05300	ANESTHESIOLOGY	0	94,359,382	0	6,702	6,702
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,106,026	0	655	655
54.01	05401	ULTRASOUND	0	56,031,870	0	963	963
55.00	05500	RADIOLOGY-THERAPEUTIC	0	108,947,769	0	0	0
56.00	05600	RADIOISOTOPE	0	51,969,701	0	0	0
57.00	05700	CT SCAN	0	223,565,402	0	0	0
58.00	05800	MRI	0	102,292,215	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	85,140,434	0	0	0
60.00	06000	LABORATORY	0	398,134,082	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	19,547,715	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	77,391,811	0	1,653	1,653
66.00	06600	PHYSICAL THERAPY	0	65,486,472	0	1,026	1,026
69.00	06900	ELECTROCARDIOLOGY	0	163,443,112	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	233,252,608	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	127,087,139	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	100	664,491,483	0	0	0
74.00	07400	RENAL DIALYSIS	0	7,836,866	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	26,729,673	0	0	0
76.00	03020	CARDIAC REHAB	0	2,763,017	0	0	0
76.01	03030	GI LAB	0	80,383,034	0	1,220	1,220
76.02	03040	ECT	0	1,581,396	0	0	0
76.03	03050	OP PSYCH	0	8,009,107	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			INTERNS & RESIDENTS					
			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	12,710,153	0	6,286	6,286	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	3,372,366	0	0	0	90.01
91.00	09100	EMERGENCY	0	161,421,616	0	6,884	6,884	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	AMBULATORY CARE UNIT	0	5,620,031	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	3,945,123,104	0	185,094	185,094	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	13,528,608	0	12,611	12,611	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	0	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	0	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	23,793,384	3,689,154	0	10,995,257	13,064,782	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	237,933.840000	0.000932	0.000000	55.614461	66.082203	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,865,993	173,646	0	248,082	820,118	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18,659.930000	0.000044	0.000000	1.254809	4.148190	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: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OTHER BUILDING-MOB		1.01
1.02	00102	OTHER BUILDING-CANCER CENTER		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCE		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00500	PURCHASING RECEIVING AND STORES		5.02
5.03	00550	ADMITTING		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OTHER BUILDING-MOB		7.01
7.02	00702	OTHER BUILDING-CANCER CENTER		7.02
7.03	00703	HEART HOSPITAL		7.03
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-MED CENTER		9.01
9.02	00902	HOUSEKEEPING-MOB		9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM	100	23.00
23.01	02301	RADIOLOGY SCHOOL	100	23.01
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
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
54.01	05401	ULTRASOUND	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	CARDIAC REHAB	0	76.00
76.01	03030	GI LAB	0	76.01
76.02	03040	ECT	0	76.02
76.03	03050	OP PSYCH	0	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
			23.00	23.01	
90.00	09000	CLINIC	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	90.01
91.00	09100	EMERGENCY	100	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	190.02
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
193.01	19301	MEALS ON WHEELS	0	0	193.01
193.03	19303	CONVENT	0	0	193.03
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	194.00
194.01	07951	HOSPICE	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	194.02
194.03	07953	ST. JOHNS MERCY HEALTH CARE	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	194.04
194.06	07956	OTHER NONREIMBURSABLE	0	0	194.06
194.08	07958	REHAB HOSPITAL	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	194.09
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)	347,750	268,710	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,477.500000	2,687.100000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,561	9,200	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.610000	92.000000	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

