

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: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 9:45 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 9:45 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 ST. LUKE'S HOSPITAL (26-0179) 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)

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	-162,997	-118,164	0	2,080,465	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	46,367	-51		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	70,792		0	9.00
200.00	Total	0	-116,630	-47,423	0	2,080,465	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 9:38 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 232 S. WOODS MILL RD.			PO Box:				1.00				
2.00	City: CHESTERFIELD			State: MO		Zip Code: 63017		County: ST. LOUIS				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			ST. LUKE'S HOSPITAL	260179	41180	1	05/02/1975	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF			SURREY PLACE	265414	41180		01/30/1990	N	P	O	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA			ST. LUKE'S HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice			ST. LUKE'S HOSPICE SERVICES	261627	41180		09/01/2010				14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	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)						2			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.03			
23.00	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.											
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			991	0	15	0	829	0	24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0179

Period:
From 07/01/2018
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)				Y			60.00
60.01 If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.01	1	60.01
60.02 If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.02	1	60.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	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
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 9:38 am

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 9:38 am
			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical	Occupational	Speech
		1.00	2.00	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.			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

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	536,910	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			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 9:38 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:			Contractor's Number:			141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:			Zip Code:			143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		N	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER								
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC			N		N		N	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2018	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: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 9:38 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)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		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.		Y	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		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/25/2019	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 9:38 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANTHONY	GANOUSIS		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. LUKE'S HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-576-2411	ANTHONY.GANOUSIS@STLUKES-STL.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 9:38 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part IX
Date/Time Prepared:
11/26/2019 9:38 am

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:38 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	360	124,986	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)		360	124,986	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		394	137,396	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	70	25,550		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	60	21,900			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	21,061			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		524			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:38 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	27,495	851	56,352			1.00
2.00	HMO and other (see instructions)	13,321	829				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	27,495	851	56,352			7.00
8.00	INTENSIVE CARE UNIT	2,585	76	3,637			8.00
9.00	CORONARY CARE UNIT	296	10	3,436			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		69	4,871			13.00
14.00	Total (see instructions)	30,376	1,006	68,296	39.94	2,564.72	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	9,868	2,077	13,578	0.01	44.98	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			21,052	0.00	45.15	21.00
22.00	HOME HEALTH AGENCY	16,340	293	31,620	0.00	48.87	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	18,266	265	21,061	0.00	20.90	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				39.95	2,724.62	27.00
28.00	Observation Bed Days		24	5,630			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	18	1,053			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:38 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	6,390	192	14,702	1.00
2.00 HMO and other (see instructions)			2,611	266		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,390	192	14,702	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				743	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 9:38 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	195,061,400	571,395	195,632,795	5,642,464.33	34.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		3,036,223	0	3,036,223	20,760.77	146.25	4.00
4.01	Physicians - Part A - Teaching		1,457,954	0	1,457,954	15,010.58	97.13	4.01
5.00	Physician and Non Physician-Part B		20,069,458	0	20,069,458	147,985.67	135.62	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	2,432,390	0	2,432,390	90,273.00	26.94	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,319,206	2,651	2,321,857	93,565.95	24.82	9.00
10.00	Excluded area salaries (see instructions)		13,220,385	435,995	13,656,380	475,967.64	28.69	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,682,942	0	1,682,942	17,286.62	97.36	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		610,180	0	610,180	5,536.19	110.22	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		37,904,186	0	37,904,186			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,927,004	0	3,927,004			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		417,897	0	417,897			22.00
22.01	Physician Part A - Teaching		270,981	0	270,981			22.01
23.00	Physician Part B		3,055,084	0	3,055,084			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		592,205	0	592,205			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,939,329	417,856	2,357,185	56,234.14	41.92	26.00
27.00	Administrative & General	5.00	28,612,684	-304,235	28,308,449	733,881.80	38.57	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 9:38 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.)		8,267,694	0	8,267,694	116,885.35	70.73	28.00
29.00	Maintenance & Repairs	6.00	2,954,109	2,926	2,957,035	103,309.86	28.62	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	104,389	212	104,601	7,501.83	13.94	31.00
32.00	Housekeeping	9.00	2,845,755	172,754	3,018,509	214,421.98	14.08	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,219,852	-116,499	3,103,353	181,197.02	17.13	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	463,692	829	464,521	29,280.04	15.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,689,312	1,167	1,690,479	41,197.19	41.03	38.00
39.00	Central Services and Supply	14.00	1,650,470	2,348	1,652,818	82,881.57	19.94	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	4,114,341	4,463	4,118,804	157,534.30	26.15	41.00
42.00	Social Service	17.00	288,545	252	288,797	8,912.05	32.41	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 9:38 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)	179,369,292	571,395	179,940,687	5,506,080.43	32.68	1.00
2.00	Excluded area salaries (see instructions)	15,539,591	438,646	15,978,237	569,533.59	28.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	163,829,701	132,749	163,962,450	4,936,546.84	33.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,293,122	0	2,293,122	22,822.81	100.48	4.00
5.00	Subtotal wage-related costs (see inst.)	38,322,083	0	38,322,083	0.00	23.37	5.00
6.00	Total (sum of lines 3 thru 5)	204,444,906	132,749	204,577,655	4,959,369.65	41.25	6.00
7.00	Total overhead cost (see instructions)	56,150,172	182,073	56,332,245	1,733,237.13	32.50	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/26/2019 9:38 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,686,113	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	4,866,796	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	4,253	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	11,890,894	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	10,468,110	9.00
10.00	Dental, Hearing and Vision Plan	1,175,559	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	190,556	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)	415,684	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,432,016	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	13,235,595	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	84,431	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	717,350	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	46,167,357	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
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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	10,518,349	0	1.00
2.00	Hospital	10,518,349	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 26-0179 Component CCN: 26-7561		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/26/2019 9:38 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			ST. LOUIS		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	401	0	279	680	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,265.00	30.00	1,327.00	2,622.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		1.45	0.00	1.45	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			10.47	0.00	10.47	5.00
6.00	Direct Nursing Service			17.44	0.00	17.44	6.00
7.00	Nursing Supervisor			2.25	0.00	2.25	7.00
8.00	Physical Therapy Service			10.67	0.03	10.70	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.38	0.03	4.41	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.39	0.00	0.39	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.43	0.00	1.43	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.68	0.00	0.68	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	41180					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,556	654	432	321	7,963	21.00
22.00	Skilled Nursing Visit Charges	1,147,125	114,450	74,200	56,175	1,391,950	22.00
23.00	Physical Therapy Visits	4,671	138	416	251	5,476	23.00
24.00	Physical Therapy Visit Charges	816,550	24,150	72,800	43,925	957,425	24.00
25.00	Occupational Therapy Visits	2,001	66	39	149	2,255	25.00
26.00	Occupational Therapy Visit Charges	350,000	11,550	6,825	26,075	394,450	26.00
27.00	Speech Pathology Visits	184	0	3	6	193	27.00
28.00	Speech Pathology Visit Charges	32,200	0	525	1,050	33,775	28.00
29.00	Medical Social Service Visits	56	3	3	4	66	29.00
30.00	Medical Social Service Visit Charges	9,800	525	525	700	11,550	30.00
31.00	Home Health Aide Visits	339	20	2	26	387	31.00
32.00	Home Health Aide Visit Charges	28,815	1,700	170	2,210	32,895	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,807	881	895	757	16,340	33.00
34.00	Other Charges	6,577	2,182	235	0	8,994	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,391,067	154,557	155,280	130,135	2,831,039	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,149		314	55	1,518	36.00
37.00	Total Number of Outlier Episodes		27		10	37	37.00
38.00	Total Non-Routine Medical Supply Charges	6,577	2,182	235	0	8,994	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 26-0179

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

Worksheet S-7

Date/Time Prepared:
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		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	15	0	15 6.00
7.00		RHX	33	0	33 7.00
8.00		RHL	87	0	87 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	28	0	28 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	527	0	527 12.00
13.00		RUB	509	0	509 13.00
14.00		RUA	1,224	0	1,224 14.00
15.00		RVC	767	0	767 15.00
16.00		RVB	993	0	993 16.00
17.00		RVA	2,118	0	2,118 17.00
18.00		RHC	682	0	682 18.00
19.00		RHB	473	0	473 19.00
20.00		RHA	1,032	0	1,032 20.00
21.00		RMC	184	0	184 21.00
22.00		RMB	42	0	42 22.00
23.00		RMA	246	0	246 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	24	0	24 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	14	0	14 31.00
32.00		HD1	152	0	152 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	37	0	37 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	207	0	207 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	40	0	40 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	36	0	36 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	34	0	34 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	61	0	61 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	8	0	8 46.00
47.00		CD2	7	0	7 47.00
48.00		CD1	38	0	38 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	16	0	16 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	96	0	96 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	37	0	37 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	14	0	14 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 26-0179

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

Worksheet S-7

Date/Time Prepared:
11/26/2019 9:38 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	4	0	4	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	20	0	20	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	16	0	16	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	42	0	42	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	5	0	5	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		9,868	0	9,868	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			41180	41180	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		2,319,206	47.68		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		4,863,981			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 26-0179

Period:

Worksheet S-9

Hospice CCN: 26-1627

From 07/01/2018
To 06/30/2019PARTS I THROUGH IV
Date/Time Prepared:
11/26/2019 9:38 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	18,266	265	2,530	21,061	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	18,266	265	2,530	21,061	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 9:38 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)		0.260622		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,864,255		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		251,171		5.00
6.00	Medicaid charges		27,182,537		6.00
7.00	Medicaid cost (line 1 times line 6)		7,084,367		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)		968,941		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		338,430		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)		968,941		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,186,862	3,276,836	14,463,698	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,915,542	3,276,836	6,192,378	21.00
22.00	Payments received from patients for amounts previously written off as charity care	67,632	392,463	460,095	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,847,910	2,884,373	5,732,283	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)		8,684,000		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		411,245		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		632,685		27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,051,315		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,319,790		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,052,073		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,021,014		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

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

Worksheet A

Date/Time Prepared:
11/26/2019 9:38 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	10,004,630	10,004,630	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		36,134,985	36,134,985	-21,287,332	14,847,653	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		502,815	502,815	47,819	550,634	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,939,329	45,386,429	47,325,758	2,758,512	50,084,270	4.00
5.01	00591	NONPATIENT TELEPHONES	469,942	63,571	533,513	353,274	886,787	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	19,684	19,684	5.03
5.04	00540	ADMITTING	1,318,151	1,728	1,319,879	2,026	1,321,905	5.04
5.05	00593	ADMIN & GENERAL - SURREY	506,026	301,662	807,688	-29,622	778,066	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	26,318,565	13,511,977	39,830,542	4,398,344	44,228,886	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,037,298	10,236,088	12,273,386	34,843	12,308,229	6.00
6.01	00601	PURCHASING	731,120	688,202	1,419,322	697	1,420,019	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	185,691	399,053	584,744	203	584,947	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	87,860	-2,673	85,187	1,310,720	1,395,907	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	16,529	94,873	111,402	42	111,444	8.01
9.00	00900	HOUSEKEEPING	2,644,076	716,190	3,360,266	192,881	3,553,147	9.00
9.01	00901	HOUSEKEEPING - SURREY	201,679	55,556	257,235	436	257,671	9.01
10.00	01000	DIETARY	2,470,135	530,570	3,000,705	979,400	3,980,105	10.00
10.01	01001	DIETARY - SURREY	749,717	650,107	1,399,824	1,438	1,401,262	10.01
11.00	01100	CAFETERIA	463,692	1,174,425	1,638,117	-1,073,676	564,441	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,486,295	1,681,840	3,168,135	936	3,169,071	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	203,017	7,384	210,401	131	210,532	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,650,470	2,056,368	3,706,838	-643,988	3,062,850	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,863,401	957,410	4,820,811	4,046	4,824,857	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	250,940	50	250,990	417	251,407	16.01
17.00	01700	SOCIAL SERVICE	0	145	145	0	145	17.00
17.01	01701	SOCIAL SERVICE - SURREY	288,545	14	288,559	252	288,811	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,432,390	0	2,432,390	0	2,432,390	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,936,608	423,144	2,359,752	-267,966	2,091,786	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	191,781	191,781	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	252,178	252,178	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,351,695	4,661,650	41,013,345	-5,390,551	35,622,794	30.00
31.00	03100	INTENSIVE CARE UNIT	4,774,691	544,734	5,319,425	-378,859	4,940,566	31.00
32.00	03200	CORONARY CARE UNIT	4,540,706	580,337	5,121,043	-208,807	4,912,236	32.00
43.00	04300	NURSERY	1,631,448	120,728	1,752,176	2,869,403	4,621,579	43.00
44.00	04400	SKILLED NURSING FACILITY	2,319,206	172,034	2,491,240	-97,450	2,393,790	44.00
46.00	04600	OTHER LONG TERM CARE	2,084,532	79,389	2,163,921	-8,783	2,155,138	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,075,656	40,192,956	55,268,612	-29,789,373	25,479,239	50.00
50.01	03650	VASCULAR ACCESS CENTER	990,437	2,502,385	3,492,822	-1,514,107	1,978,715	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	265,879	132,403	398,282	-33,837	364,445	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,251,836	1,591,116	2,842,952	-754,788	2,088,164	50.04
51.00	05100	RECOVERY ROOM	1,422,243	86,194	1,508,437	-47,396	1,461,041	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	63,400	63,400	1,300,289	1,363,689	52.00
53.00	05300	ANESTHESIOLOGY	266,950	1,393,383	1,660,333	-585,689	1,074,644	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,919,968	3,730,852	9,650,820	-1,907,722	7,743,098	54.00
54.01	05401	TDOC RADIOLOGY	404,626	186,012	590,638	-101,374	489,264	54.01
54.02	05402	CDI RADIOLOGY	2,200,673	13,778,124	15,978,797	-581,462	15,397,335	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	805,452	1,077,613	1,883,065	-199,534	1,683,531	57.00
57.01	05701	TDOC CT SCAN	125,137	110,151	235,288	-29,902	205,386	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	289,210	147,320	436,530	-62,947	373,583	58.00
58.01	05801	TDOC - MRI	145,934	88,983	234,917	-36,709	198,208	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,594,483	13,157,339	14,751,822	-13,193,492	1,558,330	59.00
60.00	06000	LABORATORY	4,503,328	6,889,472	11,392,800	-59,371	11,333,429	60.00
64.00	06400	INTRAVENOUS THERAPY	2,657,490	24,845,513	27,503,003	-349,585	27,153,418	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	152,424	58,369	210,793	-3,290	207,503	64.01
65.00	06500	RESPIRATORY THERAPY	1,890,281	254,467	2,144,748	-40,240	2,104,508	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	806	806	0	806	65.01
66.00	06600	PHYSICAL THERAPY	4,775,110	609,149	5,384,259	-51,588	5,332,671	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,496,268	5,222	1,501,490	-14	1,501,476	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	61,125	593,598	654,723	-1,519	653,204	66.02
67.00	06700	OCCUPATIONAL THERAPY	848,033	9,613	857,646	518	858,164	67.00
68.00	06800	SPEECH PATHOLOGY	218,337	2,986	221,323	3	221,326	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

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

Worksheet A

Date/Time Prepared:
11/26/2019 9:38 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	
69.00	06900	ELECTROCARDIOLOGY	1,528,366	396,389	1,924,755	-81,310	1,843,445	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	656,635	114,826	771,461	39,096	810,557	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	269,231	106,171	375,402	-3,625	371,777	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,799,235	414,642	3,213,877	-34,349	3,179,528	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,737,364	11,737,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,186,280	39,186,280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,410,590	10,663,186	15,073,776	-528,706	14,545,070	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	481,800	51,499	533,299	122,235	655,534	76.01
76.02	03952	CARDIAC REHAB	2,256,643	608,337	2,864,980	-101,852	2,763,128	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	392,824	378,675	771,499	-255,225	516,274	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35,701	3,499	39,200	-23	39,177	90.00
91.00	09100	EMERGENCY	9,018,276	913,604	9,931,880	-307,169	9,624,711	91.00
91.01	09101	URGENT CARE CENTERS	10,656,496	2,897,574	13,554,070	264,702	13,818,772	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	105,116	56,690	161,806	104	161,910	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,595,922	1,429,953	5,025,875	-980,965	4,044,910	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,273,337	970,980	2,244,317	-158,359	2,085,958	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	188,794,806	252,244,236	441,039,042	-5,107,872	435,931,170	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,712,117	3,196,312	5,908,429	4,926,588	10,835,017	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	337,936	170,737	508,673	-1,622	507,051	194.01
194.02	07952	COMMUNITY OUTREACH	472,481	200,626	673,107	23,019	696,126	194.02
194.03	07953	FOUNTAIN CAFE	25,925	70,721	96,646	-54,856	41,790	194.03
194.04	07954	SLEEP RESEARCH	906	0	906	-7,096	-6,190	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	346,674	13,764	360,438	268	360,706	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	863,179	1,487,869	2,351,048	691	2,351,739	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	48,418	20,686	69,104	52	69,156	194.12
194.13	07963	VOLUNTEERS	236,484	29,544	266,028	257	266,285	194.13
194.14	07964	RETAIL PHARMACY	787,431	6,137,139	6,924,570	59,213	6,983,783	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	267,695	0	267,695	73	267,768	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	136,543	19,229	155,772	73	155,845	194.16
194.17	07967	VALET SERVICES	30,805	0	30,805	161,212	192,017	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	195,061,400	263,590,863	458,652,263	0	458,652,263	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