Worksheet C
Part I
Date/Time Prepared:
11/26/2019 8:41 am

MCRIF32 - 15.9.167.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 8:41 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	321,923,397		321,923,397			30.00	
31.00	03100	INTENSIVE CARE UNIT	86,693,905		86,693,905			31.00	
32.00	03200	CORONARY CARE UNIT	13,356,660		13,356,660			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	13,019,519		13,019,519			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
35.00	02040	NEONATAL INTENSIVE CARE UNIT	151,319,334		151,319,334			35.00	
40.00	04000	SUBPROVIDER - IPF	4,768,226		4,768,226			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	20,112,027		20,112,027			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	117,427,505	142,831,682	260,259,187	0.175358	0.000000	50.00	
51.00	05100	RECOVERY ROOM	15,382,073	55,238,822	70,620,895	0.058879	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,651,369	315,285	52,966,654	0.491577	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	40,214,744	54,144,638	94,359,382	0.041020	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,070,298	84,035,729	110,106,027	0.223884	0.000000	54.00	
54.01	05401	ULTRASOUND	7,396,958	48,634,912	56,031,870	0.086495	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,709,361	106,238,409	108,947,770	0.108086	0.000000	55.00	
56.00	05600	RADIOISOTOPE	6,317,426	45,652,275	51,969,701	0.066828	0.000000	56.00	
57.00	05700	CT SCAN	73,633,523	149,931,879	223,565,402	0.016367	0.000000	57.00	
58.00	05800	MRI	18,223,058	84,069,157	102,292,215	0.027824	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	28,668,731	56,471,703	85,140,434	0.065411	0.000000	59.00	
60.00	06000	LABORATORY	186,376,715	211,757,368	398,134,083	0.131296	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,659,732	3,887,982	19,547,714	0.419774	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	53,859,509	23,532,303	77,391,812	0.194206	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	22,552,808	42,933,665	65,486,473	0.463059	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	61,744,444	101,698,668	163,443,112	0.081617	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	127,280,458	105,972,150	233,252,608	0.298628	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,704,523	50,382,616	127,087,139	0.613099	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	167,786,452	496,705,031	664,491,483	0.215508	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	7,487,681	349,185	7,836,866	0.214508	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	2,694,246	24,035,427	26,729,673	0.461114	0.000000	75.00	
76.00	03020	CARDIAC REHAB	649,873	2,113,144	2,763,017	0.728220	0.000000	76.00	
76.01	03030	GI LAB	5,555,347	74,827,687	80,383,034	0.137721	0.000000	76.01	
76.02	03040	ECT	304,606	1,276,790	1,581,396	0.189002	0.000000	76.02	
76.03	03050	OP PSYCH	2,026	8,007,081	8,009,107	0.346342	0.000000	76.03	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	426,327	12,283,825	12,710,152	1.052561	0.000000	90.00	
90.01	09001	HYPERBARIC/OP WOUND	0	3,372,366	3,372,366	0.677729	0.000000	90.01	
91.00	09100	EMERGENCY	52,694,926	108,726,690	161,421,616	0.253469	0.000000	91.00	
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000	91.02	
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,714,171	45,694,648	58,408,819	0.254009	0.000000	92.00	
92.01	09201	AMBULATORY CARE UNIT	378,627	5,241,404	5,620,031	0.511888	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
99.10	09910	CORF	0	0	0			99.10	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
200.00		Subtotal (see instructions)	1,794,760,585	2,150,362,521	3,945,123,106			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,794,760,585	2,150,362,521	3,945,123,106			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 8:41 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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175452		50.00
51.00	05100	RECOVERY ROOM	0.058879		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492103		52.00
53.00	05300	ANESTHESIOLOGY	0.041020		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223884		54.00
54.01	05401	ULTRASOUND	0.086495		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108086		55.00
56.00	05600	RADIOISOTOPE	0.066828		56.00
57.00	05700	CT SCAN	0.016367		57.00
58.00	05800	MRI	0.027824		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065411		59.00
60.00	06000	LABORATORY	0.131296		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.419774		62.00
65.00	06500	RESPIRATORY THERAPY	0.194246		65.00
66.00	06600	PHYSICAL THERAPY	0.463083		66.00
69.00	06900	ELECTROCARDIOLOGY	0.081745		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.298628		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613099		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215508		73.00
74.00	07400	RENAL DIALYSIS	0.214508		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.461114		75.00
76.00	03020	CARDIAC REHAB	0.728497		76.00
76.01	03030	GI LAB	0.137751		76.01
76.02	03040	ECT	0.189002		76.02
76.03	03050	OP PSYCH	0.346342		76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	1.056297		90.00
90.01	09001	HYPERBARIC/OP WOUND	0.678586		90.01
91.00	09100	EMERGENCY	0.256180		91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000		91.02
91.03	09102	PAIN THERAPY CENTER	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.254009		92.00
92.01	09201	AMBULATORY CARE UNIT	0.511888		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 8:41 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	153,333,061		153,333,061	186,680
31.00	03100	INTENSIVE CARE UNIT	44,712,360		44,712,360	5,952
32.00	03200	CORONARY CARE UNIT	6,998,195		6,998,195	0
33.00	03300	BURN INTENSIVE CARE UNIT	4,577,701		4,577,701	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	34,501,831		34,501,831	20,250
40.00	04000	SUBPROVIDER - IPF	5,047,977		5,047,977	355
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	8,893,321		8,893,321	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,638,510		45,638,510	24,412
51.00	05100	RECOVERY ROOM	4,158,091		4,158,091	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,037,183		26,037,183	27,870
53.00	05300	ANESTHESIOLOGY	3,870,598		3,870,598	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,651,013		24,651,013	0
54.01	05401	ULTRASOUND	4,846,495		4,846,495	0
55.00	05500	RADIOLOGY-THERAPEUTIC	11,775,686		11,775,686	0
56.00	05600	RADIOISOTOPE	3,473,046		3,473,046	0
57.00	05700	CT SCAN	3,659,050		3,659,050	0
58.00	05800	MRI	2,846,207		2,846,207	0
59.00	05900	CARDIAC CATHETERIZATION	5,569,119		5,569,119	0
60.00	06000	LABORATORY	52,273,417		52,273,417	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,205,616		8,205,616	0
65.00	06500	RESPIRATORY THERAPY	15,029,972	0	15,029,972	3,069
66.00	06600	PHYSICAL THERAPY	30,324,124	0	30,324,124	1,566
69.00	06900	ELECTROCARDIOLOGY	13,339,719		13,339,719	20,996
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,655,753		69,655,753	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,917,025		77,917,025	0
73.00	07300	DRUGS CHARGED TO PATIENTS	143,203,277		143,203,277	0
74.00	07400	RENAL DIALYSIS	1,681,071		1,681,071	0
75.00	07500	ASC (NON-DISTINCT PART)	12,325,435		12,325,435	0
76.00	03020	CARDIAC REHAB	2,012,083		2,012,083	767
76.01	03030	GI LAB	11,070,440		11,070,440	2,375
76.02	03040	ECT	298,887		298,887	0
76.03	03050	OP PSYCH	2,773,893		2,773,893	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	13,378,210		13,378,210	47,486
90.01	09001	HYPERBARIC/OP WOUND	2,285,551		2,285,551	2,888
91.00	09100	EMERGENCY	40,915,417		40,915,417	437,524
91.02	09101	NATURAL FAMILY PLANNING	0		0	0
91.03	09102	PAIN THERAPY CENTER	0		0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,836,362		14,836,362	0
92.01	09201	AMBULATORY CARE UNIT	2,876,829		2,876,829	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0
99.10	09910	CORF	0		0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
200.00		Subtotal (see instructions)	908,992,525	0	908,992,525	782,190
201.00		Less Observation Beds	14,836,362		14,836,362	0
202.00		Total (see instructions)	894,156,163	0	894,156,163	782,190