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

Worksheet A

Date/Time Prepared:
11/26/2019 9:38 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	61,725	10,066,355	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,274,567	13,573,086	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-47,103	503,531	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-474,036	49,610,234	4.00
5.01	00591	NONPATIENT TELEPHONES	-209,527	677,260	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	19,684	5.03
5.04	00540	ADMITTING	-55	1,321,850	5.04
5.05	00593	ADMIN & GENERAL - SURREY	-18,263	759,803	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	3,470,390	47,699,276	5.06
6.00	00600	MAINTENANCE & REPAIRS	-8,979	12,299,250	6.00
6.01	00601	PURCHASING	-252	1,419,767	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-8,831	576,116	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,395,907	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	111,444	8.01
9.00	00900	HOUSEKEEPING	-1,371	3,551,776	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	257,671	9.01
10.00	01000	DIETARY	-2,003,175	1,976,930	10.00
10.01	01001	DIETARY - SURREY	-21,075	1,380,187	10.01
11.00	01100	CAFETERIA	-80	564,361	11.00
11.01	01101	CAFETERIA - SURREY	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-5,239	3,163,832	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	-4	210,528	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-860	3,061,990	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,456	4,822,401	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	251,407	16.01
17.00	01700	SOCIAL SERVICE	0	145	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	288,811	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,432,390	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-621,304	1,470,482	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	-4,433	187,348	23.01
23.02	02302	PHARMACY EDUCATION	0	252,178	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,054,496	26,568,298	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,003,438	2,937,128	31.00
32.00	03200	CORONARY CARE UNIT	-1,342,782	3,569,454	32.00
43.00	04300	NURSERY	-50,000	4,571,579	43.00
44.00	04400	SKILLED NURSING FACILITY	-1,312	2,392,478	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,155,138	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,897,406	23,581,833	50.00
50.01	03650	VASCULAR ACCESS CENTER	-474,850	1,503,865	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-33,695	330,750	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-245,088	1,843,076	50.04
51.00	05100	RECOVERY ROOM	-345	1,460,696	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-24,438	1,339,251	52.00
53.00	05300	ANESTHESIOLOGY	-560,000	514,644	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-636,517	7,106,581	54.00
54.01	05401	TDOC RADIOLOGY	0	489,264	54.01
54.02	05402	CDI RADIOLOGY	-5,497,436	9,899,899	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-29,089	1,654,442	57.00
57.01	05701	TDOC CT SCAN	-33,510	171,876	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	373,583	58.00
58.01	05801	TDOC - MRI	0	198,208	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,558,330	59.00
60.00	06000	LABORATORY	-499,475	10,833,954	60.00
64.00	06400	INTRAVENOUS THERAPY	520,980	27,674,398	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-132,139	75,364	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,104,508	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	806	65.01
66.00	06600	PHYSICAL THERAPY	-312,305	5,020,366	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	-280	1,501,196	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-93,967	559,237	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	858,164	67.00
68.00	06800	SPEECH PATHOLOGY	-484	220,842	68.00
69.00	06900	ELECTROCARDIOLOGY	-101,828	1,741,617	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	810,557	69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet A
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	-61,502	310,275	70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,424,325	1,755,203	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,737,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,186,280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-73,702	14,471,368	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	-44,902	610,632	76.01
76.02	03952	CARDIAC REHAB	-192,873	2,570,255	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	-325	515,949	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	39,177	90.00
91.00	09100	EMERGENCY	-5,576,449	4,048,262	91.00
91.01	09101	URGENT CARE CENTERS	-3,766,513	10,052,259	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-54,842	107,068	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-52,437	3,992,473	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-52,250	2,033,708	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-34,973,515	400,957,655	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,596,429	12,431,446	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	DEVELOPMENT	0	507,051	194.01
194.02	07952	COMMUNITY OUTREACH	171,905	868,031	194.02
194.03	07953	FOUNTAIN CAFE	-5,459	36,331	194.03
194.04	07954	SLEEP RESEARCH	196,424	190,234	194.04
194.05	07955	MEALS ON WHEELS	0	0	194.05
194.06	07956	GUEST MEALS	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	-7,880	352,826	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.08
194.09	07959	VACANT SPACE	0	0	194.09
194.10	07960	TV STORAGE	0	0	194.10
194.11	07961	MARKETING	0	2,351,739	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	69,156	194.12
194.13	07963	VOLUNTEERS	0	266,285	194.13
194.14	07964	RETAIL PHARMACY	-25,930	6,957,853	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	72,600	340,368	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	-3,601	152,244	194.16
194.17	07967	VALET SERVICES	0	192,017	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	-32,979,027	425,673,236	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0179

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

Worksheet Non-CMS W

Date/Time Prepared:
11/26/2019 9:38 am

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

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet Non-CMS W
Date/Time Prepared:
11/26/2019 9:38 am

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

RECLASSIFICATIONS

Provider CCN: 26-0179

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:38 am

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
A - MED SUPPLIES CHGD TO PAT						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	322,063		1.00
	0		0	322,063		
B - NUTRITION/DIABETES EDUCATION						
1.00	NUTRITION/DIABETES EDUCATION	76.01	121,632	0		1.00
	0		121,632	0		
C - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,482,193		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,482,193		
D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,310,550		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	1,310,550		
E - RENTAL/LEASES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	732,979		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	37,470		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	770,449		
F - INSURANCE AND FEES						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	8,201,306		1.00
	0		0	8,201,306		
G - TELEPHONE EXPENSE						
1.00	NONPATIENT TELEPHONES	5.01	0	352,572		1.00
2.00	NONPATIENT TELEPHONES	5.03	0	19,684		2.00
	0		0	372,256		

RECLASSIFICATIONS

Provider CCN: 26-0179

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:38 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,334,613		1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	23,193		2.00
3.00	LABORATORY	60.00	0	780		3.00
4.00	SLEEP MEDICINE CLINIC	70.01	0	107		4.00
5.00	URGENT CARE CENTERS	91.01	0	336,419		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,608,373		6.00
	0		0	12,303,485		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,325,043		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	32,500		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	157,977		3.00
	0		0	1,515,520		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	89,054	102,614		1.00
	0		89,054	102,614		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	107,589	0		1.00
	0		107,589	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	47,020		1.00
2.00	HOUSEKEEPING	9.00	166,680	24,620		2.00
	0		166,680	71,640		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,165,000		1.00
	0		0	1,165,000		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	344,974		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,349		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	102,945		3.00
	0		0	458,268		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,432,016		1.00
	0		0	1,432,016		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	1,102,072		1.00
2.00		0.00	0	0		2.00
	0		0	1,102,072		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	416,286	0		1.00
	0		416,286	0		
	U - AUDIO/VISUAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	15,975	2,041		1.00
2.00	COMMUNITY OUTREACH	194.02	19,753	2,524		2.00
	0		35,728	4,565		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	200,022	52,006		1.00
	0		200,022	52,006		
	W - LDRP ROUTINE EXPENSE					
1.00	NURSERY	43.00	2,529,117	353,911		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,154,495	161,554		2.00
	0		3,683,612	515,465		
	X - PHYSICIAN RECLASSIFICATION					
1.00	ADULTS & PEDIATRICS	30.00	545,242	36,693		1.00
2.00	ELECTROCARDIOLOGY	69.00	5,521	1,143		2.00
3.00	I&R SERVICES-OTHER PRGM	22.00	0	20,140		3.00
	COSTS APPRVD					
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
	0		550,763	57,976		
	Y - SUPERVISOR RECLASSIFICATION					
1.00	TDOC RADIOLOGY	54.01	33,000	0		1.00
2.00	CT SCAN	57.00	45,849	0		2.00
3.00	TDOC CT SCAN	57.01	12,185	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	22,606	0		4.00
5.00	TDOC - MRI	58.01	12,166	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	74,502	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	9,205	0		7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	58,816	0		8.00

RECLASSIFICATIONS

Provider CCN: 26-0179

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

Worksheet A-6

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	RETAIL PHARMACY	194.14	64,878	0	9.00
			333,207	0	
Z - VALET RECLASSIFICATION					
1.00	VALET SERVICES	194.17	160,821	0	1.00
			160,821	0	
AA - PATIENT BILLING RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	68,679	65,826	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			68,679	65,826	
AB - MERCY CLINICAL ENGINEERING RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,807	1.00
2.00	COMMUNITY OUTREACH	194.02	0	396	2.00
			0	14,203	
AC - IMPLANT RECLASSIFICATION					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,415,301	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	39,186,280	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
			0	50,601,581	
AD - EMPLOYEE HOLIDAY GIFT CARDS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,570	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	702	0	2.00
3.00	ADMITTING	5.04	2,026	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	411	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	17,569	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	2,026	0	6.00
7.00	PURCHASING	6.01	697	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	203	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	170	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	42	0	10.00
11.00	HOUSEKEEPING	9.00	5,638	0	11.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
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To 06/30/2019

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
12.00	HOUSEKEEPING - SURREY	9.01	436	0		12.00
13.00	DIETARY	10.00	3,695	0		13.00
14.00	DIETARY - SURREY	10.01	1,438	0		14.00
15.00	CAFETERIA	11.00	829	0		15.00
16.00	NURSING ADMINISTRATION	13.00	1,036	0		16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	131	0		17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	2,348	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	4,046	0		19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	417	0		20.00
21.00	SOCIAL SERVICE - SURREY	17.01	252	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,620	0		22.00
23.00	CLINICAL PASTORAL EDUCATION	23.01	113	0		23.00
24.00	PHARMACY EDUCATION	23.02	150	0		24.00
25.00	ADULTS & PEDIATRICS	30.00	24,197	0		25.00
26.00	INTENSIVE CARE UNIT	31.00	2,398	0		26.00
27.00	CORONARY CARE UNIT	32.00	2,676	0		27.00
28.00	NURSERY	43.00	2,952	0		28.00
29.00	SKILLED NURSING FACILITY	44.00	2,651	0		29.00
30.00	OTHER LONG TERM CARE	46.00	2,660	0		30.00
31.00	OPERATING ROOM	50.00	10,014	0		31.00
32.00	VASCULAR ACCESS CENTER	50.01	287	0		32.00
33.00	PAIN MGMT - BRAIN & SPINE	50.02	307	0		33.00
34.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	1,093	0		34.00
35.00	RECOVERY ROOM	51.00	1,064	0		35.00
36.00	DELIVERY ROOM & LABOR ROOM	52.00	917	0		36.00
37.00	ANESTHESIOLOGY	53.00	389	0		37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	5,391	0		38.00
39.00	TDOC RADIOLOGY	54.01	366	0		39.00
40.00	CDI RADIOLOGY	54.02	1,515	0		40.00
41.00	CT SCAN	57.00	697	0		41.00
42.00	TDOC CT SCAN	57.01	112	0		42.00
43.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	244	0		43.00
44.00	TDOC - MRI	58.01	124	0		44.00
45.00	CARDIAC CATHETERIZATION	59.00	1,316	0		45.00
46.00	LABORATORY	60.00	4,719	0		46.00
47.00	INTRAVENOUS THERAPY	64.00	2,152	0		47.00
48.00	BRAIN & SPINE INFUSION CENTER	64.01	93	0		48.00
49.00	RESPIRATORY THERAPY	65.00	1,735	0		49.00
50.00	PHYSICAL THERAPY	66.00	4,452	0		50.00
51.00	PHYSICAL THERAPY - SURREY	66.01	1,278	0		51.00
52.00	THERAPY SVCS - BRAIN & SPINE	66.02	100	0		52.00
53.00	OCCUPATIONAL THERAPY	67.00	750	0		53.00
54.00	SPEECH PATHOLOGY	68.00	159	0		54.00
55.00	ELECTROCARDIOLOGY	69.00	1,221	0		55.00
56.00	TDOC - ELECTROCARDIOLOGY	69.01	704	0		56.00
57.00	ELECTROENCEPHALOGRAPHY	70.00	260	0		57.00
58.00	SLEEP MEDICINE CLINIC	70.01	1,767	0		58.00
59.00	DRUGS CHARGED TO PATIENTS	73.00	2,556	0		59.00
60.00	NUTRITION/DIABETES EDUCATION	76.01	618	0		60.00
61.00	CARDIAC REHAB	76.02	1,844	0		61.00
62.00	HYPERBARIC OXYGEN THERAPY	76.03	390	0		62.00
63.00	CLINIC	90.00	55	0		63.00
64.00	EMERGENCY	91.00	3,899	0		64.00
65.00	URGENT CARE CENTERS	91.01	5,963	0		65.00
66.00	ADULT DOWN SYNDROME CENTER	91.02	120	0		66.00
67.00	HOME HEALTH AGENCY	101.00	2,838	0		67.00
68.00	HOSPICE	116.00	1,185	0		68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,927	0		69.00
70.00	DEVELOPMENT	194.01	353	0		70.00
71.00	COMMUNITY OUTREACH	194.02	346	0		71.00
72.00	FOUNTAIN CAFE	194.03	62	0		72.00
73.00	SLEEP RESEARCH	194.04	136	0		73.00
74.00	PHYSICIAN REFERRAL	194.07	268	0		74.00
75.00	MARKETING	194.11	691	0		75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	52	0		76.00
77.00	VOLUNTEERS	194.13	257	0		77.00
78.00	RETAIL PHARMACY	194.14	687	0		78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	73	0		79.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
80.00	EXECUTIVE HEALTH PROGRAM	194.16	73	0		80.00
81.00	VALET SERVICES	194.17	391	0		81.00
			155,109	0		
500.00	Grand Total: Increases		6,089,182	81,921,054		500.00

RECLASSIFICATIONS

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Period:
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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 - MED SUPPLIES CHGD TO PAT						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	322,063	0		1.00
	0		0	322,063			
	B - NUTRITION/DIABETES EDUCATION						
1.00	DIETARY	10.00	121,632	0	0		1.00
	0		121,632	0			
	C - EMPLOYEE BENEFITS						
1.00	VASCULAR ACCESS CENTER	50.01	0	45,499	0		1.00
2.00	CDI RADIOLOGY	54.02	0	501,755	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	934,939	0		3.00
	0		0	1,482,193			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,158	0		1.00
2.00	HOUSEKEEPING	9.00	0	4,057	0		2.00
3.00	DIETARY	10.00	0	4,735	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,309	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	564,867	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	31,795	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	53,614	0		7.00
8.00	NURSERY	43.00	0	4,312	0		8.00
9.00	OPERATING ROOM	50.00	0	169,203	0		9.00
10.00	VASCULAR ACCESS CENTER	50.01	0	20,632	0		10.00
11.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	35,986	0		11.00
12.00	RECOVERY ROOM	51.00	0	21,539	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,994	0		13.00
14.00	TDOC RADIOLOGY	54.01	0	12,940	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,944	0		15.00
16.00	TDOC - MRI	58.01	0	8,966	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	20,071	0		17.00
18.00	LABORATORY	60.00	0	3,192	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	5,737	0		19.00
20.00	BRAIN & SPINE INFUSION CENTER	64.01	0	1,179	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	42,811	0		21.00
22.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,585	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	11,222	0		23.00
24.00	TDOC - ELECTROCARDIOLOGY	69.01	0	17,704	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,900	0		25.00
26.00	SLEEP MEDICINE CLINIC	70.01	0	2,134	0		26.00
27.00	CARDIAC REHAB	76.02	0	9,978	0		27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.03	0	19,632	0		28.00
29.00	EMERGENCY	91.00	0	83,423	0		29.00
30.00	URGENT CARE CENTERS	91.01	0	23,973	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,726	0		31.00
32.00	SLEEP RESEARCH	194.04	0	7,232	0		32.00
	0		0	1,310,550			
	E - RENTAL/LEASES						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	89,112	10		1.00
2.00	CAFETERIA	11.00	0	24,445	10		2.00
3.00	NURSING ADMINISTRATION	13.00	0	100	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	300,964	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,554	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	36,214	0		6.00
7.00	OTHER LONG TERM CARE	46.00	0	1,256	0		7.00
8.00	OPERATING ROOM	50.00	0	90,633	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,400	0		9.00
10.00	CDI RADIOLOGY	54.02	0	839	0		10.00
11.00	INTRAVENOUS THERAPY	64.00	0	3,889	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	7,479	0		12.00
13.00	SLEEP MEDICINE CLINIC	70.01	0	798	0		13.00
14.00	EMERGENCY	91.00	0	58,804	0		14.00
15.00	HOSPICE	116.00	0	139,729	0		15.00
16.00	DEVELOPMENT	194.01	0	1,975	0		16.00
17.00	FOUNTAIN CAFE	194.03	0	2,906	0		17.00
18.00	RETAIL PHARMACY	194.14	0	6,352	0		18.00
	0		0	770,449			
	F - INSURANCE AND FEES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,201,306	12		1.00
	0		0	8,201,306			