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 8:41 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	321,923,397		321,923,397		30.00
31.00	03100	INTENSIVE CARE UNIT	86,693,905		86,693,905		31.00
32.00	03200	CORONARY CARE UNIT	13,356,660		13,356,660		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,019,519		13,019,519		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	151,319,334		151,319,334		35.00
40.00	04000	SUBPROVIDER - IPF	4,768,226		4,768,226		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	20,112,027		20,112,027		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	117,427,505	142,831,682	260,259,187	0.175358	0.000000
51.00	05100	RECOVERY ROOM	15,382,073	55,238,822	70,620,895	0.058879	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,651,369	315,285	52,966,654	0.491577	0.000000
53.00	05300	ANESTHESIOLOGY	40,214,744	54,144,638	94,359,382	0.041020	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,070,298	84,035,729	110,106,027	0.223884	0.000000
54.01	05401	ULTRASOUND	7,396,958	48,634,912	56,031,870	0.086495	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,709,361	106,238,409	108,947,770	0.108086	0.000000
56.00	05600	RADIOISOTOPE	6,317,426	45,652,275	51,969,701	0.066828	0.000000
57.00	05700	CT SCAN	73,633,523	149,931,879	223,565,402	0.016367	0.000000
58.00	05800	MRI	18,223,058	84,069,157	102,292,215	0.027824	0.000000
59.00	05900	CARDIAC CATHETERIZATION	28,668,731	56,471,703	85,140,434	0.065411	0.000000
60.00	06000	LABORATORY	186,376,715	211,757,368	398,134,083	0.131296	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,659,732	3,887,982	19,547,714	0.419774	0.000000
65.00	06500	RESPIRATORY THERAPY	53,859,509	23,532,303	77,391,812	0.194206	0.000000
66.00	06600	PHYSICAL THERAPY	22,552,808	42,933,665	65,486,473	0.463059	0.000000
69.00	06900	ELECTROCARDIOLOGY	61,744,444	101,698,668	163,443,112	0.081617	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	127,280,458	105,972,150	233,252,608	0.298628	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,704,523	50,382,616	127,087,139	0.613099	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	167,786,452	496,705,031	664,491,483	0.215508	0.000000
74.00	07400	RENAL DIALYSIS	7,487,681	349,185	7,836,866	0.214508	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	2,694,246	24,035,427	26,729,673	0.461114	0.000000
76.00	03020	CARDIAC REHAB	649,873	2,113,144	2,763,017	0.728220	0.000000
76.01	03030	GI LAB	5,555,347	74,827,687	80,383,034	0.137721	0.000000
76.02	03040	ECT	304,606	1,276,790	1,581,396	0.189002	0.000000
76.03	03050	OP PSYCH	2,026	8,007,081	8,009,107	0.346342	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	426,327	12,283,825	12,710,152	1.052561	0.000000
90.01	09001	HYPERBARIC/OP WOUND	0	3,372,366	3,372,366	0.677729	0.000000
91.00	09100	EMERGENCY	52,694,926	108,726,690	161,421,616	0.253469	0.000000
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,714,171	45,694,648	58,408,819	0.254009	0.000000
92.01	09201	AMBULATORY CARE UNIT	378,627	5,241,404	5,620,031	0.511888	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	1,794,760,585	2,150,362,521	3,945,123,106		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,794,760,585	2,150,362,521	3,945,123,106		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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	ULTRASOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	CARDIAC REHAB	0.000000			76.00
76.01	03030	GI LAB	0.000000			76.01
76.02	03040	ECT	0.000000			76.02
76.03	03050	OP PSYCH	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	HYPERBARIC/OP WOUND	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000			91.02
91.03	09102	PAIN THERAPY CENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	AMBULATORY CARE UNIT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 8:41 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	11,954,549	0	11,954,549	171,841	69.57	30.00	
31.00	INTENSIVE CARE UNIT	2,006,461		2,006,461	17,354	115.62	31.00	
32.00	CORONARY CARE UNIT	417,203		417,203	3,788	110.14	32.00	
33.00	BURN INTENSIVE CARE UNIT	349,314		349,314	2,721	128.38	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
35.00	NEONATAL INTENSIVE CARE UNIT	2,288,315		2,288,315	31,141	73.48	35.00	
40.00	SUBPROVIDER - IPF	335,322	0	335,322	4,560	73.54	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	786,260		786,260	17,974	43.74	43.00	
200.00	Total (lines 30 through 199)	18,137,424		18,137,424	249,379		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	38,878	2,704,742					30.00
31.00	INTENSIVE CARE UNIT	5,240	605,849					31.00
32.00	CORONARY CARE UNIT	1,225	134,922					32.00
33.00	BURN INTENSIVE CARE UNIT	469	60,210					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	2,804	206,206					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	48,616	3,711,929					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 8:41 am

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)	Hospital Inpatient Program Charges	PPS 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	6,050,349	260,259,187	0.023247	31,527,501	732,920	50.00
51.00	05100	RECOVERY ROOM	196,914	70,620,895	0.002788	3,393,042	9,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,541,731	52,966,654	0.047987	199,338	9,566	52.00
53.00	05300	ANESTHESIOLOGY	541,837	94,359,382	0.005742	8,079,065	46,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,114,687	110,106,027	0.046452	7,129,369	331,173	54.00
54.01	05401	ULTRASOUND	717,914	56,031,870	0.012813	1,634,009	20,937	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,148,234	108,947,770	0.019718	693,158	13,668	55.00
56.00	05600	RADIOISOTOPE	657,348	51,969,701	0.012649	2,459,869	31,115	56.00
57.00	05700	CT SCAN	565,926	223,565,402	0.002531	22,223,541	56,248	57.00
58.00	05800	MRI	623,000	102,292,215	0.006090	5,022,714	30,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	884,087	85,140,434	0.010384	9,689,208	100,613	59.00
60.00	06000	LABORATORY	2,963,671	398,134,083	0.007444	51,024,617	379,827	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	352,806	19,547,714	0.018048	4,419,673	79,766	62.00
65.00	06500	RESPIRATORY THERAPY	1,228,286	77,391,812	0.015871	13,180,915	209,194	65.00
66.00	06600	PHYSICAL THERAPY	3,682,233	65,486,473	0.056229	7,362,080	413,962	66.00
69.00	06900	ELECTROCARDIOLOGY	1,421,877	163,443,112	0.008700	18,860,050	164,082	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,454,366	233,252,608	0.006235	33,521,260	209,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,606,017	127,087,139	0.012637	23,523,325	297,264	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,763,543	664,491,483	0.005664	44,049,478	249,496	73.00
74.00	07400	RENAL DIALYSIS	152,578	7,836,866	0.019469	3,975,428	77,398	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,381,326	26,729,673	0.089089	709,719	63,228	75.00
76.00	03020	CARDIAC REHAB	144,027	2,763,017	0.052127	222,952	11,622	76.00
76.01	03030	GI LAB	1,334,295	80,383,034	0.016599	1,841,427	30,566	76.01
76.02	03040	ECT	36,154	1,581,396	0.022862	30,361	694	76.02
76.03	03050	OP PSYCH	816,191	8,009,107	0.101908	580	59	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,973,735	12,710,152	0.155288	13,260	2,059	90.00
90.01	09001	HYPERBARIC/OP WOUND	260,845	3,372,366	0.077348	0	0	90.01
91.00	09100	EMERGENCY	3,066,580	161,421,616	0.018997	13,644,767	259,210	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,155,308	58,408,819	0.019780	5,401,327	106,838	92.00
92.01	09201	AMBULATORY CARE UNIT	436,662	5,620,031	0.077697	76,623	5,953	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	48,272,527	3,333,930,038		313,908,656	3,942,901	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0020		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 8:41 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other Medical Education Cost			
			Post-Stepdown Adjustments	Post-Stepdown Adjustments	Post-Stepdown Adjustments	Cost				
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	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	0	171,841	0.00	38,878	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	17,354	0.00	5,240	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	3,788	0.00	1,225	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,721	0.00	469	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00		
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	31,141	0.00	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	4,560	0.00	2,804	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY	0	0	17,974	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	249,379		48,616	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
32.00	03200	CORONARY CARE UNIT	0						32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0						35.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
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	268,710	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	GI LAB	0	0	0	0	0	76.01
76.02	03040	ECT	0	0	0	0	0	76.02
76.03	03050	OP PSYCH	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	347,750	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	616,460	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0020		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:41 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	260,259,187	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	70,620,895	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52,966,654	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	94,359,382	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	268,710	268,710	110,106,027	0.002440	54.00
54.01	05401	ULTRASOUND	0	0	0	56,031,870	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	108,947,770	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	51,969,701	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	223,565,402	0.000000	57.00
58.00	05800	MRI	0	0	0	102,292,215	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	85,140,434	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	398,134,083	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	19,547,714	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	77,391,812	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	65,486,473	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	163,443,112	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	233,252,608	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,087,139	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	664,491,483	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,836,866	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	26,729,673	0.000000	75.00
76.00	03020	CARDIAC REHAB	0	0	0	2,763,017	0.000000	76.00
76.01	03030	GI LAB	0	0	0	80,383,034	0.000000	76.01
76.02	03040	ECT	0	0	0	1,581,396	0.000000	76.02
76.03	03050	OP PSYCH	0	0	0	8,009,107	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	12,710,152	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	3,372,366	0.000000	90.01
91.00	09100	EMERGENCY	0	347,750	347,750	161,421,616	0.002154	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	58,408,819	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	5,620,031	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	616,460	616,460	3,333,930,038		95.00
200.00		Total (lines 50 through 199)	0	616,460	616,460	3,333,930,038		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 8:41 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	31,527,501	0	23,602,695	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,393,042	0	7,554,109	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	199,338	0	1,094	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	8,079,065	0	7,571,263	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002440	7,129,369	17,396	8,807,309	21,490	54.00
54.01	05401	ULTRASOUND	0.000000	1,634,009	0	2,575,511	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	693,158	0	25,439,325	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	2,459,869	0	12,499,351	0	56.00
57.00	05700	CT SCAN	0.000000	22,223,541	0	28,956,724	0	57.00
58.00	05800	MRI	0.000000	5,022,714	0	13,760,876	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,689,208	0	14,269,953	0	59.00
60.00	06000	LABORATORY	0.000000	51,024,617	0	14,537,780	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,419,673	0	499,244	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	13,180,915	0	2,990,750	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	7,362,080	0	449,984	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	18,860,050	0	19,703,845	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	33,521,260	0	18,207,329	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,523,325	0	10,909,496	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	44,049,478	0	119,064,657	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,975,428	0	202,440	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	709,719	0	3,376,615	0	75.00
76.00	03020	CARDIAC REHAB	0.000000	222,952	0	596,602	0	76.00
76.01	03030	GI LAB	0.000000	1,841,427	0	11,691,346	0	76.01
76.02	03040	ECT	0.000000	30,361	0	316,048	0	76.02
76.03	03050	OP PSYCH	0.000000	580	0	1,132,451	0	76.03
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	13,260	0	1,884,317	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.000000	0	0	970,895	0	90.01
91.00	09100	EMERGENCY	0.002154	13,644,767	29,391	11,031,901	23,763	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	5,401,327	0	7,888,392	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.000000	76,623	0	826,141	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		313,908,656	46,787	371,318,443	45,253	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 8:41 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.175358	23,602,695	0	0	4,138,921	50.00
51.00	05100	RECOVERY ROOM	0.058879	7,554,109	0	0	444,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.491577	1,094	0	0	538	52.00
53.00	05300	ANESTHESIOLOGY	0.041020	7,571,263	0	0	310,573	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223884	8,807,309	0	0	1,971,816	54.00
54.01	05401	ULTRASOUND	0.086495	2,575,511	0	0	222,769	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108086	25,439,325	0	0	2,749,635	55.00
56.00	05600	RADIOISOTOPE	0.066828	12,499,351	0	0	835,307	56.00
57.00	05700	CT SCAN	0.016367	28,956,724	0	0	473,935	57.00
58.00	05800	MRI	0.027824	13,760,876	0	0	382,883	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065411	14,269,953	0	0	933,412	59.00
60.00	06000	LABORATORY	0.131296	14,537,780	939	0	1,908,752	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.419774	499,244	0	0	209,570	62.00
65.00	06500	RESPIRATORY THERAPY	0.194206	2,990,750	0	0	580,822	65.00
66.00	06600	PHYSICAL THERAPY	0.463059	449,984	0	0	208,369	66.00
69.00	06900	ELECTROCARDIOLOGY	0.081617	19,703,845	0	0	1,608,169	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.298628	18,207,329	56	0	5,437,218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613099	10,909,496	37,125	0	6,688,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215508	119,064,657	1,183	376,957	25,659,386	73.00
74.00	07400	RENAL DIALYSIS	0.214508	202,440	0	0	43,425	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.461114	3,376,615	0	0	1,557,004	75.00
76.00	03020	CARDIAC REHAB	0.728220	596,602	0	0	434,458	76.00
76.01	03030	GI LAB	0.137721	11,691,346	0	0	1,610,144	76.01
76.02	03040	ECT	0.189002	316,048	0	0	59,734	76.02
76.03	03050	OP PSYCH	0.346342	1,132,451	0	0	392,215	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.052561	1,884,317	0	371	1,983,359	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.677729	970,895	0	0	658,004	90.01
91.00	09100	EMERGENCY	0.253469	11,031,901	0	0	2,796,245	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.254009	7,888,392	0	0	2,003,723	92.00
92.01	09201	AMBULATORY CARE UNIT	0.511888	826,141	0	0	422,892	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		371,318,443	39,303	377,328	66,726,657	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		371,318,443	39,303	377,328	66,726,657	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 8:41 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
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	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	123	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,761	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	255	81,237		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	CARDIAC REHAB	0	0		76.00
76.01	03030	GI LAB	0	0		76.01
76.02	03040	ECT	0	0		76.02
76.03	03050	OP PSYCH	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	391		90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0		91.02
91.03	09102	PAIN THERAPY CENTER	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	AMBULATORY CARE UNIT	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	23,156	81,628		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	23,156	81,628		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0020