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - TELEPHONE EXPENSE						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	352,572	0		1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	19,684	0		2.00
	0		0	372,256			
	H - MOB DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,303,485	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	0		0	12,303,485			
	I - INTEREST ON BONDS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,515,520	11		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	1,515,520			
	K - CLINICAL PASTORAL EDUCATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	89,054	102,614	0		1.00
	0		89,054	102,614			
	L - ALLOCATION OF SECURITY						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	107,589	0	0		1.00
	0		107,589	0			
	M - MAINT AND HOUSEKEEPING RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	166,680	71,640	0		1.00
2.00		0.00	0	0	0		2.00
	0		166,680	71,640			
	N - MOB PROPERTY TAX						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,165,000	0		1.00
	0		0	1,165,000			
	O - PROPERTY INSURANCE						
1.00	ADMIN & GENERAL - SURREY	5.05	0	10,349	12		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	447,919	12		2.00
3.00		0.00	0	0	0		3.00
	0		0	458,268			
	P - WORKMENS COMPENSATION EXPENSE						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,432,016	0		1.00
	0		0	1,432,016			
	R - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	0	1,050,060	0		1.00
2.00	FOUNTAIN CAFE	194.03	0	52,012	0		2.00
	0		0	1,102,072			
	T - LOAN FORGIVENESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	416,286	0		1.00
	0		0	416,286			
	U - AUDIO/VISUAL						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	35,728	4,565	0		1.00
2.00		0.00	0	0	0		2.00
	0		35,728	4,565			
	V - PHARMACY EDUCATION						
1.00	DRUGS CHARGED TO PATIENTS	73.00	200,022	52,006	0		1.00
	0		200,022	52,006			
	W - LDRP ROUTINE EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	3,683,612	515,465	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,683,612	515,465			
	X - PHYSICIAN RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	430	116	0		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	290,726	0	0		2.00
	COSTS APPRVD						
3.00	INTENSIVE CARE UNIT	31.00	179,259	24,542	0		3.00
4.00	CORONARY CARE UNIT	32.00	4,349	390	0		4.00
5.00	VASCULAR ACCESS CENTER	50.01	10,874	655	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	37,242	20,236	0		6.00
7.00	SLEEP MEDICINE CLINIC	70.01	9,869	2,394	0		7.00
8.00	EMERGENCY	91.00	18,014	6,621	0		8.00
9.00	LABORATORY	60.00	0	3,022	0		9.00
	0		550,763	57,976			
	Y - SUPERVISOR RECLASSIFICATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	89,361	0	0		1.00
2.00	CT SCAN	57.00	36,445	0	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	54,920	0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	64,878	0	0		4.00
5.00	CARDIAC REHAB	76.02	87,603	0	0		5.00

RECLASSIFICATIONS

Provider CCN: 26-0179

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

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		
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	0		333,207	0			
	Z - VALET RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	160,821	0	0		1.00
	0		160,821	0			
	AA - PATIENT BILLING RECLASSIFICATION						
1.00	CDI RADIOLOGY	54.02	0	65,826	0		1.00
2.00	HOME HEALTH AGENCY	101.00	48,864	0	0		2.00
3.00	HOSPICE	116.00	19,815	0	0		3.00
	0		68,679	65,826			
	AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	MAINTENANCE & REPAIRS	6.00	0	14,203	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	14,203			
	AC - IMPLANT RECLASSIFICATION						
1.00	ADULTS & PEDIATRICS	30.00	0	1,230,185	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	145,661	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	153,130	0		3.00
4.00	NURSERY	43.00	0	12,265	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	63,887	0		5.00
6.00	OTHER LONG TERM CARE	46.00	0	10,187	0		6.00
7.00	OPERATING ROOM	50.00	0	29,539,551	0		7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	1,459,927	0		8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	34,144	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	719,895	0		10.00
11.00	RECOVERY ROOM	51.00	0	26,921	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16,677	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	586,078	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,748,358	0		14.00
15.00	TDOD RADIOLOGY	54.01	0	121,800	0		15.00
16.00	CDI RADIOLOGY	54.02	0	14,557	0		16.00
17.00	CT SCAN	57.00	0	209,635	0		17.00
18.00	TDOD CT SCAN	57.01	0	42,199	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	70,853	0		19.00
20.00	TDOD - MRI	58.01	0	40,033	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	13,191,761	0		21.00
22.00	LABORATORY	60.00	0	58,656	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	342,111	0		23.00
24.00	BRAIN & SPINE INFUSION CENTER	64.01	0	2,204	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	34,496	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	13,229	0		26.00
27.00	PHYSICAL THERAPY - SURREY	66.01	0	1,292	0		27.00
28.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	34	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	232	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	156	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	32,258	0		31.00
32.00	TDOD - ELECTROCARDIOLOGY	69.01	0	2,720	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	985	0		33.00
34.00	SLEEP MEDICINE CLINIC	70.01	0	21,028	0		34.00
35.00	DRUGS CHARGED TO PATIENTS	73.00	0	214,356	0		35.00
36.00	NUTRITION/DIABETES EDUCATION	76.01	0	15	0		36.00
37.00	CARDIAC REHAB	76.02	0	6,115	0		37.00
38.00	HYPERBARIC OXYGEN THERAPY	76.03	0	235,983	0		38.00
39.00	CLINIC	90.00	0	78	0		39.00
40.00	EMERGENCY	91.00	0	144,206	0		40.00
41.00	URGENT CARE CENTERS	91.01	0	53,707	0		41.00
42.00	ADULT DOWN SYNDROME CENTER	91.02	0	16	0		42.00
	0		0	50,601,581			
	AD - EMPLOYEE HOLIDAY GIFT CARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	155,109	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00

RECLASSIFICATIONS

Provider CCN: 26-0179

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:38 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
	0		0	155,109			
500.00	Grand Total: Decreases		5,517,787	82,492,449			500.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/26/2019 9:38 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - MED SUPPLIES CHGD TO PAT									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	322,063	CENTRAL SERVICES & SUPPLY	14.00	0	322,063	1.00
	0		0	322,063	0		0	322,063	
B - NUTRITION/DIABETES EDUCATION									
1.00	NUTRITION/DIABETES EDUCATION	76.01	121,632	0	DIETARY	10.00	121,632	0	1.00
	0		121,632	0	0		121,632	0	
C - EMPLOYEE BENEFITS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,482,193	VASCULAR ACCESS CENTER	50.01	0	45,499	1.00
2.00		0.00	0	0	CDI RADIOLOGY	54.02	0	501,755	2.00
3.00		0.00	0	0	HOME HEALTH AGENCY	101.00	0	934,939	3.00
	0		0	1,482,193	0		0	1,482,193	
D - LAUNDRY/LINEN RECLASSIFICATION									
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,310,550	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,158	1.00
2.00		0.00	0	0	HOUSEKEEPING	9.00	0	4,057	2.00
3.00		0.00	0	0	DIETARY	10.00	0	4,735	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	23,309	4.00
5.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	564,867	5.00
6.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	31,795	6.00
7.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	53,614	7.00
8.00		0.00	0	0	NURSERY	43.00	0	4,312	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	169,203	9.00
10.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	20,632	10.00
11.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	35,986	11.00
12.00		0.00	0	0	RECOVERY ROOM	51.00	0	21,539	12.00
13.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	72,994	13.00
14.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	12,940	14.00
15.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,944	15.00
16.00		0.00	0	0	TDOC - MRI	58.01	0	8,966	16.00
17.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	20,071	17.00
18.00		0.00	0	0	LABORATORY	60.00	0	3,192	18.00
19.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	5,737	19.00
20.00		0.00	0	0	BRAIN & SPINE INFUSION CENTER	64.01	0	1,179	20.00
21.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	42,811	21.00
22.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,585	22.00
23.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	11,222	23.00
24.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	17,704	24.00
25.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	2,900	25.00
26.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	2,134	26.00
27.00		0.00	0	0	CARDIAC REHAB	76.02	0	9,978	27.00
28.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	19,632	28.00
29.00		0.00	0	0	EMERGENCY	91.00	0	83,423	29.00
30.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	23,973	30.00
31.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,726	31.00
32.00		0.00	0	0	SLEEP RESEARCH	194.04	0	7,232	32.00
	0		0	1,310,550	0		0	1,310,550	
E - RENTAL/LEASES									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	732,979	ADMIN & GENERAL - HOSPITAL	5.06	0	89,112	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	37,470	CAFETERIA	11.00	0	24,445	2.00
3.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	100	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	300,964	4.00
5.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	2,554	5.00
6.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	36,214	6.00
7.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	1,256	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	90,633	8.00
9.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,400	9.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
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To 06/30/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
10.00		0.00	0	0	CDI RADIOLOGY	54.02	0	839	10.00
11.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	3,889	11.00
12.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	7,479	12.00
13.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	798	13.00
14.00		0.00	0	0	EMERGENCY	91.00	0	58,804	14.00
15.00		0.00	0	0	HOSPICE	116.00	0	139,729	15.00
16.00		0.00	0	0	DEVELOPMENT	194.01	0	1,975	16.00
17.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	2,906	17.00
18.00		0.00	0	0	RETAIL PHARMACY	194.14	0	6,352	18.00
				770,449				770,449	
F - INSURANCE AND FEES									
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	8,201,306	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,201,306	1.00
				8,201,306				8,201,306	
G - TELEPHONE EXPENSE									
1.00	NONPATIENT TELEPHONES	5.01	0	352,572	ADMIN & GENERAL - HOSPITAL	5.06	0	352,572	1.00
2.00	NONPATIENT TELEPHONES	5.03	0	19,684	ADMIN & GENERAL - SURREY	5.05	0	19,684	2.00
				372,256				372,256	
H - MOB DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,334,613	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,303,485	1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	23,193		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	780		0.00	0	0	3.00
4.00	SLEEP MEDICINE CLINIC	70.01	0	107		0.00	0	0	4.00
5.00	URGENT CARE CENTERS	91.01	0	336,419		0.00	0	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,608,373		0.00	0	0	6.00
				12,303,485				12,303,485	
I - INTEREST ON BONDS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,325,043	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,515,520	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	32,500		0.00	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	157,977		0.00	0	0	3.00
				1,515,520				1,515,520	
K - CLINICAL PASTORAL EDUCATION									
1.00	CLINICAL PASTORAL EDUCATION	23.01	89,054	102,614	ADMIN & GENERAL - HOSPITAL	5.06	89,054	102,614	1.00
			89,054	102,614			89,054	102,614	
L - ALLOCATION OF SECURITY									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	107,589	0	ADMIN & GENERAL - HOSPITAL	5.06	107,589	0	1.00
			107,589	0			107,589	0	
M - MAINT AND HOUSEKEEPING RECLASS									
1.00	MAINTENANCE & REPAIRS	6.00	0	47,020	PHYSICIANS' PRIVATE OFFICES	192.00	166,680	71,640	1.00
2.00	HOUSEKEEPING	9.00	166,680	24,620		0.00	0	0	2.00
			166,680	71,640			166,680	71,640	
N - MOB PROPERTY TAX									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,165,000	ADMIN & GENERAL - HOSPITAL	5.06	0	1,165,000	1.00
				1,165,000				1,165,000	
O - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	344,974	ADMIN & GENERAL - SURREY	5.05	0	10,349	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,349	ADMIN & GENERAL - HOSPITAL	5.06	0	447,919	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	102,945		0.00	0	0	3.00
				458,268				458,268	
P - WORKMENS COMPENSATION EXPENSE									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,432,016	ADMIN & GENERAL - HOSPITAL	5.06	0	1,432,016	1.00
				1,432,016				1,432,016	
R - CAFETERIA RECLASS									
1.00	DIETARY	10.00	0	1,102,072	CAFETERIA	11.00	0	1,050,060	1.00
2.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	52,012	2.00
				1,102,072				1,102,072	

RECLASSIFICATIONS

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Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
T - LOAN FORGIVENESS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	416,286	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	416,286	1.00
	0		416,286	0	0		0	416,286	
U - AUDIO/VISUAL									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	15,975	2,041	ADMIN & GENERAL - HOSPITAL	5.06	35,728	4,565	1.00
2.00	COMMUNITY OUTREACH	194.02	19,753	2,524	0	0.00	0	0	2.00
	0		35,728	4,565	0		35,728	4,565	
V - PHARMACY EDUCATION									
1.00	PHARMACY EDUCATION	23.02	200,022	52,006	DRUGS CHARGED TO PATIENTS	73.00	200,022	52,006	1.00
	0		200,022	52,006	0		200,022	52,006	
W - LDRP ROUTINE EXPENSE									
1.00	NURSERY	43.00	2,529,117	353,911	ADULTS & PEDIATRICS	30.00	3,683,612	515,465	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,154,495	161,554	0	0.00	0	0	2.00
	0		3,683,612	515,465	0		3,683,612	515,465	
X - PHYSICIAN RECLASSIFICATION									
1.00	ADULTS & PEDIATRICS	30.00	545,242	36,693	ADMIN & GENERAL - HOSPITAL	5.06	430	116	1.00
2.00	ELECTROCARDIOLOGY	69.00	5,521	1,143	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	290,726	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	20,140	INTENSIVE CARE UNIT	31.00	179,259	24,542	3.00
4.00	0	0.00	0	0	CORONARY CARE UNIT	32.00	4,349	390	4.00
5.00	0	0.00	0	0	VASCULAR ACCESS CENTER	50.01	10,874	655	5.00
6.00	0	0.00	0	0	CARDIAC CATHETERIZATION	59.00	37,242	20,236	6.00
7.00	0	0.00	0	0	SLEEP MEDICINE CLINIC	70.01	9,869	2,394	7.00
8.00	0	0.00	0	0	EMERGENCY	91.00	18,014	6,621	8.00
9.00	0	0.00	0	0	LABORATORY	60.00	0	3,022	9.00
	0		550,763	57,976	0		550,763	57,976	
Y - SUPERVISOR RECLASSIFICATION									
1.00	TDOC RADIOLOGY	54.01	33,000	0	RADIOLOGY-DIAGNOSTIC	54.00	89,361	0	1.00
2.00	CT SCAN	57.00	45,849	0	CT SCAN	57.00	36,445	0	2.00
3.00	TDOC CT SCAN	57.01	12,185	0	ELECTROCARDIOLOGY	69.00	54,920	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	22,606	0	DRUGS CHARGED TO PATIENTS	73.00	64,878	0	4.00
5.00	TDOC - MRI	58.01	12,166	0	CARDIAC REHAB	76.02	87,603	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	74,502	0	0	0.00	0	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	9,205	0	0	0.00	0	0	7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	58,816	0	0	0.00	0	0	8.00
9.00	RETAIL PHARMACY	194.14	64,878	0	0	0.00	0	0	9.00
	0		333,207	0	0		333,207	0	
Z - VALET RECLASSIFICATION									
1.00	VALET SERVICES	194.17	160,821	0	ADMIN & GENERAL - HOSPITAL	5.06	160,821	0	1.00
	0		160,821	0	0		160,821	0	
AA - PATIENT BILLING RECLASSIFICATION									
1.00	ADMIN & GENERAL - HOSPITAL	5.06	68,679	65,826	CDI RADIOLOGY	54.02	0	65,826	1.00
2.00	0	0.00	0	0	HOME HEALTH AGENCY	101.00	48,864	0	2.00
3.00	0	0.00	0	0	HOSPICE	116.00	19,815	0	3.00
	0		68,679	65,826	0		68,679	65,826	
AB - MERCY CLINICAL ENGINEERING RECLASS									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,807	MAINTENANCE & REPAIRS	6.00	0	14,203	1.00
2.00	COMMUNITY OUTREACH	194.02	0	396	0	0.00	0	0	2.00
	0		0	14,203	0		0	14,203	
AC - IMPLANT RECLASSIFICATION									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,415,301	ADULTS & PEDIATRICS	30.00	0	1,230,185	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	39,186,280	INTENSIVE CARE UNIT	31.00	0	145,661	2.00
3.00	0	0.00	0	0	CORONARY CARE UNIT	32.00	0	153,130	3.00
4.00	0	0.00	0	0	NURSERY	43.00	0	12,265	4.00
5.00	0	0.00	0	0	SKILLED NURSING FACILITY	44.00	0	63,887	5.00
6.00	0	0.00	0	0	OTHER LONG TERM CARE	46.00	0	10,187	6.00
7.00	0	0.00	0	0	OPERATING ROOM	50.00	0	29,539,551	7.00

RECLASSIFICATIONS

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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
8.00	0.00	0		0	VASCULAR ACCESS CENTER	50.01	0	1,459,927	8.00
9.00	0.00	0		0	PAIN MGMT - BRAIN & SPINE	50.02	0	34,144	9.00
10.00	0.00	0		0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	719,895	10.00
11.00	0.00	0		0	RECOVERY ROOM	51.00	0	26,921	11.00
12.00	0.00	0		0	DELIVERY ROOM & LABOR ROOM	52.00	0	16,677	12.00
13.00	0.00	0		0	ANESTHESIOLOGY	53.00	0	586,078	13.00
14.00	0.00	0		0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,748,358	14.00
15.00	0.00	0		0	TDOC RADIOLOGY	54.01	0	121,800	15.00
16.00	0.00	0		0	CDI RADIOLOGY	54.02	0	14,557	16.00
17.00	0.00	0		0	CT SCAN	57.00	0	209,635	17.00
18.00	0.00	0		0	TDOC CT SCAN	57.01	0	42,199	18.00
19.00	0.00	0		0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	70,853	19.00
20.00	0.00	0		0	TDOC - MRI	58.01	0	40,033	20.00
21.00	0.00	0		0	CARDIAC CATHETERIZATION	59.00	0	13,191,761	21.00
22.00	0.00	0		0	LABORATORY	60.00	0	58,656	22.00
23.00	0.00	0		0	INTRAVENOUS THERAPY	64.00	0	342,111	23.00
24.00	0.00	0		0	BRAIN & SPINE INFUSION CENTER	64.01	0	2,204	24.00
25.00	0.00	0		0	RESPIRATORY THERAPY	65.00	0	34,496	25.00
26.00	0.00	0		0	PHYSICAL THERAPY	66.00	0	13,229	26.00
27.00	0.00	0		0	PHYSICAL THERAPY - SURREY	66.01	0	1,292	27.00
28.00	0.00	0		0	THERAPY SVCS - BRAIN & SPINE	66.02	0	34	28.00
29.00	0.00	0		0	OCCUPATIONAL THERAPY	67.00	0	232	29.00
30.00	0.00	0		0	SPEECH PATHOLOGY	68.00	0	156	30.00
31.00	0.00	0		0	ELECTROCARDIOLOGY	69.00	0	32,258	31.00
32.00	0.00	0		0	TDOC - ELECTROCARDIOLOGY	69.01	0	2,720	32.00
33.00	0.00	0		0	ELECTROENCEPHALOGRAPH Y	70.00	0	985	33.00
34.00	0.00	0		0	SLEEP MEDICINE CLINIC	70.01	0	21,028	34.00
35.00	0.00	0		0	DRUGS CHARGED TO PATIENTS	73.00	0	214,356	35.00
36.00	0.00	0		0	NUTRITION/DIABETES EDUCATION	76.01	0	15	36.00
37.00	0.00	0		0	CARDIAC REHAB	76.02	0	6,115	37.00
38.00	0.00	0		0	HYPERBARIC OXYGEN THERAPY	76.03	0	235,983	38.00
39.00	0.00	0		0	CLINIC	90.00	0	78	39.00
40.00	0.00	0		0	EMERGENCY	91.00	0	144,206	40.00
41.00	0.00	0		0	URGENT CARE CENTERS	91.01	0	53,707	41.00
42.00	0.00	0		0	ADULT DOWN SYNDROME CENTER	91.02	0	16	42.00
0		0	50,601,581	0			0	50,601,581	
AD - EMPLOYEE HOLIDAY GIFT CARDS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,570	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	155,109	1.00
2.00	NONPATIENT TELEPHONES	5.01	702	0		0.00	0	0	2.00
3.00	ADMITTING	5.04	2,026	0		0.00	0	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	411	0		0.00	0	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	17,569	0		0.00	0	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	2,026	0		0.00	0	0	6.00
7.00	PURCHASING	6.01	697	0		0.00	0	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	203	0		0.00	0	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	170	0		0.00	0	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	42	0		0.00	0	0	10.00
11.00	HOUSEKEEPING	9.00	5,638	0		0.00	0	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	436	0		0.00	0	0	12.00
13.00	DIETARY	10.00	3,695	0		0.00	0	0	13.00
14.00	DIETARY - SURREY	10.01	1,438	0		0.00	0	0	14.00
15.00	CAFETERIA	11.00	829	0		0.00	0	0	15.00
16.00	NURSING	13.00	1,036	0		0.00	0	0	16.00
	ADMINISTRATION								

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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
17.00	NURSING	13.01	131	0		0.00	0	0	17.00
	ADMINISTRATION - SURREY								
18.00	CENTRAL SERVICES & SUPPLY	14.00	2,348	0		0.00	0	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	4,046	0		0.00	0	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	417	0		0.00	0	0	20.00
21.00	SOCIAL SERVICE - SURREY	17.01	252	0		0.00	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,620	0		0.00	0	0	22.00
23.00	CLINICAL PASTORAL EDUCATION	23.01	113	0		0.00	0	0	23.00
24.00	PHARMACY EDUCATION	23.02	150	0		0.00	0	0	24.00
25.00	ADULTS & PEDIATRICS	30.00	24,197	0		0.00	0	0	25.00
26.00	INTENSIVE CARE UNIT	31.00	2,398	0		0.00	0	0	26.00
27.00	CORONARY CARE UNIT	32.00	2,676	0		0.00	0	0	27.00
28.00	NURSERY	43.00	2,952	0		0.00	0	0	28.00
29.00	SKILLED NURSING FACILITY	44.00	2,651	0		0.00	0	0	29.00
30.00	OTHER LONG TERM CARE	46.00	2,660	0		0.00	0	0	30.00
31.00	OPERATING ROOM	50.00	10,014	0		0.00	0	0	31.00
32.00	VASCULAR ACCESS CENTER	50.01	287	0		0.00	0	0	32.00
33.00	PAIN MGMT - BRAIN & SPINE	50.02	307	0		0.00	0	0	33.00
34.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	1,093	0		0.00	0	0	34.00
35.00	RECOVERY ROOM	51.00	1,064	0		0.00	0	0	35.00
36.00	DELIVERY ROOM & LABOR ROOM	52.00	917	0		0.00	0	0	36.00
37.00	ANESTHESIOLOGY	53.00	389	0		0.00	0	0	37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	5,391	0		0.00	0	0	38.00
39.00	TDOD RADIOLOGY	54.01	366	0		0.00	0	0	39.00
40.00	CDI RADIOLOGY	54.02	1,515	0		0.00	0	0	40.00
41.00	CT SCAN	57.00	697	0		0.00	0	0	41.00
42.00	TDOD CT SCAN	57.01	112	0		0.00	0	0	42.00
43.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	244	0		0.00	0	0	43.00
44.00	TDOD - MRI	58.01	124	0		0.00	0	0	44.00
45.00	CARDIAC CATHETERIZATION	59.00	1,316	0		0.00	0	0	45.00
46.00	LABORATORY	60.00	4,719	0		0.00	0	0	46.00
47.00	INTRAVENOUS THERAPY	64.00	2,152	0		0.00	0	0	47.00
48.00	BRAIN & SPINE INFUSION CENTER	64.01	93	0		0.00	0	0	48.00
49.00	RESPIRATORY THERAPY	65.00	1,735	0		0.00	0	0	49.00
50.00	PHYSICAL THERAPY	66.00	4,452	0		0.00	0	0	50.00
51.00	PHYSICAL THERAPY - SURREY	66.01	1,278	0		0.00	0	0	51.00
52.00	THERAPY SVCS - BRAIN & SPINE	66.02	100	0		0.00	0	0	52.00
53.00	OCCUPATIONAL THERAPY	67.00	750	0		0.00	0	0	53.00
54.00	SPEECH PATHOLOGY	68.00	159	0		0.00	0	0	54.00
55.00	ELECTROCARDIOLOGY	69.00	1,221	0		0.00	0	0	55.00
56.00	TDOD - ELECTROCARDIOLOGY	69.01	704	0		0.00	0	0	56.00
57.00	ELECTROENCEPHALOGRAPH Y	70.00	260	0		0.00	0	0	57.00
58.00	SLEEP MEDICINE CLINIC	70.01	1,767	0		0.00	0	0	58.00
59.00	DRUGS CHARGED TO PATIENTS	73.00	2,556	0		0.00	0	0	59.00
60.00	NUTRITION/DIABETES EDUCATION	76.01	618	0		0.00	0	0	60.00
61.00	CARDIAC REHAB	76.02	1,844	0		0.00	0	0	61.00
62.00	HYPERBARIC OXYGEN THERAPY	76.03	390	0		0.00	0	0	62.00
63.00	CLINIC	90.00	55	0		0.00	0	0	63.00
64.00	EMERGENCY	91.00	3,899	0		0.00	0	0	64.00
65.00	URGENT CARE CENTERS	91.01	5,963	0		0.00	0	0	65.00
66.00	ADULT DOWN SYNDROME CENTER	91.02	120	0		0.00	0	0	66.00
67.00	HOME HEALTH AGENCY	101.00	2,838	0		0.00	0	0	67.00

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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
68.00	HOSPICE	116.00	1,185	0		0.00	0	0	68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,927	0		0.00	0	0	69.00
70.00	DEVELOPMENT	194.01	353	0		0.00	0	0	70.00
71.00	COMMUNITY OUTREACH	194.02	346	0		0.00	0	0	71.00
72.00	FOUNTAIN CAFE	194.03	62	0		0.00	0	0	72.00
73.00	SLEEP RESEARCH	194.04	136	0		0.00	0	0	73.00
74.00	PHYSICIAN REFERRAL	194.07	268	0		0.00	0	0	74.00
75.00	MARKETING	194.11	691	0		0.00	0	0	75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	52	0		0.00	0	0	76.00
77.00	VOLUNTEERS	194.13	257	0		0.00	0	0	77.00
78.00	RETAIL PHARMACY	194.14	687	0		0.00	0	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	73	0		0.00	0	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	73	0		0.00	0	0	80.00
81.00	VALET SERVICES	194.17	391	0		0.00	0	0	81.00
			155,109	0			0	155,109	
500.00	Grand Total: Increases		6,089,182	81,921,054	Grand Total: Decreases		5,517,787	82,492,449	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

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	17,267,852	0	0	0	0	1.00	
2.00	Land Improvements	13,263,192	10,533	0	10,533	0	2.00	
3.00	Buildings and Fixtures	368,839,165	5,329,237	0	5,329,237	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	245,112,942	19,174,607	0	19,174,607	4,298,984	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	644,483,151	24,514,377	0	24,514,377	4,298,984	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	644,483,151	24,514,377	0	24,514,377	4,298,984	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,267,852	0				1.00	
2.00	Land Improvements	13,273,725	0				2.00	
3.00	Buildings and Fixtures	374,168,402	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	259,988,565	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	664,698,544	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	664,698,544	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

Period:
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Part II
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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
2.00	CAP REL COSTS-MVBLE EQUIP	25,129,880	0	2,803,799	8,201,306	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	444,783	0	58,032	0	0	2.01
3.00	Total (sum of lines 1-2)	25,574,663	0	2,861,831	8,201,306	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	36,134,985				2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	502,815				2.01
3.00	Total (sum of lines 1-2)	0	36,637,800				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

Period:
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Part III
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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	404,709,979	0	404,709,979	0.608862	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	259,988,565	0	259,988,565	0.391138	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	664,698,544	0	664,698,544	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,338,083	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,826,395	732,979	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	444,783	37,470	2.01
3.00	Total (sum of lines 1-2)	0	0	0	21,609,261	770,449	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,383,298	344,974	0	0	10,066,355	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,712	0	0	0	13,573,086	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	10,929	10,349	0	0	503,531	2.01
3.00	Total (sum of lines 1-2)	1,407,939	355,323	0	0	24,142,972	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:38 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,075,494	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.01	0	2.01
3.00	Investment income - other (chapter 2)	B	-47,103	CAP REL COSTS-MVBLE EQUIP	2.01	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-202,471	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-26,085,830			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	-6,657,846			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,543,018	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-71,934	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.01	0	27.01
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:38 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
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-128,224	PHYSICIANS' PRIVATE OFFICES		192.00	0 33.00
33.01	NON-ALLOWABLE INTEREST OFFSET	A	-1,274,567	CAP REL COSTS-MVBLE EQUIP		2.00	11 33.01
33.02	TELEPHONE BENEFITS	A	-27,919	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.02
33.03	GUEST MEALS	B	-66,296	DIETARY		10.00	0 33.03
33.04	CHAPLAIN INCOME	B	-3,827	ADMIN & GENERAL - HOSPITAL		5.06	0 33.04
33.05	MEALS ON WHEELS	B	-51,225	DIETARY		10.00	0 33.05
33.06	TDOC CORNER GOURMET INCOME	B	-270,422	DIETARY		10.00	0 33.06
33.07	SNF CAFETERIA MEALS	B	-20,851	DIETARY - SURREY		10.01	0 33.07
33.08	LACTATION INCOME	B	-8,572	ADULTS & PEDIATRICS		30.00	0 33.08
33.09	PHYSICAL THERAPY INCOME	B	-17,026	PHYSICAL THERAPY		66.00	0 33.09
33.10	SPORTS MEDICINE INCOME	B	-47,813	PHYSICAL THERAPY		66.00	0 33.10
33.11	LACTATION INCOME	B	-502	ADULTS & PEDIATRICS		30.00	0 33.11
33.12	SPORTS MEDICINE INCOME	B	-97,505	PHYSICAL THERAPY		66.00	0 33.12
33.13	MASSAGE THERAPY	B	-107,546	PHYSICAL THERAPY		66.00	0 33.13
33.14	SPORTS MEDICINE INCOME	B	-13,220	PHYSICAL THERAPY		66.00	0 33.14
33.15	SPORTS MEDICINE INCOME	B	-7,217	PHYSICAL THERAPY		66.00	0 33.15
33.16	THERAPY SERVICESWINGHAVEN	B	-2,490	PHYSICAL THERAPY		66.00	0 33.16
33.17	SPEECH PATHOLOGY INCOME	B	-484	SPEECH PATHOLOGY		68.00	0 33.17
33.18	NUTRITION REFERENCE BOOKS	B	-8,040	SLEEP MEDICINE CLINIC		70.01	0 33.18
33.19	NUTRITION REFERENCE BOOKS	B	-15	NUTRITION/DIABETES EDUCATION		76.01	0 33.19
33.20	MISCELLANEOUS INCOME	B	-33,439	ADMIN & GENERAL - HOSPITAL		5.06	0 33.20
33.21	MOONLIGHTERS SALARIES	A	-72,400	I&R SERVICES-OTHER PRGM		22.00	0 33.21
33.22	MOONLIGHTERS BENEFITS	A	-18,824	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.22
33.23	ADVERTISING	A	-2,322	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.23
33.24	ADVERTISING	A	-1,056	ADMIN & GENERAL - SURREY		5.05	0 33.24
33.25	ADVERTISING	A	-60,750	ADMIN & GENERAL - HOSPITAL		5.06	0 33.25
33.26	ADVERTISING	A	-3,980	ADULTS & PEDIATRICS		30.00	0 33.26
33.27	ADVERTISING	A	-2,578	VASCULAR ACCESS CENTER		50.01	0 33.27
33.28	ADVERTISING	A	-2,773	RADIOLOGY-DIAGNOSTIC		54.00	0 33.28
33.29	ADVERTISING	A	-3,683	PHYSICAL THERAPY		66.00	0 33.29
33.30	ADVERTISING	A	25	ELECTROCARDIOLOGY		69.00	0 33.30
33.31	ADVERTISING	A	-325	HYPERBARIC OXYGEN THERAPY		76.03	0 33.31
33.32	ADVERTISING	A	-220	EMERGENCY		91.00	0 33.32
33.33	ADVERTISING	A	-12,822	URGENT CARE CENTERS		91.01	0 33.33
33.34	ADVERTISING	A	-2,084	HOME HEALTH AGENCY		101.00	0 33.34
33.35	ASSET LIVES	A	51,753	CAP REL COSTS-BLDG & FIXT		1.00	9 33.35
33.36	ASSET LIVES	A	14,850	PHYSICIANS' PRIVATE OFFICES		192.00	0 33.36
33.37	FRA TAX	A	6,189,002	ADMIN & GENERAL - HOSPITAL		5.06	0 33.37
33.38	RENT EXPENSE PAID FOR MOB SPACE	A	-3,601	EXECUTIVE HEALTH PROGRAM		194.16	0 33.38
33.39	RENT EXPENSE PAID FOR MOB SPACE	A	-185,440	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.39
33.40	RENT EXPENSE PAID FOR MOB SPACE	A	-7,056	NONPATIENT TELEPHONES		5.01	0 33.40
33.41	RENT EXPENSE PAID FOR MOB SPACE	A	-272,284	ADMIN & GENERAL - HOSPITAL		5.06	0 33.41
33.42	RENT EXPENSE PAID FOR MOB SPACE	A	-119,214	I&R SERVICES-OTHER PRGM		22.00	0 33.42
33.43	RENT EXPENSE PAID FOR MOB SPACE	A	-41,039	COSTS APPRVD		30.00	0 33.43
33.44	RENT EXPENSE PAID FOR MOB SPACE	A	-86,164	ADULTS & PEDIATRICS		30.00	0 33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-86,164	OPERATING ROOM		50.00	0 33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-33,695	PAIN MGMT - BRAIN & SPINE		50.02	0 33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-234,198	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		50.04	0 33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-435,514	RADIOLOGY-DIAGNOSTIC		54.00	0 33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	A	-28,233	CT SCAN		57.00	0 33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-491,916	LABORATORY		60.00	0 33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-153,630	INTRAVENOUS THERAPY		64.00	0 33.50