Period:

Worksheet D

Component CCN: 26-S020

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

11/26/2019 8:41 am

Title XVIII

Subprovider -

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	6,050,349	260,259,187	0.023247	0	0	50.00
51.00	05100 RECOVERY ROOM	196,914	70,620,895	0.002788	22,064	62	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,541,731	52,966,654	0.047987	71	3	52.00
53.00	05300 ANESTHESIOLOGY	541,837	94,359,382	0.005742	42,370	243	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,114,687	110,106,027	0.046452	18,764	872	54.00
54.01	05401 ULTRASOUND	717,914	56,031,870	0.012813	922	12	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	2,148,234	108,947,770	0.019718	0	0	55.00
56.00	05600 RADIOISOTOPE	657,348	51,969,701	0.012649	0	0	56.00
57.00	05700 CT SCAN	565,926	223,565,402	0.002531	93,560	237	57.00
58.00	05800 MRI	623,000	102,292,215	0.006090	10,241	62	58.00
59.00	05900 CARDIAC CATHETERIZATION	884,087	85,140,434	0.010384	2	0	59.00
60.00	06000 LABORATORY	2,963,671	398,134,083	0.007444	487,740	3,631	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	352,806	19,547,714	0.018048	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,228,286	77,391,812	0.015871	6,468	103	65.00
66.00	06600 PHYSICAL THERAPY	3,682,233	65,486,473	0.056229	47,090	2,648	66.00
69.00	06900 ELECTROCARDIOLOGY	1,421,877	163,443,112	0.008700	28,200	245	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,454,366	233,252,608	0.006235	34,073	212	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,606,017	127,087,139	0.012637	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,763,543	664,491,483	0.005664	402,667	2,281	73.00
74.00	07400 RENAL DIALYSIS	152,578	7,836,866	0.019469	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	2,381,326	26,729,673	0.089089	0	0	75.00
76.00	03020 CARDIAC REHAB	144,027	2,763,017	0.052127	0	0	76.00
76.01	03030 GI LAB	1,334,295	80,383,034	0.016599	0	0	76.01
76.02	03040 ECT	36,154	1,581,396	0.022862	78,640	1,798	76.02
76.03	03050 OP PSYCH	816,191	8,009,107	0.101908	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	1,973,735	12,710,152	0.155288	32	5	90.00
90.01	09001 HYPERBARIC/OP WOUND	260,845	3,372,366	0.077348	0	0	90.01
91.00	09100 EMERGENCY	3,066,580	161,421,616	0.018997	475,155	9,027	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	58,408,819	0.000000	2,567	0	92.00
92.01	09201 AMBULATORY CARE UNIT	436,662	5,620,031	0.077697	494	38	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	47,117,219	3,333,930,038		1,751,120	21,479	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:41 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
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	268,710	54.00
54.01	05401	ULTRASOUND		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03020	CARDIAC REHAB		0	0	0	0	0	76.00
76.01	03030	GI LAB		0	0	0	0	0	76.01
76.02	03040	ECT		0	0	0	0	0	76.02
76.03	03050	OP PSYCH		0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	347,750	91.00
91.02	09101	NATURAL FAMILY PLANNING		0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	616,460	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:41 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	260,259,187	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	70,620,895	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	52,966,654	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	94,359,382	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	268,710	268,710	110,106,027	0.002440	54.00
54.01	05401	ULTRASOUND		0	0	0	56,031,870	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	108,947,770	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	51,969,701	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	223,565,402	0.000000	57.00
58.00	05800	MRI		0	0	0	102,292,215	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	85,140,434	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	398,134,083	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	19,547,714	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	77,391,812	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	65,486,473	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	163,443,112	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	233,252,608	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	127,087,139	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	664,491,483	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,836,866	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	26,729,673	0.000000	75.00
76.00	03020	CARDIAC REHAB		0	0	0	2,763,017	0.000000	76.00
76.01	03030	GI LAB		0	0	0	80,383,034	0.000000	76.01
76.02	03040	ECT		0	0	0	1,581,396	0.000000	76.02
76.03	03050	OP PSYCH		0	0	0	8,009,107	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	12,710,152	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND		0	0	0	3,372,366	0.000000	90.01
91.00	09100	EMERGENCY		0	347,750	347,750	161,421,616	0.002154	91.00
91.02	09101	NATURAL FAMILY PLANNING		0	0	0	0	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER		0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	58,408,819	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT		0	0	0	5,620,031	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	616,460	616,460	3,333,930,038		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 8:41 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	22,064	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	71	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	42,370	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.002440	18,764	46	0	0	54.00
54.01	05401	ULTRASOUND		0.000000	922	0	0	0	54.01
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	93,560	0	0	0	57.00
58.00	05800	MRI		0.000000	10,241	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	2	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	487,740	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	6,468	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	47,090	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	28,200	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	34,073	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	402,667	0	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	CARDIAC REHAB		0.000000	0	0	0	0	76.00
76.01	03030	GI LAB		0.000000	0	0	0	0	76.01
76.02	03040	ECT		0.000000	78,640	0	0	0	76.02
76.03	03050	OP PSYCH		0.000000	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	32	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.002154	475,155	1,023	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING		0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER		0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	2,567	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT		0.000000	494	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,751,120	1,069	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 8:41 am