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:38 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	
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-42,243	BRAIN & SPINE INFUSION CENTER	64.01	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-14,013	PHYSICAL THERAPY	66.00	0	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-93,292	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.53
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-89,384	ELECTROCARDIOLOGY	69.00	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-61,502	ELECTROENCEPHALOGRAPHY	70.00	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-251,262	SLEEP MEDICINE CLINIC	70.01	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-72,787	DRUGS CHARGED TO PATIENTS	73.00	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-43,659	NUTRITION/DIABETES EDUCATION	76.01	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-49,202	CARDIAC REHAB	76.02	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-115,912	URGENT CARE CENTERS	91.01	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-42,562	ADULT DOWN SYNDROME CENTER	91.02	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-48,910	HOME HEALTH AGENCY	101.00	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-49,128	HOSPICE	116.00	0	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	A	-56,954	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	A	-5,459	FOUNTAIN CAFE	194.03	0	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	A	-7,880	PHYSICIAN REFERRAL	194.07	0	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	A	-25,930	RETAIL PHARMACY	194.14	0	33.67
33.68	NON-ALLOWABLE	A	-657,513	ADMIN & GENERAL - HOSPITAL	5.06	0	33.68
33.69	NON-ALLOWABLE	A	-75,153	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.69
33.70	NON-ALLOWABLE	A	-17,207	ADMIN & GENERAL - SURREY	5.05	0	33.70
33.71	NON-ALLOWABLE	A	-963,746	ADMIN & GENERAL - HOSPITAL	5.06	0	33.71
33.72	NON-ALLOWABLE	A	-8,979	MAINTENANCE & REPAIRS	6.00	0	33.72
33.73	NON-ALLOWABLE	A	-252	PURCHASING	6.01	0	33.73
33.74	NON-ALLOWABLE	A	-8,831	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.74
33.75	NON-ALLOWABLE	A	-55	ADMITTING	5.04	0	33.75
33.76	NON-ALLOWABLE	A	-1,371	HOUSEKEEPING	9.00	0	33.76
33.77	NON-ALLOWABLE	A	-280	DIETARY	10.00	0	33.77
33.78	NON-ALLOWABLE	A	-224	DIETARY - SURREY	10.01	0	33.78
33.79	NON-ALLOWABLE	A	-80	CAFETERIA	11.00	0	33.79
33.80	NON-ALLOWABLE	A	-5,239	NURSING ADMINISTRATION	13.00	0	33.80
33.81	NON-ALLOWABLE	A	-4	NURSING ADMINISTRATION - SURREY	13.01	0	33.81
33.82	NON-ALLOWABLE	A	-860	CENTRAL SERVICES & SUPPLY	14.00	0	33.82
33.83	NON-ALLOWABLE	A	-2,456	MEDICAL RECORDS & LIBRARY	16.00	0	33.83
33.84	NON-ALLOWABLE	A	-16,334	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.84
33.85	NON-ALLOWABLE	A	-14,356	ADULTS & PEDIATRICS	30.00	0	33.85
33.86	NON-ALLOWABLE	A	-45,001	INTENSIVE CARE UNIT	31.00	0	33.86
33.87	NON-ALLOWABLE	A	-390	CORONARY CARE UNIT	32.00	0	33.87
33.88	NON-ALLOWABLE	A	-345	RECOVERY ROOM	51.00	0	33.88
33.89	NON-ALLOWABLE	A	-1,312	SKILLED NURSING FACILITY	44.00	0	33.89
33.90	NON-ALLOWABLE	A	-856	CT SCAN	57.00	0	33.90
33.91	NON-ALLOWABLE	A	-8,566	OPERATING ROOM	50.00	0	33.91
33.92	NON-ALLOWABLE	A	-2,838	VASCULAR ACCESS CENTER	50.01	0	33.92
33.93	NON-ALLOWABLE	A	-390	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.93
33.94	NON-ALLOWABLE	A	-29,522	RADIOLOGY-DIAGNOSTIC	54.00	0	33.94
33.95	NON-ALLOWABLE	A	-7,559	LABORATORY	60.00	0	33.95
33.96	NON-ALLOWABLE	A	-4,015	INTRAVENOUS THERAPY	64.00	0	33.96
33.97	NON-ALLOWABLE	A	-1,792	PHYSICAL THERAPY	66.00	0	33.97
33.98	NON-ALLOWABLE	A	-280	PHYSICAL THERAPY - SURREY	66.01	0	33.98
33.99	NON-ALLOWABLE	A	-675	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:38 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	
34.00	NON-ALLOWABLE	A	-8,750	ELECTROCARDIOLOGY	69.00	0	34.00
34.01	NON-ALLOWABLE	A	-915	DRUGS CHARGED TO PATIENTS	73.00	0	34.01
34.02	NON-ALLOWABLE	A	-1,228	NUTRITION/DIABETES EDUCATION	76.01	0	34.02
34.03	NON-ALLOWABLE	A	-10,813	CARDIAC REHAB	76.02	0	34.03
34.04	NON-ALLOWABLE	A	-48,967	EMERGENCY	91.00	0	34.04
34.05	NON-ALLOWABLE	A	-38,165	URGENT CARE CENTERS	91.01	0	34.05
34.06	NON-ALLOWABLE	A	-7,897	ADULT DOWN SYNDROME CENTER	91.02	0	34.06
34.07	NON-ALLOWABLE	A	-1,443	HOME HEALTH AGENCY	101.00	0	34.07
34.08	NON-ALLOWABLE	A	-3,122	HOSPICE	116.00	0	34.08
34.09	LOBBYING	A	-39,537	ADMIN & GENERAL - HOSPITAL	5.06	0	34.09
34.10	PHYSICIAN BILLING	A	-5,826	ADULTS & PEDIATRICS	30.00	0	34.10
34.11	PHYSICIAN BILLING	A	-612	CORONARY CARE UNIT	32.00	0	34.11
34.12	PHYSICIAN BILLING	A	-4,171	SLEEP MEDICINE CLINIC	70.01	0	34.12
34.13	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-288,000	ADMIN & GENERAL - HOSPITAL	5.06	0	34.13
34.14	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-74,880	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.14
34.15	REVENUE ADD BACK	A	37,087	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.15
34.16	REVENUE ADD BACK	A	760,894	ADMIN & GENERAL - HOSPITAL	5.06	0	34.16
34.17	REVENUE ADD BACK	A	719,582	INTRAVENOUS THERAPY	64.00	0	34.17
34.18	REVENUE ADD BACK	A	513,778	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.18
34.19	REVENUE ADD BACK	A	171,905	COMMUNITY OUTREACH	194.02	0	34.19
34.20	SLEEP RESEARCH	A	196,424	SLEEP RESEARCH	194.04	0	34.20
34.21	REHAB HOSPITAL	A	72,600	REHAB HOSPITAL COVERAGE	194.15	0	34.21
34.22	CHAPLAIN INCOME	B	-4,433	CLINICAL PASTORAL EDUCATION	23.01	0	34.22
34.23	EDUCATION CENTER DEPRECIATION	A	-48,283	CAP REL COSTS-BLDG & FIXT	1.00	9	34.23
34.24	RCE	A	-413,356	I&R SERVICES-OTHER PRGM	22.00	0	34.24
				COSTS APPRVD			
34.25	LOSS ON REFINANCING	A	1,133,749	CAP REL COSTS-BLDG & FIXT	1.00	11	34.25
34.26	LOSS ON REFINANCING	A	1,252,979	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,979,027				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 26-0179

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 9:38 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILIL	4,643,495	9,618,647	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	1,126,575	1,300,849	2.00
3.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	719,132	1,067,142	3.00
4.00	5.06	ADMIN & GENERAL - HOSPITAL	NETWORK ALLOCATION	0	1,160,410	4.00
5.00	0		0	6,489,202	13,147,048	5.00

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

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

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

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

6.00	C		0.00	ST. LUKE'S CDI	31.00	6.00
7.00	C		0.00	ST. LUKE'S CDI	43.30	7.00
8.00	C		0.00	ST. LUKE'S CDI	30.00	8.00
9.00	C		0.00	SL DES PERES	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 26-0179

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 9:38 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-4,975,152	0		1.00
2.00	-174,274	0		2.00
3.00	-348,010	0		3.00
4.00	-1,160,410	0		4.00
5.00	-6,657,846			5.00

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

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

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

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

6.00	RADIOLOGY MGMT		6.00
7.00	RADIOLOGY MGMT		7.00
8.00	RADIOLOGY MGMT		8.00
9.00	HOSPITAL		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0179

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 9:38 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	126,585	126,585	0	211,500	0	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	22,842	0	22,842	211,500	226	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	306,361	0	306,361	211,500	3,867	3.00
4.00	30.00	ADULTS & PEDIATRICS	10,098,033	8,542,825	1,555,208	211,500	10,519	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,984,776	1,907,999	76,777	211,500	247	5.00
6.00	32.00	CORONARY CARE UNIT	1,345,446	1,340,707	4,739	211,500	35	6.00
7.00	43.00	NURSERY	50,000	50,000	0	211,500	0	7.00
8.00	50.00	OPERATING ROOM	2,043,213	1,410,328	632,885	246,400	1,871	8.00
9.00	50.01	VASCULAR ACCESS CENTER	653,001	233,314	419,687	246,400	1,529	9.00
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	10,500	10,500	0	246,400	0	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	24,438	24,438	0	239,400	0	11.00
12.00	53.00	ANESTHESIOLOGY	560,000	560,000	0	239,400	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	168,708	168,708	0	271,900	0	13.00
14.00	57.01	TDOC CT SCAN	33,510	33,510	0	271,900	0	14.00
15.00	60.00	LABORATORY	186,978	0	186,978	260,300	1,688	15.00
16.00	64.00	INTRAVENOUS THERAPY	82,574	0	82,574	271,900	309	16.00
17.00	64.01	BRAIN & SPINE INFUSION CENTER	89,896	89,896	0	211,500	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	6,664	0	6,664	211,500	28	18.00
19.00	59.00	CARDIAC CATHETERIZATION	30,453	0	30,453	211,500	516	19.00
20.00	70.01	SLEEP MEDICINE CLINIC	1,166,920	1,159,885	7,035	211,500	59	20.00
21.00	76.02	CARDIAC REHAB	133,638	132,858	780	211,500	20	21.00
22.00	91.00	EMERGENCY	5,741,184	5,219,437	521,747	211,500	1,973	22.00
23.00	91.01	URGENT CARE CENTERS	3,599,614	3,599,614	0	211,500	0	23.00
24.00	91.02	ADULT DOWN SYNDROME CENTER	4,383	4,383	0	211,500	0	24.00
200.00			28,469,717	24,614,987	3,854,730		22,887	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	2,165	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	22,980	1,149	0	0	246	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	393,207	19,660	0	0	1,925	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,069,600	53,480	0	0	313,045	4.00
5.00	31.00	INTENSIVE CARE UNIT	25,116	1,256	0	0	31,623	5.00
6.00	32.00	CORONARY CARE UNIT	3,559	178	0	0	30,424	6.00
7.00	43.00	NURSERY	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	221,641	11,082	0	0	61,003	8.00
9.00	50.01	VASCULAR ACCESS CENTER	181,128	9,056	0	0	3,795	9.00
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,490	13.00
14.00	57.01	TDOC CT SCAN	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	211,243	10,562	0	0	0	15.00
16.00	64.00	INTRAVENOUS THERAPY	40,393	2,020	0	0	1,224	16.00
17.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	954	17.00
18.00	69.00	ELECTROCARDIOLOGY	2,847	142	0	0	98	18.00
19.00	59.00	CARDIAC CATHETERIZATION	52,468	2,623	0	0	330	19.00
20.00	70.01	SLEEP MEDICINE CLINIC	5,999	300	0	0	11,509	20.00
21.00	76.02	CARDIAC REHAB	2,034	102	0	0	0	21.00
22.00	91.00	EMERGENCY	200,620	10,031	0	0	146,369	22.00
23.00	91.01	URGENT CARE CENTERS	0	0	0	0	66,996	23.00
24.00	91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	187	24.00
200.00			2,432,835	121,641	0	0	673,383	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	126,585		1.00
2.00	5.05	ADMIN & GENERAL - SURREY	246	23,226	0	0		2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	1,925	395,132	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	48,212	1,117,812	437,396	8,980,221		4.00
5.00	31.00	INTENSIVE CARE UNIT	1,223	26,339	50,438	1,958,437		5.00
6.00	32.00	CORONARY CARE UNIT	107	3,666	1,073	1,341,780		6.00
7.00	43.00	NURSERY	0	0	0	50,000		7.00
8.00	50.00	OPERATING ROOM	18,896	240,537	392,348	1,802,676		8.00
9.00	50.01	VASCULAR ACCESS CENTER	2,439	183,567	236,120	469,434		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0179

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 9:38 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	10,500		10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	24,438		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	560,000		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	168,708		13.00
14.00	57.01	TDOC CT SCAN	0	0	0	33,510		14.00
15.00	60.00	LABORATORY	0	211,243	0	0		15.00
16.00	64.00	INTRAVENOUS THERAPY	1,224	41,617	40,957	40,957		16.00
17.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	89,896		17.00
18.00	69.00	ELECTROCARDIOLOGY	98	2,945	3,719	3,719		18.00
19.00	59.00	CARDIAC CATHETERIZATION	330	52,798	0	0		19.00
20.00	70.01	SLEEP MEDICINE CLINIC	69	6,068	967	1,160,852		20.00
21.00	76.02	CARDIAC REHAB	0	2,034	0	132,858		21.00
22.00	91.00	EMERGENCY	13,302	213,922	307,825	5,527,262		22.00
23.00	91.01	URGENT CARE CENTERS	0	0	0	3,599,614		23.00
24.00	91.02	ADULT DOWN SYNDROME CENTER	0	0	0	4,383		24.00
200.00			88,071	2,520,906	1,470,843	26,085,830		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
		0	1.00	2.00	2.01	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,066,355	10,066,355			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,573,086	13,573,086			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	503,531	0	503,531		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	49,610,234	80,521	108,134	0	4.00
5.01	00591	NONPATIENT TELEPHONES	677,260	19,887	26,706	0	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	19,684	0	0	0	5.03
5.04	00540	ADMITTING	1,321,850	22,093	29,669	0	5.04
5.05	00593	ADMIN & GENERAL - SURREY	759,803	0	0	25,144	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	47,699,276	927,647	1,245,763	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	12,299,250	1,111,801	1,493,068	0	6.00
6.01	00601	PURCHASING	1,419,767	31,740	42,624	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	576,116	0	0	16,312	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,395,907	53,102	71,313	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	111,444	0	0	8,370	8.01
9.00	00900	HOUSEKEEPING	3,551,776	57,758	77,565	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	257,671	0	0	0	9.01
10.00	01000	DIETARY	1,976,930	206,825	277,751	0	10.00
10.01	01001	DIETARY - SURREY	1,380,187	0	0	18,769	10.01
11.00	01100	CAFETERIA	564,361	192,720	258,809	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	34,698	11.01
13.00	01300	NURSING ADMINISTRATION	3,163,832	24,330	32,673	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	210,528	0	0	1,638	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,061,990	236,130	317,106	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,822,401	87,383	117,349	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	251,407	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	145	26,506	35,595	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	288,811	0	0	1,175	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,432,390	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,470,482	5,006	6,723	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	187,348	19,050	25,583	0	23.01
23.02	02302	PHARMACY EDUCATION	252,178	5,310	7,131	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,568,298	1,983,456	2,637,604	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,937,128	128,374	172,397	0	31.00
32.00	03200	CORONARY CARE UNIT	3,569,454	186,908	251,004	0	32.00
43.00	04300	NURSERY	4,571,579	283,572	403,641	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,392,478	0	0	136,728	44.00
46.00	04600	OTHER LONG TERM CARE	2,155,138	0	0	240,325	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,581,833	944,262	1,268,076	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,503,865	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	330,750	58,063	77,974	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,843,076	123,946	166,450	0	50.04
51.00	05100	RECOVERY ROOM	1,460,696	71,087	95,465	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,339,251	95,508	242,381	0	52.00
53.00	05300	ANESTHESIOLOGY	514,644	2,206	2,963	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,106,581	716,014	909,899	0	54.00
54.01	05401	TDOC RADIOLOGY	489,264	40,306	54,128	0	54.01
54.02	05402	CDI RADIOLOGY	9,899,899	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,654,442	55,826	74,970	0	57.00
57.01	05701	TDOC CT SCAN	171,876	19,598	26,318	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	373,583	62,688	84,186	0	58.00
58.01	05801	TDOC - MRI	198,208	34,052	45,730	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,558,330	143,118	192,197	0	59.00
60.00	06000	LABORATORY	10,833,954	284,379	381,900	0	60.00
64.00	06400	INTRAVENOUS THERAPY	27,674,398	81,738	109,768	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	75,364	17,133	23,008	0	64.01
65.00	06500	RESPIRATORY THERAPY	2,104,508	25,486	34,226	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	806	0	0	427	65.01
66.00	06600	PHYSICAL THERAPY	5,020,366	316,103	424,504	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,501,196	0	0	18,342	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	559,237	55,126	74,030	0	66.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
			0	1.00	2.00	2.01	4.00	
67.00	06700	OCCUPATIONAL THERAPY	858,164	0	0	0	219,023	67.00
68.00	06800	SPEECH PATHOLOGY	220,842	1,141	1,533	0	56,382	68.00
69.00	06900	ELECTROCARDIOLOGY	1,741,617	55,506	74,541	0	384,329	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	810,557	67,511	90,663	0	184,800	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	310,275	27,829	37,373	0	69,541	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,755,203	124,996	167,860	0	720,235	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,737,364	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,186,280	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,471,368	93,637	125,747	0	1,070,430	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	610,632	15,337	20,597	0	155,871	76.01
76.02	03952	CARDIAC REHAB	2,570,255	160,996	216,206	0	560,184	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	515,949	103,085	138,436	0	101,467	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	39,177	0	0	0	9,227	90.00
91.00	09100	EMERGENCY	4,048,262	146,267	196,426	0	2,323,470	91.00
91.01	09101	URGENT CARE CENTERS	10,052,259	84,112	112,956	0	2,751,384	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	107,068	19,780	26,563	0	27,156	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,992,473	20,434	27,442	0	916,029	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,033,708	7,197	9,665	0	323,770	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	400,957,655	9,764,586	13,172,389	501,928	48,127,992	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,371	31,386	1,603	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,431,446	84,081	108,358	0	689,475	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	507,051	24,375	32,734	0	87,293	194.01
194.02	07952	COMMUNITY OUTREACH	868,031	18,624	25,010	0	127,107	194.02
194.03	07953	FOUNTAIN CAFE	36,331	3,271	4,393	0	6,706	194.03
194.04	07954	SLEEP RESEARCH	190,234	0	0	0	269	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	352,826	3,287	4,414	0	89,526	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	78,725	105,722	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,351,739	23,538	31,610	0	222,916	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	69,156	0	0	0	12,507	194.12
194.13	07963	VOLUNTEERS	266,285	20,085	26,972	0	61,090	194.13
194.14	07964	RETAIL PHARMACY	6,957,853	15,322	20,576	0	220,110	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	340,368	0	0	0	69,096	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	152,244	7,090	9,522	0	35,253	194.16
194.17	07967	VALET SERVICES	192,017	0	0	0	49,549	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	425,673,236	10,066,355	13,573,086	503,531	49,798,889	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
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To 06/30/2019Worksheet B
Part I
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Cost Center Description			NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES	845,300					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	20,117	39,801	0	39,801		5.03
5.04	00540	ADMITTING	14,484	1,728,760	0	0	1,728,760	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	915,630	0	6,736	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	131,161	56,715,880	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,679	15,444,033	0	0	0	6.00
6.01	00601	PURCHASING	5,230	1,688,202	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	640,397	0	2,449	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	402	1,543,440	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	124,090	0	612	0	8.01
9.00	00900	HOUSEKEEPING	15,289	4,429,142	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	309,826	0	4,286	0	9.01
10.00	01000	DIETARY	11,668	3,080,145	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,592,787	0	4,286	0	10.01
11.00	01100	CAFETERIA	2,414	1,138,171	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	34,698	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	10,058	3,614,690	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	264,587	0	2,449	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,851	4,050,577	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,312	6,044,416	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	316,268	0	3,062	0	16.01
17.00	01700	SOCIAL SERVICE	0	62,246	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	364,508	0	1,225	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,060,054	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,219	1,910,816	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	805	232,786	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	805	265,424	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,344	39,894,382	0	0	162,032	30.00
31.00	03100	INTENSIVE CARE UNIT	6,840	4,431,181	0	0	17,073	31.00
32.00	03200	CORONARY CARE UNIT	11,265	5,189,901	0	0	20,199	32.00
43.00	04300	NURSERY	24,140	6,357,303	0	0	11,074	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,128,347	0	6,736	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,934,050	0	6,123	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,166	29,750,104	0	0	124,463	50.00
50.01	03650	VASCULAR ACCESS CENTER	805	1,757,514	0	0	12,983	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	4,023	539,498	0	0	5,507	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,851	2,465,634	0	0	20,716	50.04
51.00	05100	RECOVERY ROOM	8,449	2,002,973	0	0	11,863	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,449	1,983,736	0	0	6,177	52.00
53.00	05300	ANESTHESIOLOGY	2,414	591,212	0	0	21,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,624	10,277,062	0	0	105,757	54.00
54.01	05401	TDOC RADIOLOGY	2,012	698,731	0	0	13,882	54.01
54.02	05402	CDI RADIOLOGY	0	10,468,160	0	0	71,007	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	4,023	1,999,710	0	0	87,894	57.00
57.01	05701	TDOC CT SCAN	402	253,658	0	0	14,427	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,219	604,201	0	0	17,613	58.00
58.01	05801	TDOC - MRI	402	319,221	0	0	13,492	58.01
59.00	05900	CARDIAC CATHETERIZATION	10,058	2,325,104	0	0	74,479	59.00
60.00	06000	LABORATORY	29,773	12,693,280	0	0	195,854	60.00
64.00	06400	INTRAVENOUS THERAPY	3,219	28,555,428	0	0	153,800	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	402	155,263	0	0	606	64.01
65.00	06500	RESPIRATORY THERAPY	7,644	2,660,087	0	0	19,532	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	1,233	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	19,714	7,014,024	0	0	28,885	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,905,971	0	1,837	2	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,219	707,411	0	0	2,264	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,437	1,083,624	0	0	5,341	67.00
68.00	06800	SPEECH PATHOLOGY	1,207	281,105	0	0	1,269	68.00
69.00	06900	ELECTROCARDIOLOGY	10,863	2,266,856	0	0	43,410	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	8,449	1,161,980	0	0	29,571	69.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 06/30/2019Worksheet B
Part I
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Cost Center Description			NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,414	447,432	0	0	4,700	70.00
70.01	07001	SLEEP MEDICINE CLINIC	12,472	2,780,766	0	0	7,353	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,737,364	0	0	55,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,186,280	0	0	112,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,484	15,775,666	0	0	139,546	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	3,219	805,656	0	0	3,787	76.01
76.02	03952	CARDIAC REHAB	10,461	3,518,102	0	0	10,322	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	5,230	864,167	0	0	3,150	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	48,404	0	0	117	90.00
91.00	09100	EMERGENCY	24,542	6,738,967	0	0	58,378	91.00
91.01	09101	URGENT CARE CENTERS	0	13,000,711	0	0	40,809	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,207	181,774	0	0	9	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	25,749	4,982,127	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	15,691	2,390,031	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	789,376	398,526,765	0	39,801	1,728,729	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,207	57,567	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,956	13,340,316	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	3,219	654,672	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	5,633	1,044,405	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	402	51,103	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1,207	191,710	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	2,012	452,065	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	184,447	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	5,230	2,635,033	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	402	82,065	0	0	0	194.12
194.13	07963	VOLUNTEERS	5,633	380,065	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	2,816	7,216,677	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	409,464	0	0	2	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1,207	205,316	0	0	29	194.16
194.17	07967	VALET SERVICES	0	241,566	0	0	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	845,300	425,673,236	0	39,801	1,728,760	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
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Cost Center Description			Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	922,366	922,366				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	56,715,880	122,997	56,838,877	56,838,877		5.06
6.00	00600	MAINTENANCE & REPAIRS	15,444,033	33,544	15,477,577	2,385,157	17,862,734	6.00
6.01	00601	PURCHASING	1,688,202	3,667	1,691,869	260,724	71,727	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	642,846	1,396	644,242	99,280	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,543,440	3,352	1,546,792	238,367	120,003	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	124,702	271	124,973	19,259	0	8.01
9.00	00900	HOUSEKEEPING	4,429,142	9,620	4,438,762	684,031	130,525	9.00
9.01	00901	HOUSEKEEPING - SURREY	314,112	682	314,794	48,511	0	9.01
10.00	01000	DIETARY	3,080,145	6,690	3,086,835	475,694	467,393	10.00
10.01	01001	DIETARY - SURREY	1,597,073	3,469	1,600,542	246,650	0	10.01
11.00	01100	CAFETERIA	1,138,171	2,472	1,140,643	175,778	435,518	11.00
11.01	01101	CAFETERIA - SURREY	34,698	75	34,773	5,359	0	11.01
13.00	01300	NURSING ADMINISTRATION	3,614,690	7,851	3,622,541	558,248	54,981	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	267,036	580	267,616	41,241	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	4,050,577	8,798	4,059,375	625,566	533,618	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,044,416	13,128	6,057,544	933,492	197,472	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	319,330	694	320,024	49,317	0	16.01
17.00	01700	SOCIAL SERVICE	62,246	135	62,381	9,613	59,898	17.00
17.01	01701	SOCIAL SERVICE - SURREY	365,733	794	366,527	56,483	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,060,054	6,646	3,066,700	472,591	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,910,816	4,150	1,914,966	295,104	11,313	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	232,786	506	233,292	35,951	43,050	23.01
23.02	02302	PHARMACY EDUCATION	265,424	577	266,001	40,992	12,000	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,056,414	87,003	40,143,417	6,186,287	4,482,301	30.00
31.00	03100	INTENSIVE CARE UNIT	4,448,254	9,662	4,457,916	686,983	290,105	31.00
32.00	03200	CORONARY CARE UNIT	5,210,100	11,316	5,221,416	804,641	422,383	32.00
43.00	04300	NURSERY	6,368,377	13,832	6,382,209	983,524	640,830	43.00
44.00	04400	SKILLED NURSING FACILITY	3,135,083	6,809	3,141,892	484,178	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,940,173	6,386	2,946,559	454,077	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,874,567	64,888	29,939,455	4,613,790	2,133,887	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,770,497	3,846	1,774,343	273,433	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	545,005	1,184	546,189	84,170	131,212	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,486,350	5,400	2,491,750	383,989	280,099	50.04
51.00	05100	RECOVERY ROOM	2,014,836	4,376	2,019,212	311,169	160,646	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,989,913	4,322	1,994,235	307,320	215,833	52.00
53.00	05300	ANESTHESIOLOGY	612,867	1,331	614,198	94,650	4,986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,382,819	22,551	10,405,370	1,603,509	1,618,080	54.00
54.01	05401	TDOC RADIOLOGY	712,613	1,548	714,161	110,055	91,085	54.01
54.02	05402	CDI RADIOLOGY	10,539,167	22,891	10,562,058	1,627,655	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,087,604	4,534	2,092,138	322,407	126,158	57.00
57.01	05701	TDOC CT SCAN	268,085	582	268,667	41,403	44,288	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	621,814	1,351	623,165	96,032	141,665	58.00
58.01	05801	TDOC - MRI	332,713	723	333,436	51,384	76,953	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,399,583	5,212	2,404,795	370,589	323,423	59.00
60.00	06000	LABORATORY	12,889,134	27,995	12,917,129	1,990,581	642,652	60.00
64.00	06400	INTRAVENOUS THERAPY	28,709,228	62,356	28,771,584	4,433,816	184,715	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	155,869	339	156,208	24,072	38,717	64.01
65.00	06500	RESPIRATORY THERAPY	2,679,619	5,820	2,685,439	413,837	57,595	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1,233	3	1,236	190	0	65.01
66.00	06600	PHYSICAL THERAPY	7,042,909	15,297	7,058,206	1,087,698	714,344	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,907,810	4,144	1,911,954	294,640	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	709,675	1,541	711,216	109,601	124,576	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,088,965	2,365	1,091,330	168,178	0	67.00
68.00	06800	SPEECH PATHOLOGY	282,374	613	282,987	43,609	2,579	68.00
69.00	06900	ELECTROCARDIOLOGY	2,310,266	5,018	2,315,284	356,795	125,436	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,191,551	2,588	1,194,139	184,022	152,565	69.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	452,132	982	453,114	69,827	62,890	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,788,119	6,056	2,794,175	430,594	282,471	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,792,857	25,614	11,818,471	1,821,274	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,298,518	85,356	39,383,874	6,069,213	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,915,212	34,568	15,949,780	2,457,925	211,604	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	809,443	1,758	811,201	125,009	34,660	76.01
76.02	03952	CARDIAC REHAB	3,528,424	7,664	3,536,088	544,925	363,826	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	867,317	1,884	869,201	133,947	232,957	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	48,521	105	48,626	7,493	0	90.00
91.00	09100	EMERGENCY	6,797,345	14,764	6,812,109	1,049,773	330,541	91.00
91.01	09101	URGENT CARE CENTERS	13,041,520	28,326	13,069,846	2,014,116	190,079	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	181,783	395	182,178	28,074	44,700	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,982,127	10,821	4,992,948	769,433	46,179	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,390,031	5,191	2,395,222	369,113	16,264	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	398,526,734	863,404	398,467,772	52,646,408	17,180,782	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,567	125	57,692	8,891	52,815	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,340,316	28,975	13,369,291	2,060,261	190,010	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	654,672	1,422	656,094	101,107	55,084	194.01
194.02	07952	COMMUNITY OUTREACH	1,044,405	2,268	1,046,673	161,296	42,087	194.02
194.03	07953	FOUNTAIN CAFE	51,103	111	51,214	7,892	7,393	194.03
194.04	07954	SLEEP RESEARCH	191,710	416	192,126	29,607	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	452,065	982	453,047	69,816	7,427	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	184,447	401	184,848	28,486	177,907	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,635,033	5,723	2,640,756	406,951	53,193	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	82,065	178	82,243	12,674	0	194.12
194.13	07963	VOLUNTEERS	380,065	826	380,891	58,697	45,388	194.13
194.14	07964	RETAIL PHARMACY	7,216,677	15,675	7,232,352	1,114,534	34,625	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	409,466	889	410,355	63,237	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	205,345	446	205,791	31,713	16,023	194.16
194.17	07967	VALET SERVICES	241,566	525	242,091	37,307	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	425,673,236	922,366	425,673,236	56,838,877	17,862,734	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING	2,024,320					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	534	744,056				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,905,162			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	76	13,477	0	157,785		8.01
9.00	00900	HOUSEKEEPING	9,518	0	0	0	5,262,836	9.00
9.01	00901	HOUSEKEEPING - SURREY	1,132	0	0	0	0	9.01
10.00	01000	DIETARY	17,192	0	0	0	140,236	10.00
10.01	01001	DIETARY - SURREY	17,640	30,223	0	0	0	10.01
11.00	01100	CAFETERIA	35,198	0	0	0	130,673	11.00
11.01	01101	CAFETERIA - SURREY	0	55,873	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	644	0	0	0	16,497	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	170	2,638	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,826	0	5,847	0	160,106	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,206	0	0	0	59,249	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	1	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	4	0	0	0	17,972	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	1,893	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,439	0	0	0	3,394	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	12,917	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	3,601	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,077	0	912,216	0	1,344,865	30.00
31.00	03100	INTENSIVE CARE UNIT	7,196	0	58,727	0	87,043	31.00
32.00	03200	CORONARY CARE UNIT	9,409	0	97,022	0	126,732	32.00
43.00	04300	NURSERY	12,303	0	87,857	0	192,274	43.00
44.00	04400	SKILLED NURSING FACILITY	778	220,166	0	61,866	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,532	386,982	0	95,919	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	929,815	0	233,097	0	640,250	50.00
50.01	03650	VASCULAR ACCESS CENTER	39,355	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,476	0	0	0	39,369	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	11,193	0	59,641	0	84,041	50.04
51.00	05100	RECOVERY ROOM	945	0	41,483	0	48,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,558	0	32,229	0	64,759	52.00
53.00	05300	ANESTHESIOLOGY	4,382	0	0	0	1,496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,098	0	132,399	0	485,488	54.00
54.01	05401	TDOC RADIOLOGY	514	0	0	0	27,329	54.01
54.02	05402	CDI RADIOLOGY	2	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	5,380	0	0	0	37,852	57.00
57.01	05701	TDOC CT SCAN	108	0	0	0	13,288	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	833	0	29,004	0	42,505	58.00
58.01	05801	TDOC - MRI	251	0	0	0	23,089	58.01
59.00	05900	CARDIAC CATHETERIZATION	308,743	0	30,787	0	97,040	59.00
60.00	06000	LABORATORY	84,840	0	0	0	192,821	60.00
64.00	06400	INTRAVENOUS THERAPY	13,974	0	10,498	0	55,422	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	402	0	0	0	11,617	64.01
65.00	06500	RESPIRATORY THERAPY	5,573	0	0	0	17,281	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	22	688	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,313	0	1,407	0	214,331	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	81	29,535	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	160	0	2,563	0	37,378	66.02
67.00	06700	OCCUPATIONAL THERAPY	193	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	38	0	0	0	774	68.00
69.00	06900	ELECTROCARDIOLOGY	808	0	13,636	0	37,636	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	567	0	0	0	45,776	69.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	9.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	779	0	0	0	18,869	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,899	0	0	0	84,752	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	305,663	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,199	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,741	0	0	0	63,490	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	60	0	0	0	10,399	76.01
76.02	03952	CARDIAC REHAB	2,798	0	0	0	109,162	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	6,077	0	0	0	69,896	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	94	0	0	0	0	90.00
91.00	09100	EMERGENCY	17,752	0	153,273	0	99,175	91.00
91.01	09101	URGENT CARE CENTERS	15,853	0	0	0	57,031	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	206	0	0	0	13,412	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,593	0	0	0	13,855	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,298	0	0	0	4,880	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,003,511	741,475	1,901,686	157,785	5,058,222	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64	2,581	0	0	15,847	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,540	0	3,476	0	57,011	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,300	0	0	0	16,528	194.01
194.02	07952	COMMUNITY OUTREACH	3,008	0	0	0	12,628	194.02
194.03	07953	FOUNTAIN CAFE	1,762	0	0	0	2,218	194.03
194.04	07954	SLEEP RESEARCH	103	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	97	0	0	0	2,228	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	53,379	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	1,503	0	0	0	15,960	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	381	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	234	0	0	0	13,618	194.13
194.14	07964	RETAIL PHARMACY	1,737	0	0	0	10,389	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	80	0	0	0	4,808	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,024,320	744,056	1,905,162	157,785	5,262,836	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY	364,437					9.01
10.00	01000	DIETARY	0	4,187,350				10.00
10.01	01001	DIETARY - SURREY	15,076	0	1,910,131			10.01
11.00	01100	CAFETERIA	0	2,471,838	0	4,389,648		11.00
11.01	01101	CAFETERIA - SURREY	27,871	0	52,450	0	176,326	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	50,024	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	1,316	0	0	0	3,067	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	113,394	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	9,768	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	944	0	0	0	5,913	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	123,496	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	3,045	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	5,463	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	7,228	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,294,461	0	1,168,486	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	82,011	0	115,813	0	31.00
32.00	03200	CORONARY CARE UNIT	0	77,478	0	129,244	0	32.00
43.00	04300	NURSERY	0	0	0	142,561	0	43.00
44.00	04400	SKILLED NURSING FACILITY	109,826	0	571,014	0	62,147	44.00
46.00	04600	OTHER LONG TERM CARE	193,041	0	885,317	0	62,382	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	483,568	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	11,923	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	14,797	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	51,333	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	51,419	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	44,276	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,809	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	248,272	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	17,699	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	33,663	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	5,406	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,752	0	58.00
58.01	05801	TDOC - MRI	0	0	0	5,976	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	63,569	0	59.00
60.00	06000	LABORATORY	0	0	0	206,585	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	103,947	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	4,496	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	83,772	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	343	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	174,715	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	14,733	0	0	0	29,954	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	4,837	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	36,195	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,683	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,293	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	34,004	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,577	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
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Cost Center Description			HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	85,309	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	119,882	1,727	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	10,244	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	89,065	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	18,809	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,646	0	90.00
91.00	09100	EMERGENCY	0	0	0	188,317	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	5,776	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	363,150	3,925,788	1,508,781	4,164,368	174,958	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,287	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	122,870	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	11,126	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,053	0	194.02
194.03	07953	FOUNTAIN CAFE	0	147,163	0	2,988	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	6,573	0	194.04
194.05	07955	MEALS ON WHEELS	0	67,956	0	0	0	194.05
194.06	07956	GUEST MEALS	0	46,443	28,762	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	12,947	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	2,504	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	12,435	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	33,207	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	372,588	3,528	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	16,049	1,368	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	364,437	4,187,350	1,910,131	4,389,648	176,326	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
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Cost Center Description			NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION	4,302,935					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	316,048				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,513,732			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,248,963		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	379,110	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	8	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,451,311	0	262,443	679,582	0	30.00
31.00	03100	INTENSIVE CARE UNIT	306,543	0	47,200	71,607	0	31.00
32.00	03200	CORONARY CARE UNIT	342,928	0	60,453	84,717	0	32.00
43.00	04300	NURSERY	441,054	0	76,895	46,447	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	123,919	3,018	0	85,942	44.00
46.00	04600	OTHER LONG TERM CARE	0	192,129	6,323	0	110,501	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	44,970	522,013	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	302,734	54,451	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	8,936	23,096	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	69,829	86,885	0	50.04
51.00	05100	RECOVERY ROOM	0	0	3,326	49,756	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,414	0	29,177	25,906	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	23,505	90,825	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,544	0	209,847	443,556	1,217	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,640	58,225	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	297,811	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	37,044	368,638	0	57.00
57.01	05701	TDOC CT SCAN	0	0	657	60,508	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,378	73,872	0	58.00
58.01	05801	TDOC - MRI	0	0	1,315	56,589	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	140,799	0	1,029,672	312,374	0	59.00
60.00	06000	LABORATORY	0	0	600,173	819,766	11,120	60.00
64.00	06400	INTRAVENOUS THERAPY	42,673	0	92,070	645,054	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	2,060	2,543	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	21,136	81,920	631	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	202	65.01
66.00	06600	PHYSICAL THERAPY	0	0	5,202	121,146	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	100	10	113,043	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	287	9,495	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	119	22,399	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,323	7	68.00
69.00	06900	ELECTROCARDIOLOGY	28,448	0	5,777	182,066	116	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 07/01/2018
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Cost Center Description			NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	4,017	124,025	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,929	19,710	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	11,342	30,841	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,321,464	232,746	6,554	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	470,739	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	20,913	585,273	49,777	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	68	15,881	0	76.01
76.02	03952	CARDIAC REHAB	41,333	0	1,938	43,293	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	13,210	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	623	492	0	90.00
91.00	09100	EMERGENCY	387,765	0	89,837	244,846	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	58,243	171,160	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	7	38	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	23,340	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	22,068	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,298,812	316,048	5,510,083	7,248,834	379,110	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,735	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	663	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	7	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	22	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	4,123	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	7	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	188	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	7	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	27	122	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,302,935	316,048	5,513,732	7,248,963	379,110	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
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Cost Center Description		SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
		17.00	17.01	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	PURCHASING					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY					6.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - SURREY					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY - SURREY					10.01
11.00	01100	CAFETERIA					11.00
11.01	01101	CAFETERIA - SURREY					11.01
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY					16.01
17.00	01700	SOCIAL SERVICE	149,868				17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	431,760			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,662,787		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		2,229,269	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0			23.01
23.02	02302	PHARMACY EDUCATION	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	133,155	0	2,009,418	1,222,984	30.00
31.00	03100	INTENSIVE CARE UNIT	8,594	0	321,962	195,954	31.00
32.00	03200	CORONARY CARE UNIT	8,119	0	1,894	1,153	32.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	169,288	159,087	96,825	44.00
46.00	04600	OTHER LONG TERM CARE	0	262,472	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	15,151	9,221	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,939	11,527	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	64,392	39,191	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	140,148	85,298	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	94,695	57,634	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	1,894	1,153	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	138,254	84,145	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 06/30/2019Worksheet B
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Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR		SERVICES-OTHER
						Y & FRINGES		PRGM COSTS
			17.00	17.01	19.00	21.00	22.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	94,695	57,634	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	3,788	2,305	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	109,846	66,855	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	168,556	102,588	90.00
91.00	09100	EMERGENCY	0	0	0	320,068	194,802	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,868	431,760	0	3,662,787	2,229,269	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	149,868	431,760	0	3,662,787	2,229,269	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION		330,673				23.01
23.02	02302	PHARMACY EDUCATION			329,822			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	190,038	0	62,526,041	-3,232,402	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,265	0	6,749,919	-517,916	31.00
32.00	03200	CORONARY CARE UNIT	0	11,587	0	7,399,176	-3,047	32.00
43.00	04300	NURSERY	0	0	0	9,005,954	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	45,789	0	5,335,735	-255,912	44.00
46.00	04600	OTHER LONG TERM CARE	0	70,994	0	5,668,228	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	39,540,845	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	2,456,239	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	849,245	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,543,132	-24,372	50.04
51.00	05100	RECOVERY ROOM	0	0	0	2,686,156	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,822,707	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	883,317	-30,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,298,963	-103,583	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	1,020,708	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	12,487,526	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	3,023,280	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	434,325	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,024,206	0	58.00
58.01	05801	TDOC - MRI	0	0	0	548,993	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,307,237	-225,446	59.00
60.00	06000	LABORATORY	0	0	0	17,465,667	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	34,353,753	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	240,115	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,519,513	-152,329	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	5,728	-3,047	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	9,379,362	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,394,050	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	1,000,113	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,318,414	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	343,000	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
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Part I
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Cost Center Description			PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,342,694	-222,399	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	1,739,115	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	642,695	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	3,873,712	-152,329	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,506,172	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,928,025	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	329,822	19,801,934	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	1,013,615	-6,093	76.01
76.02	03952	CARDIAC REHAB	0	0	0	4,732,428	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	1,520,798	-176,701	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	331,118	-271,144	90.00
91.00	09100	EMERGENCY	0	0	0	9,888,258	-514,870	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	15,576,328	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	274,391	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,849,348	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	2,810,845	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	330,673	329,822	392,463,123	-5,892,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	139,177	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	15,816,194	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	841,239	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,267,408	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	220,637	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	228,431	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	67,956	0	194.05
194.06	07956	GUEST MEALS	0	0	0	75,205	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	545,562	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	444,620	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	3,118,363	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	101,925	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	511,270	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	8,427,032	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	849,715	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	258,564	0	194.16
194.17	07967	VALET SERVICES	0	0	0	296,815	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	330,673	329,822	425,673,236	-5,892,056	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00591	NONPATIENT TELEPHONES	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	5.02
5.03	00592	NONPATIENT TELEPHONES	5.03
5.04	00540	ADMITTING	5.04
5.05	00593	ADMIN & GENERAL - SURREY	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	PURCHASING	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	8.01
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING - SURREY	9.01
10.00	01000	DIETARY	10.00
10.01	01001	DIETARY - SURREY	10.01
11.00	01100	CAFETERIA	11.00
11.01	01101	CAFETERIA - SURREY	11.01
13.00	01300	NURSING ADMINISTRATION	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	16.01
17.00	01700	SOCIAL SERVICE	17.00
17.01	01701	SOCIAL SERVICE - SURREY	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	23.01
23.02	02302	PHARMACY EDUCATION	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	03650	VASCULAR ACCESS CENTER	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	50.02
50.03	05002	PAIN MGMT CENTER	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	TDOC RADIOLOGY	54.01
54.02	05402	CDI RADIOLOGY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
57.01	05701	TDOC CT SCAN	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
58.01	05801	TDOC - MRI	58.01
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	64.01
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	65.01
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	66.02
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP MEDICINE CLINIC	70.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			Total	
			26.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,506,172	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,928,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,801,934	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,007,522	76.01
76.02	03952	CARDIAC REHAB	4,732,428	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,344,097	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	59,974	90.00
91.00	09100	EMERGENCY	9,373,388	91.00
91.01	09101	URGENT CARE CENTERS	15,576,328	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	274,391	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	5,849,348	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	2,810,845	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	386,571,067	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	139,177	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,816,194	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951	DEVELOPMENT	841,239	194.01
194.02	07952	COMMUNITY OUTREACH	1,267,408	194.02
194.03	07953	FOUNTAIN CAFE	220,637	194.03
194.04	07954	SLEEP RESEARCH	228,431	194.04
194.05	07955	MEALS ON WHEELS	67,956	194.05
194.06	07956	GUEST MEALS	75,205	194.06
194.07	07957	PHYSICIAN REFERRAL	545,562	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	194.08
194.09	07959	VACANT SPACE	444,620	194.09
194.10	07960	TV STORAGE	0	194.10
194.11	07961	MARKETING	3,118,363	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	101,925	194.12
194.13	07963	VOLUNTEERS	511,270	194.13
194.14	07964	RETAIL PHARMACY	8,427,032	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	849,715	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	258,564	194.16
194.17	07967	VALET SERVICES	296,815	194.17
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	419,781,180	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0179