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.175358	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.058879	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.491577	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.041020	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223884	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0.086495	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108086	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.066828	0	0	0	0	56.00
57.00	05700	CT SCAN	0.016367	0	0	0	0	57.00
58.00	05800	MRI	0.027824	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065411	0	0	0	0	59.00
60.00	06000	LABORATORY	0.131296	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.419774	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.194206	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.463059	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.081617	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.298628	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613099	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215508	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.214508	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.461114	0	0	0	0	75.00
76.00	03020	CARDIAC REHAB	0.728220	0	0	0	0	76.00
76.01	03030	GI LAB	0.137721	0	0	0	0	76.01
76.02	03040	ECT	0.189002	0	0	0	0	76.02
76.03	03050	OP PSYCH	0.346342	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.052561	0	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.677729	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.253469	0	0	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.254009	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.511888	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
200.00		Subtotal (see instructions)		0	0	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	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 8:41 am

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	CARDIAC REHAB	0	0		76.00
76.01	03030	GI LAB	0	0		76.01
76.02	03040	ECT	0	0		76.02
76.03	03050	OP PSYCH	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0		91.02
91.03	09102	PAIN THERAPY CENTER	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	AMBULATORY CARE UNIT	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 8:41 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)		171,841	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		171,841	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		155,234	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)		38,878	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)		153,519,741	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)		153,519,741	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		153,519,741	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)		893.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		34,732,828	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)		34,732,828	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/26/2019 8:41 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	44,718,312	17,354	2,576.83	5,240	13,502,589
44.00	CORONARY CARE UNIT	6,998,195	3,788	1,847.46	1,225	2,263,139
45.00	BURN INTENSIVE CARE UNIT	4,577,701	2,721	1,682.36	469	789,027
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	NEONATAL INTENSIVE CARE UNIT	34,522,081	31,141	1,108.57	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,954,549	153,519,741	0.077870	14,836,362	1,155,308	90.00
91.00	Nursing School cost	0	153,519,741	0.000000	14,836,362	0	91.00
92.00	Allied health cost	0	153,519,741	0.000000	14,836,362	0	92.00
93.00	All other Medical Education	0	153,519,741	0.000000	14,836,362	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 8:41 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,560	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,560	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,560	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,804	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,048,332	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,048,332	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,048,332	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,107.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,104,280	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)		3,104,280	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 26-S020		Date/Time Prepared: 11/26/2019 8:41 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					333,055	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,437,335	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)					206,206	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22,548	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					228,754	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,208,581	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 8:41 am	
			Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	335,322	5,048,332	0.066422	0	0	90.00
91.00	Nursing School cost	0	5,048,332	0.000000	0	0	91.00
92.00	Allied health cost	0	5,048,332	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,048,332	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 8:41 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			171,841 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			171,841 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			155,234 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)			10,666 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)			17,974 15.00
16.00	Nursery days (title V or XIX only)			1,210 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)			153,333,061 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)			153,333,061 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			153,333,061 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)			892.30 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			9,517,272 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)			9,517,272 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/26/2019 8:41 am