Period:

From 07/01/2018

To 06/30/2019

Worksheet Non-CMS W

Date/Time Prepared:

11/26/2019 9:38 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31	SQUARE FEET	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	5	# OF PHONES	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	-29	ACCUM. COST	5.02
5.03	NONPATIENT TELEPHONES	6	# OF PHONES	5.03
5.04	ADMITTING	3	GROSS CHARGES	5.04
5.05	ADMIN & GENERAL - SURREY	-29	ACCUM. COST	5.05
5.06	ADMIN & GENERAL - HOSPITAL	-30	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
6.01	PURCHASING	9	PURCHASES	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	2	SQUARE FEET	6.02
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	16	TOTAL DAYS	8.01
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
9.01	HOUSEKEEPING - SURREY	2	SQUARE FEET	9.01
10.00	DIETARY	10	MEALS SERVED	10.00
10.01	DIETARY - SURREY	22	MEALS SERVED	10.01
11.00	CAFETERIA	11	FTE'S	11.00
11.01	CAFETERIA - SURREY	24	FTE'S	11.01
13.00	NURSING ADMINISTRATION	25	NURSING FTE'S	13.00
13.01	NURSING ADMINISTRATION - SURREY	16	TOTAL DAYS	13.01
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
16.00	MEDICAL RECORDS & LIBRARY	3	GROSS CHARGES	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	7	GROSS CHARGES	16.01
17.00	SOCIAL SERVICE	28	TOTAL DAYS	17.00
17.01	SOCIAL SERVICE - SURREY	16	TOTAL DAYS	17.01
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
			0	1.00	2.00	2.01	2A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	80,521	108,134	0	188,655	4.00
5.01	00591	NONPATIENT TELEPHONES	0	19,887	26,706	0	46,593	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	0	5.03
5.04	00540	ADMITTING	0	22,093	29,669	0	51,762	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	0	25,144	25,144	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	927,647	1,245,763	0	2,173,410	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,111,801	1,493,068	0	2,604,869	6.00
6.01	00601	PURCHASING	0	31,740	42,624	0	74,364	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	16,312	16,312	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	53,102	71,313	0	124,415	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	8,370	8,370	8.01
9.00	00900	HOUSEKEEPING	0	57,758	77,565	0	135,323	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	206,825	277,751	0	484,576	10.00
10.01	01001	DIETARY - SURREY	0	0	0	18,769	18,769	10.01
11.00	01100	CAFETERIA	0	192,720	258,809	0	451,529	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	34,698	34,698	11.01
13.00	01300	NURSING ADMINISTRATION	0	24,330	32,673	0	57,003	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	1,638	1,638	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	236,130	317,106	0	553,236	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87,383	117,349	0	204,732	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	26,506	35,595	0	62,101	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	1,175	1,175	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,006	6,723	0	11,729	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	19,050	25,583	0	44,633	23.01
23.02	02302	PHARMACY EDUCATION	0	5,310	7,131	0	12,441	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,983,456	2,637,604	0	4,621,060	30.00
31.00	03100	INTENSIVE CARE UNIT	0	128,374	172,397	0	300,771	31.00
32.00	03200	CORONARY CARE UNIT	0	186,908	251,004	0	437,912	32.00
43.00	04300	NURSERY	0	283,572	403,641	0	687,213	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	136,728	136,728	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	240,325	240,325	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	944,262	1,268,076	0	2,212,338	50.00
50.01	03650	VASCULAR ACCESS CENTER	290,166	0	0	0	290,166	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	58,063	77,974	0	136,037	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	79,113	123,946	166,450	0	369,509	50.04
51.00	05100	RECOVERY ROOM	0	71,087	95,465	0	166,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	95,508	242,381	0	337,889	52.00
53.00	05300	ANESTHESIOLOGY	0	2,206	2,963	0	5,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	716,014	909,899	0	1,625,913	54.00
54.01	05401	TDOC RADIOLOGY	0	40,306	54,128	0	94,434	54.01
54.02	05402	CDI RADIOLOGY	2,514,848	0	0	0	2,514,848	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	55,826	74,970	0	130,796	57.00
57.01	05701	TDOC CT SCAN	0	19,598	26,318	0	45,916	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	62,688	84,186	0	146,874	58.00
58.01	05801	TDOC - MRI	0	34,052	45,730	0	79,782	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	143,118	192,197	0	335,315	59.00
60.00	06000	LABORATORY	71,449	284,379	381,900	0	737,728	60.00
64.00	06400	INTRAVENOUS THERAPY	0	81,738	109,768	0	191,506	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	17,133	23,008	0	40,141	64.01
65.00	06500	RESPIRATORY THERAPY	0	25,486	34,226	0	59,712	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	427	427	65.01
66.00	06600	PHYSICAL THERAPY	239,779	316,103	424,504	0	980,386	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	18,342	18,342	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	55,126	74,030	0	129,156	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
			0	1.00	2.00	2.01	2A	
68.00	06800	SPEECH PATHOLOGY	0	1,141	1,533	0	2,674	68.00
69.00	06900	ELECTROCARDIOLOGY	61,209	55,506	74,541	0	191,256	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	67,511	90,663	0	158,174	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,829	37,373	0	65,202	70.00
70.01	07001	SLEEP MEDICINE CLINIC	107	124,996	167,860	0	292,963	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	93,637	125,747	0	219,384	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	15,337	20,597	0	35,934	76.01
76.02	03952	CARDIAC REHAB	0	160,996	216,206	0	377,202	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	103,085	138,436	0	241,521	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	146,267	196,426	0	342,693	91.00
91.01	09101	URGENT CARE CENTERS	1,456,720	84,112	112,956	0	1,653,788	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	19,780	26,563	0	46,343	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20,434	27,442	0	47,876	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	7,197	9,665	0	16,862	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,713,391	9,764,586	13,172,389	501,928	28,152,294	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,371	31,386	1,603	56,360	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	84,081	108,358	0	192,439	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	24,375	32,734	0	57,109	194.01
194.02	07952	COMMUNITY OUTREACH	0	18,624	25,010	0	43,634	194.02
194.03	07953	FOUNTAIN CAFE	0	3,271	4,393	0	7,664	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	3,287	4,414	0	7,701	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	78,725	105,722	0	184,447	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	23,538	31,610	0	55,148	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	20,085	26,972	0	47,057	194.13
194.14	07964	RETAIL PHARMACY	0	15,322	20,576	0	35,898	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	7,090	9,522	0	16,612	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,713,391	10,066,355	13,573,086	503,531	28,856,363	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	188,655					4.00
5.01	00591	NONPATIENT TELEPHONES	460	47,053				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	0	1,120	0	1,120		5.03
5.04	00540	ADMITTING	1,291	806	0	0	53,859	5.04
5.05	00593	ADMIN & GENERAL - SURREY	495	0	0	189	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	25,439	7,307	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,994	761	0	0	0	6.00
6.01	00601	PURCHASING	716	291	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	182	0	0	69	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	86	22	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	16	0	0	17	0	8.01
9.00	00900	HOUSEKEEPING	2,754	851	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	198	0	0	121	0	9.01
10.00	01000	DIETARY	2,300	649	0	0	0	10.00
10.01	01001	DIETARY - SURREY	735	0	0	121	0	10.01
11.00	01100	CAFETERIA	454	134	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,455	560	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	199	0	0	69	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,616	493	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,782	1,075	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	246	0	0	86	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	282	0	0	34	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,379	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,612	179	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	45	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	45	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,422	7,144	0	0	5,038	30.00
31.00	03100	INTENSIVE CARE UNIT	4,497	381	0	0	531	31.00
32.00	03200	CORONARY CARE UNIT	4,439	627	0	0	628	32.00
43.00	04300	NURSERY	4,072	1,344	0	0	344	43.00
44.00	04400	SKILLED NURSING FACILITY	2,271	0	0	190	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,041	0	0	172	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,754	3,516	0	0	3,870	50.00
50.01	03650	VASCULAR ACCESS CENTER	958	45	0	0	404	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	260	224	0	0	171	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,225	493	0	0	644	50.04
51.00	05100	RECOVERY ROOM	1,392	470	0	0	369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,130	470	0	0	192	52.00
53.00	05300	ANESTHESIOLOGY	261	134	0	0	673	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,708	2,150	0	0	3,288	54.00
54.01	05401	TDOC RADIOLOGY	428	112	0	0	432	54.01
54.02	05402	CDI RADIOLOGY	2,154	0	0	0	2,208	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	798	224	0	0	2,733	57.00
57.01	05701	TDOC CT SCAN	134	22	0	0	449	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	305	179	0	0	548	58.00
58.01	05801	TDOC - MRI	155	22	0	0	420	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,597	560	0	0	2,316	59.00
60.00	06000	LABORATORY	4,409	1,657	0	0	6,196	60.00
64.00	06400	INTRAVENOUS THERAPY	2,601	179	0	0	4,782	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	149	22	0	0	19	64.01
65.00	06500	RESPIRATORY THERAPY	1,850	426	0	0	607	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,674	1,097	0	0	898	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,465	0	0	52	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	60	179	0	0	70	66.02
67.00	06700	OCCUPATIONAL THERAPY	830	358	0	0	166	67.00
68.00	06800	SPEECH PATHOLOGY	214	67	0	0	39	68.00
69.00	06900	ELECTROCARDIOLOGY	1,457	605	0	0	1,350	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	700	470	0	0	919	69.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
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To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	264	134	0	0	146	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,730	694	0	0	229	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,725	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,057	806	0	0	4,339	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	591	179	0	0	118	76.01
76.02	03952	CARDIAC REHAB	2,123	582	0	0	321	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	385	291	0	0	98	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35	0	0	0	4	90.00
91.00	09100	EMERGENCY	8,806	1,366	0	0	1,815	91.00
91.01	09101	URGENT CARE CENTERS	10,428	0	0	0	1,269	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	103	67	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,472	1,433	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,227	873	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	182,322	43,940	0	1,120	53,858	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,613	1,501	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	331	179	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	482	314	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	25	22	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1	67	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	339	112	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	845	291	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	47	22	0	0	0	194.12
194.13	07963	VOLUNTEERS	232	314	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	834	157	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	262	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	134	67	0	0	1	194.16
194.17	07967	VALET SERVICES	188	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	188,655	47,053	0	1,120	53,859	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	25,828					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	3,383	2,209,539				5.06
6.00	00600	MAINTENANCE & REPAIRS	942	92,726	2,701,292			6.00
6.01	00601	PURCHASING	103	10,136	10,847	96,457		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	39	3,860	0	25	20,487	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	94	9,267	18,147	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	8	749	0	4	371	8.01
9.00	00900	HOUSEKEEPING	270	26,593	19,739	454	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	19	1,886	0	54	0	9.01
10.00	01000	DIETARY	188	18,493	70,681	819	0	10.00
10.01	01001	DIETARY - SURREY	97	9,589	0	841	832	10.01
11.00	01100	CAFETERIA	69	6,834	65,861	1,677	0	11.00
11.01	01101	CAFETERIA - SURREY	2	208	0	0	1,538	11.01
13.00	01300	NURSING ADMINISTRATION	220	21,703	8,315	31	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	16	1,603	0	8	73	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	247	24,320	80,696	754	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	369	36,291	29,863	57	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	19	1,917	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	4	374	9,058	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	22	2,196	0	0	52	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	187	18,373	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	117	11,473	1,711	69	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	14	1,398	6,510	0	0	23.01
23.02	02302	PHARMACY EDUCATION	16	1,594	1,815	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,443	240,348	677,835	2,148	0	30.00
31.00	03100	INTENSIVE CARE UNIT	271	26,707	43,871	343	0	31.00
32.00	03200	CORONARY CARE UNIT	318	31,282	63,875	448	0	32.00
43.00	04300	NURSERY	388	38,236	96,909	586	0	43.00
44.00	04400	SKILLED NURSING FACILITY	191	18,823	0	37	6,062	44.00
46.00	04600	OTHER LONG TERM CARE	179	17,653	0	73	10,656	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,822	179,367	322,697	44,301	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	108	10,630	0	1,875	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	33	3,272	19,843	70	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	152	14,928	42,358	533	0	50.04
51.00	05100	RECOVERY ROOM	123	12,097	24,294	45	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	121	11,947	32,639	217	0	52.00
53.00	05300	ANESTHESIOLOGY	37	3,680	754	209	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	633	62,339	244,694	1,720	0	54.00
54.01	05401	TDOC RADIOLOGY	43	4,279	13,774	25	0	54.01
54.02	05402	CDI RADIOLOGY	643	63,277	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	127	12,534	19,078	256	0	57.00
57.01	05701	TDOC CT SCAN	16	1,610	6,697	5	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38	3,733	21,423	40	0	58.00
58.01	05801	TDOC - MRI	20	1,998	11,637	12	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	146	14,407	48,910	14,713	0	59.00
60.00	06000	LABORATORY	786	77,387	97,185	4,043	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,751	172,371	27,934	666	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	10	936	5,855	19	0	64.01
65.00	06500	RESPIRATORY THERAPY	163	16,088	8,710	266	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	7	0	1	19	65.01
66.00	06600	PHYSICAL THERAPY	430	42,286	108,027	110	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	116	11,455	0	4	813	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	43	4,261	18,839	8	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	66	6,538	0	9	0	67.00
68.00	06800	SPEECH PATHOLOGY	17	1,695	390	2	0	68.00
69.00	06900	ELECTROCARDIOLOGY	141	13,871	18,969	39	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	73	7,154	23,072	27	0	69.01