		Title XIX		Hospital		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)	8,893,321	17,974	494.79	1,210	598,696	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	44,712,360	17,354	2,576.49	1,861	4,794,848	43.00
44.00	CORONARY CARE UNIT	6,998,195	3,788	1,847.46	225	415,679	44.00
45.00	BURN INTENSIVE CARE UNIT	4,577,701	2,721	1,682.36	340	572,002	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	34,501,831	31,141	1,107.92	3,037	3,364,753	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,263,250	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)					16,607	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					892.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,818,426	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,954,549	153,333,061	0.077965	14,818,426	1,155,319	90.00
91.00	Nursing School cost	0	153,333,061	0.000000	14,818,426	0	91.00
92.00	Allied health cost	0	153,333,061	0.000000	14,818,426	0	92.00
93.00	All other Medical Education	0	153,333,061	0.000000	14,818,426	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 8:41 am
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		87,217,019	30.00
31.00	03100	INTENSIVE CARE UNIT		26,325,664	31.00
32.00	03200	CORONARY CARE UNIT		4,342,315	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,959,299	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175452	31,527,501	5,531,563 50.00
51.00	05100	RECOVERY ROOM	0.058879	3,393,042	199,779 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492103	199,338	98,095 52.00
53.00	05300	ANESTHESIOLOGY	0.041020	8,079,065	331,403 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223884	7,129,369	1,596,152 54.00
54.01	05401	ULTRASOUND	0.086495	1,634,009	141,334 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108086	693,158	74,921 55.00
56.00	05600	RADIOISOTOPE	0.066828	2,459,869	164,388 56.00
57.00	05700	CT SCAN	0.016367	22,223,541	363,733 57.00
58.00	05800	MRI	0.027824	5,022,714	139,752 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065411	9,689,208	633,781 59.00
60.00	06000	LABORATORY	0.131296	51,024,617	6,699,328 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.419774	4,419,673	1,855,264 62.00
65.00	06500	RESPIRATORY THERAPY	0.194246	13,180,915	2,560,340 65.00
66.00	06600	PHYSICAL THERAPY	0.463083	7,362,080	3,409,254 66.00
69.00	06900	ELECTROCARDIOLOGY	0.081745	18,860,050	1,541,715 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.298628	33,521,260	10,010,387 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613099	23,523,325	14,422,127 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215508	44,049,478	9,493,015 73.00
74.00	07400	RENAL DIALYSIS	0.214508	3,975,428	852,761 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.461114	709,719	327,261 75.00
76.00	03020	CARDIAC REHAB	0.728497	222,952	162,420 76.00
76.01	03030	GI LAB	0.137751	1,841,427	253,658 76.01
76.02	03040	ECT	0.189002	30,361	5,738 76.02
76.03	03050	OP PSYCH	0.346342	580	201 76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	1.056297	13,260	14,006 90.00
90.01	09001	HYPERBARIC/OP WOUND	0.678586	0	0 90.01
91.00	09100	EMERGENCY	0.256180	13,644,767	3,495,516 91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0 91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.254009	5,401,327	1,371,986 92.00
92.01	09201	AMBULATORY CARE UNIT	0.511888	76,623	39,222 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		313,908,656	65,789,100 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		313,908,656	65,789,100 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 8:41 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		55,439		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		2,928,841		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.175452	0	0	50.00
51.00	05100 RECOVERY ROOM	0.058879	22,064	1,299	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.492103	71	35	52.00
53.00	05300 ANESTHESIOLOGY	0.041020	42,370	1,738	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223884	18,764	4,201	54.00
54.01	05401 ULTRASOUND	0.086495	922	80	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.108086	0	0	55.00
56.00	05600 RADIOISOTOPE	0.066828	0	0	56.00
57.00	05700 CT SCAN	0.016367	93,560	1,531	57.00
58.00	05800 MRI	0.027824	10,241	285	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.065411	2	0	59.00
60.00	06000 LABORATORY	0.131296	487,740	64,038	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.419774	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.194246	6,468	1,256	65.00
66.00	06600 PHYSICAL THERAPY	0.463083	47,090	21,807	66.00
69.00	06900 ELECTROCARDIOLOGY	0.081745	28,200	2,305	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.298628	34,073	10,175	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613099	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215508	402,667	86,778	73.00
74.00	07400 RENAL DIALYSIS	0.214508	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.461114	0	0	75.00
76.00	03020 CARDIAC REHAB	0.728497	0	0	76.00
76.01	03030 GI LAB	0.137751	0	0	76.01
76.02	03040 ECT	0.189002	78,640	14,863	76.02
76.03	03050 OP PSYCH	0.346342	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	1.056297	32	34	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.678586	0	0	90.01
91.00	09100 EMERGENCY	0.256180	475,155	121,725	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.254009	2,567	652	92.00
92.01	09201 AMBULATORY CARE UNIT	0.511888	494	253	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,751,120	333,055	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)		1,751,120		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 8:41 am
Cost Center Description			Title XIX	Hospital	Cost
			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
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175358	0	50.00
51.00	05100	RECOVERY ROOM	0.058879	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.491577	0	52.00
53.00	05300	ANESTHESIOLOGY	0.041020	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223884	0	54.00
54.01	05401	ULTRASOUND	0.086495	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108086	0	55.00
56.00	05600	RADIOISOTOPE	0.066828	0	56.00
57.00	05700	CT SCAN	0.016367	0	57.00
58.00	05800	MRI	0.027824	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065411	0	59.00
60.00	06000	LABORATORY	0.131296	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.419774	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.194206	0	65.00
66.00	06600	PHYSICAL THERAPY	0.463059	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.081617	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.298628	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613099	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215508	0	73.00
74.00	07400	RENAL DIALYSIS	0.214508	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.461114	0	75.00
76.00	03020	CARDIAC REHAB	0.728220	0	76.00
76.01	03030	GI LAB	0.137721	0	76.01
76.02	03040	ECT	0.189002	0	76.02
76.03	03050	OP PSYCH	0.346342	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.052561	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.677729	0	90.01
91.00	09100	EMERGENCY	0.253469	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.254009	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.511888	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 8:41 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)	21,236,369		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	67,646,725		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0		1.04
2.00	Outlier payments for discharges. (see instructions)	4,285,211		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	62,490,416		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	797.45		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)	95.60		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	10.52		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)	85.08		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	97.63		10.00
11.00	FTE count for residents in dental and podiatric programs.	4.00		11.00
12.00	Current year allowable FTE (see instructions)	89.08		12.00
13.00	Total allowable FTE count for the prior year.	88.08		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.	87.99		14.00
15.00	Sum of lines 12 through 14 divided by 3.	88.38		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	88.38		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.110828		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.110898		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.110828		21.00
22.00	IME payment adjustment (see instructions)	5,218,060		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	3,668,625		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)	12.55		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)	5,218,060		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	3,668,625		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.71		30.00
31.00	Percentage of Medicaid patient days (see instructions)	24.46		31.00
32.00	Sum of lines 30 and 31	28.17		32.00
33.00	Allowable disproportionate share percentage (see instructions)	12.46		33.00
34.00	Disproportionate share adjustment (see instructions)	2,768,709		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 8:41 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)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.001265186	0.001480713	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		8,561,128	12,249,752	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,157,875	9,162,141	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		11,320,016		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 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 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 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		112,475,090		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)			116,143,715	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,345,973	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).			3,001,082	52.00
53.00	Nursing and Allied Health Managed Care payment			48,886	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			46,787	58.00
59.00	Total (sum of amounts on lines 49 through 58)			127,586,443	59.00
60.00	Primary payer payments			375,907	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			127,210,536	61.00
62.00	Deductibles billed to program beneficiaries			8,209,816	62.00
63.00	Coinsurance billed to program beneficiaries			598,650	63.00
64.00	Allowable bad debts (see instructions)			1,721,675	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,119,089	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,109,784	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			119,521,159	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			2,995	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			544,646	70.93
70.94	HRR adjustment amount (see instructions)			-138,751	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 8:41 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)		119,924,059	71.00	
71.01	Sequestration adjustment (see instructions)		2,398,481	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		117,902,456	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)		-376,878	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		25,439,895	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 8:41 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		104,784	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		66,681,404	2.00
3.00	OPPS payments		66,297,943	3.00
4.00	Outlier payment (see instructions)		117,194	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		45,253	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		104,784	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		416,631	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)		416,631	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)		416,631	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		311,847	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)		104,784	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)		66,460,390	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		7,552	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		12,025,943	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)		54,531,679	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,668,249	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)		56,199,928	30.00
31.00	Primary payer payments		50,595	31.00
32.00	Subtotal (line 30 minus line 31)		56,149,333	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)		669,983	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		435,489	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		223,050	36.00
37.00	Subtotal (see instructions)		56,584,822	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		3,473	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		56,584,822	40.00
40.01	Sequestration adjustment (see instructions)		1,131,696	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		55,414,588	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		38,538	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,362,695	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 8:41 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		117,850,656		55,066,288	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	11/06/2018	51,800	03/05/2019	348,300	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)		51,800		348,300	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)		117,902,456		55,414,588	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		38,538	6.01
6.02	SETTLEMENT TO PROGRAM		376,878		0	6.02
7.00	Total Medicare program liability (see instructions)		117,525,578		55,453,126	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: 26-0020
 Component CCN: 26-S020

 Period:
 From 07/01/2018
 To 06/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/26/2019 8:41 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,171,605		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,171,605		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		22,854		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,194,459		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/26/2019 8:41 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/26/2019 8:41 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,485,794	1.00
2.00	Net IPF PPS Outlier Payments		5,805	2.00
3.00	Net IPF PPS ECT Payments		19,006	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.30	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.29	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.29	8.00
9.00	Average Daily Census (see instructions)		12.493151	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.011888	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		29,551	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,540,156	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,540,156	16.00
17.00	Primary payer payments		3,536	17.00
18.00	Subtotal (line 16 less line 17).		2,536,620	18.00
19.00	Deductibles		270,059	19.00
20.00	Subtotal (line 18 minus line 19)		2,266,561	20.00
21.00	Coinsurance		28,386	21.00
22.00	Subtotal (line 20 minus line 21)		2,238,175	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,238,175	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		1,069	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,239,244	31.00
31.01	Sequestration adjustment (see instructions)		44,785	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		2,171,605	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		22,854	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		79,267	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		5,805	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 8:41 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.			99.69	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			11.01	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)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			98.17	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	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.	64.20	27.08	91.28	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.	57.99	24.46	82.45	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.00		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	57.99	28.46		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.00	27.91		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	56.69	29.08		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.23	28.48		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	57.23	28.48		17.00
18.00	Per resident amount	152,717.00	151,900.00		18.00
19.00	Approved amount for resident costs	8,739,994	4,326,112	13,066,106	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)			9.49	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)			109,998.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			13,066,106	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	48,616	34,059		26.00
27.00	Total Inpatient Days (see instructions)	217,881	217,881		27.00
28.00	Ratio of inpatient days to total inpatient days	0.223131	0.156319		28.00
29.00	Program direct GME amount	2,915,453	2,042,481		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		288,603		30.00
31.00	Net Program direct GME amount			4,669,331	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 8:41 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)		7,836,866	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)		120,514,018	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)		379,443	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		120,134,575	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		66,831,441	42.00
43.00	Primary payer payments (see instructions)		50,595	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		66,780,846	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		186,915,421	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.642722	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.357278	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,669,331	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,001,082	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,668,249	50.00

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

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
11/26/2019 8:41 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	24,857,154	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	223,991,301	0	0	0	4.00
5.00	Other receivable	3,443,655	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-59,066,982	0	0	0	6.00
7.00	Inventory	16,832,649	0	0	0	7.00
8.00	Prepaid expenses	1,351,248	0	0	0	8.00
9.00	Other current assets	44,720	0	0	0	9.00
10.00	Due from other funds	16,112,766	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	227,566,511	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,950,344	0	0	0	12.00
13.00	Land improvements	11,930,664	0	0	0	13.00
14.00	Accumulated depreciation	-9,979,003	0	0	0	14.00
15.00	Buildings	819,168,458	0	0	0	15.00
16.00	Accumulated depreciation	-517,327,440	0	0	0	16.00
17.00	Leasehold improvements	15,843,266	0	0	0	17.00
18.00	Accumulated depreciation	-13,542,046	0	0	0	18.00
19.00	Fixed equipment	9,959,575	0	0	0	19.00
20.00	Accumulated depreciation	-6,383,747	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	295,173,843	0	0	0	23.00
24.00	Accumulated depreciation	-236,277,411	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	375,516,503	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	17,167,919	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,720,004	3,025,057	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,887,923	3,025,057	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	624,970,937	3,025,057	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,145,214	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,776,840	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,427,945	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,349,999	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,424,154	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,424,154	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	26,774,153	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	598,196,784				52.00
53.00	Specific purpose fund		3,025,057			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	598,196,784	3,025,057	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	624,970,937	3,025,057	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/26/2019 8:41 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		598,751,764		3,163,211		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		218,773,680				2.00
3.00	Total (sum of line 1 and line 2)		817,525,444		3,163,211		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		817,525,444		3,163,211		11.00
12.00	INTERCOMPANY TRANSFERS	219,328,660		138,154		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)		219,328,660		138,154		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		598,196,784		3,025,057		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	INTERCOMPANY TRANSFERS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 8:41 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	321,867,614		321,867,614	1.00
2.00	SUBPROVIDER - IPF	24,936,036		24,936,036	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	346,803,650		346,803,650	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	86,693,905		86,693,905	11.00
12.00	CORONARY CARE UNIT	13,356,660		13,356,660	12.00
13.00	BURN INTENSIVE CARE UNIT	13,019,519		13,019,519	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	151,319,334		151,319,334	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	264,389,418		264,389,418	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	611,193,068		611,193,068	17.00
18.00	Ancillary services	1,117,353,464	1,975,043,586	3,092,397,050	18.00
19.00	Outpatient services	66,214,052	175,318,933	241,532,985	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	42,723	13,485,885	13,528,608	27.00
27.10	DIETARY REVENUE	1,208,234	274,608	1,482,842	27.10
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,796,011,541	2,164,123,012	3,960,134,553	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		950,342,262		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		950,342,262		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0020

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
11/26/2019 8:41 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,960,134,553	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,825,432,069	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,134,702,484	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	950,342,262	4.00
5.00	Net income from service to patients (line 3 minus line 4)	184,360,222	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,455,185	6.00
7.00	Income from investments	8,413,329	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	7,271,225	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	13,716	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,881,329	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	2,142,089	20.00
21.00	Rental of vending machines	332,533	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other specify	11,904,052	24.00
25.00	Total other income (sum of lines 6-24)	34,413,458	25.00
26.00	Total (line 5 plus line 25)	218,773,680	26.00
27.00	Other expenses specify	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	218,773,680	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0020	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 8:41 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,181,843	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		429,428	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)		584.44	3.00
4.00	Number of interns & residents (see instructions)		88.38	4.00
5.00	Indirect medical education percentage (see instructions)		4.36	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)		313,128	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.46	8.00
9.00	Sum of lines 7 and 8		28.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.87	10.00
11.00	Disproportionate share adjustment (see instructions)		421,574	11.00
12.00	Total prospective capital payments (see instructions)		8,345,973	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