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Cost Center Description			ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	28	2,715	9,511	37	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	170	16,740	42,717	90	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	719	70,804	0	14,566	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,397	235,949	0	200	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	971	95,555	32,000	560	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	49	4,860	5,241	3	0	76.01
76.02	03952	CARDIAC REHAB	215	21,185	55,020	133	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	53	5,207	35,229	290	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3	291	0	4	0	90.00
91.00	09100	EMERGENCY	415	40,811	49,986	846	0	91.00
91.01	09101	URGENT CARE CENTERS	796	78,301	28,745	755	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	11	1,091	6,760	10	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	304	29,913	6,983	171	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	146	14,350	2,460	157	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,170	2,046,551	2,598,164	95,465	20,416	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4	346	7,987	3	71	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	814	80,095	28,734	502	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	40	3,931	8,330	62	0	194.01
194.02	07952	COMMUNITY OUTREACH	64	6,271	6,365	143	0	194.02
194.03	07953	FOUNTAIN CAFE	3	307	1,118	84	0	194.03
194.04	07954	SLEEP RESEARCH	12	1,151	0	5	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	28	2,714	1,123	5	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	11	1,107	26,904	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	161	15,821	8,044	72	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	5	493	0	18	0	194.12
194.13	07963	VOLUNTEERS	23	2,282	6,864	11	0	194.13
194.14	07964	RETAIL PHARMACY	440	43,329	5,236	83	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	25	2,458	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	13	1,233	2,423	4	0	194.16
194.17	07967	VALET SERVICES	15	1,450	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,828	2,209,539	2,701,292	96,457	20,487	202.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	152,031					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	9,535				8.01
9.00	00900	HOUSEKEEPING	0	0	185,984			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,278		9.01
10.00	01000	DIETARY	0	0	4,956	0	582,662	10.00
10.01	01001	DIETARY - SURREY	0	0	0	94	0	10.01
11.00	01100	CAFETERIA	0	0	4,618	0	343,952	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	174	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	583	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	8	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	467	0	5,658	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,094	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	635	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	6	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	120	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	456	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	127	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,796	0	47,524	0	180,122	30.00
31.00	03100	INTENSIVE CARE UNIT	4,686	0	3,076	0	11,412	31.00
32.00	03200	CORONARY CARE UNIT	7,742	0	4,479	0	10,781	32.00
43.00	04300	NURSERY	7,011	0	6,795	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,739	0	686	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	5,796	0	1,208	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,601	0	22,626	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	1,391	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	4,759	0	2,970	0	0	50.04
51.00	05100	RECOVERY ROOM	3,310	0	1,703	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,572	0	2,289	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,565	0	17,157	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	966	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	1,338	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	470	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,314	0	1,502	0	0	58.00
58.01	05801	TDOC - MRI	0	0	816	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,457	0	3,429	0	0	59.00
60.00	06000	LABORATORY	0	0	6,814	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	838	0	1,959	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	411	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	611	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	2	0	65.01
66.00	06600	PHYSICAL THERAPY	112	0	7,574	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	92	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	205	0	1,321	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	27	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,088	0	1,330	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,618	0	0	69.01

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Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	667	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	2,995	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,244	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	368	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	3,858	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,470	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,231	0	3,505	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	2,015	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	474	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	490	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	172	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	151,754	9,535	178,754	2,270	546,267	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	560	8	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	277	0	2,015	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	584	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	446	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	78	0	20,477	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	9,456	194.05
194.06	07956	GUEST MEALS	0	0	0	0	6,462	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	79	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	1,886	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	564	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	481	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	367	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	170	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	152,031	9,535	185,984	2,278	582,662	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	31,078					10.01
11.00	01100	CAFETERIA	0	875,128				11.00
11.01	01101	CAFETERIA - SURREY	853	0	37,473			11.01
13.00	01300	NURSING ADMINISTRATION	0	9,973	0	99,843		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	652	0	4,266	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,606	0	0		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	2,076	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,257	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	24,620	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	607	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	1,089	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	1,441	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	232,952	0	56,879	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	23,089	0	7,113	0	31.00
32.00	03200	CORONARY CARE UNIT	0	25,766	0	7,957	0	32.00
43.00	04300	NURSERY	0	28,421	0	10,234	0	43.00
44.00	04400	SKILLED NURSING FACILITY	9,290	0	13,207	0	1,673	44.00
46.00	04600	OTHER LONG TERM CARE	14,405	0	13,257	0	2,593	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	96,405	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	2,377	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	2,950	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	10,234	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	10,251	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,827	0	2,423	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,750	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	49,496	0	268	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,529	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	6,711	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	1,078	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,343	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,191	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	12,673	0	3,267	0	59.00
60.00	06000	LABORATORY	0	41,185	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	20,723	0	990	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	896	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	16,701	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	34,832	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	6,366	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	964	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,216	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,532	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,824	0	660	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	6,779	0	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,507	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	17,007	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,900	367	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	2,042	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	17,756	0	959	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	3,750	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	528	0	0	0	90.00
91.00	09100	EMERGENCY	0	37,543	0	8,997	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1,152	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,548	830,216	37,182	99,747	4,266	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	24,496	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	2,218	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	210	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	596	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	1,310	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	468	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	2,581	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	499	0	96	0	194.12
194.13	07963	VOLUNTEERS	0	2,479	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	6,620	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	6,062	703	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	3,200	291	0	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	31,078	875,128	37,473	99,843	4,266	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
		14.00	16.00	16.01	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	PURCHASING					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY					6.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - SURREY					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY - SURREY					10.01
11.00	01100	CAFETERIA					11.00
11.01	01101	CAFETERIA - SURREY					11.01
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	690,093				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	278,263			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	4,344		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	72,172	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,847	26,143	0	64,123	30.00
31.00	03100	INTENSIVE CARE UNIT	5,907	2,755	0	4,139	31.00
32.00	03200	CORONARY CARE UNIT	7,566	3,259	0	3,910	32.00
43.00	04300	NURSERY	9,624	1,787	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	378	0	983	0	44.00
46.00	04600	OTHER LONG TERM CARE	791	0	1,263	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,628	20,081	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	37,889	2,095	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,118	889	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,740	3,342	0	0	50.04
51.00	05100	RECOVERY ROOM	416	1,914	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,652	997	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,942	3,494	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,264	17,063	14	0	54.00
54.01	05401	TDOC RADIOLOGY	205	2,240	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	11,457	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	4,636	14,181	0	0	57.00
57.01	05701	TDOC CT SCAN	82	2,328	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	673	2,842	0	0	58.00
58.01	05801	TDOC - MRI	165	2,177	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	128,870	12,017	0	0	59.00
60.00	06000	LABORATORY	75,116	30,937	127	0	60.00
64.00	06400	INTRAVENOUS THERAPY	11,523	24,815	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	258	98	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	2,645	3,151	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	2	0	65.01
66.00	06600	PHYSICAL THERAPY	651	4,660	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	13	0	1,303	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	36	365	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	15	862	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	205	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	723	7,004	1	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

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From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	503	4,771	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	617	758	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,420	1,186	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	290,557	8,954	75	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,109	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,617	22,515	569	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	9	611	0	0	0	76.01
76.02	03952	CARDIAC REHAB	243	1,665	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	508	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	78	19	0	0	0	90.00
91.00	09100	EMERGENCY	11,244	9,419	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	7,290	6,584	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1	1	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,921	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,762	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	689,636	278,258	4,344	72,172	5,024	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	342	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	83	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	1	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	3	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	1	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	24	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	3	5	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	690,093	278,263	4,344	72,172	5,024	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES			
				19.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	PURCHASING					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY					6.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - SURREY					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY - SURREY					10.01
11.00	01100	CAFETERIA					11.00
11.01	01101	CAFETERIA - SURREY					11.01
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY					16.01
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	SOCIAL SERVICE - SURREY					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		45,559			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			27,618		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					54,145
23.02	02302	PHARMACY EDUCATION					23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
46.00	04600	OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	03650	VASCULAR ACCESS CENTER					50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE					50.02
50.03	05002	PAIN MGMT CENTER					50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS					50.04
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01	05401	TDOC RADIOLOGY					54.01
54.02	05402	CDI RADIOLOGY					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
57.00	05700	CT SCAN					57.00
57.01	05701	TDOC CT SCAN					57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
58.01	05801	TDOC - MRI					58.01
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
64.00	06400	INTRAVENOUS THERAPY					64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER					64.01
65.00	06500	RESPIRATORY THERAPY					65.00
65.01	06501	RESPIRATORY THERAPY - SURREY					65.01
66.00	06600	PHYSICAL THERAPY					66.00
66.01	06601	PHYSICAL THERAPY - SURREY					66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE					66.02
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	21.00	22.00	23.00	23.01
69.00	06900	ELECTROCARDIOLOGY					69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
70.01	07001	SLEEP MEDICINE CLINIC					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
75.00	07500	ASC (NON-DISTINCT PART)					75.00
76.00	03020	NUTRITION/DIABETES EDUCATION					76.00
76.01	03951	NUTRITION/DIABETES EDUCATION					76.01
76.02	03952	CARDIAC REHAB					76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY					76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00
91.00	09100	EMERGENCY					91.00
91.01	09101	URGENT CARE CENTERS					91.01
91.02	04950	ADULT DOWN SYNDROME CENTER					91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
191.00	19100	RESEARCH					191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00
193.00	19300	NONPAID WORKERS					193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS					194.00
194.01	07951	DEVELOPMENT					194.01
194.02	07952	COMMUNITY OUTREACH					194.02
194.03	07953	FOUNTAIN CAFE					194.03
194.04	07954	SLEEP RESEARCH					194.04
194.05	07955	MEALS ON WHEELS					194.05
194.06	07956	GUEST MEALS					194.06
194.07	07957	PHYSICIAN REFERRAL					194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS					194.08
194.09	07959	VACANT SPACE					194.09
194.10	07960	TV STORAGE					194.10
194.11	07961	MARKETING					194.11
194.12	07962	CHILDBIRTH INSTRUCTION					194.12
194.13	07963	VOLUNTEERS					194.13
194.14	07964	RETAIL PHARMACY					194.14
194.15	07965	REHAB HOSPITAL COVERAGE					194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM					194.16
194.17	07967	VALET SERVICES					194.17
200.00		Cross Foot Adjustments	0	45,559	27,618	0	54,145 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	45,559	27,618	0	54,145 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description		PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00591	NONPATIENT TELEPHONES				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL				5.02
5.03	00592	NONPATIENT TELEPHONES				5.03
5.04	00540	ADMITTING				5.04
5.05	00593	ADMIN & GENERAL - SURREY				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	PURCHASING				6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY				6.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - SURREY				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY - SURREY				10.01
11.00	01100	CAFETERIA				11.00
11.01	01101	CAFETERIA - SURREY				11.01
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01301	NURSING ADMINISTRATION - SURREY				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY				16.01
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	SOCIAL SERVICE - SURREY				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION				23.01
23.02	02302	PHARMACY EDUCATION	17,479			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,301,824	0	6,301,824	30.00
31.00	03100	INTENSIVE CARE UNIT	439,549	0	439,549	31.00
32.00	03200	CORONARY CARE UNIT	610,989	0	610,989	32.00
43.00	04300	NURSERY	892,964	0	892,964	43.00
44.00	04400	SKILLED NURSING FACILITY	196,228	0	196,228	44.00
46.00	04600	OTHER LONG TERM CARE	313,466	0	313,466	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,946,006	0	2,946,006	50.00
50.01	03650	VASCULAR ACCESS CENTER	346,547	0	346,547	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	166,258	0	166,258	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	459,887	0	459,887	50.04
51.00	05100	RECOVERY ROOM	222,936	0	222,936	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	405,365	0	405,365	52.00
53.00	05300	ANESTHESIOLOGY	21,156	0	21,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,067,272	0	2,067,272	54.00
54.01	05401	TDOC RADIOLOGY	120,467	0	120,467	54.01
54.02	05402	CDI RADIOLOGY	2,594,587	0	2,594,587	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	193,412	0	193,412	57.00
57.01	05701	TDOC CT SCAN	58,807	0	58,807	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	182,814	0	182,814	58.00
58.01	05801	TDOC - MRI	98,395	0	98,395	58.01
59.00	05900	CARDIAC CATHETERIZATION	580,677	0	580,677	59.00
60.00	06000	LABORATORY	1,083,570	0	1,083,570	60.00
64.00	06400	INTRAVENOUS THERAPY	462,638	0	462,638	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	48,814	0	48,814	64.01
65.00	06500	RESPIRATORY THERAPY	110,937	0	110,937	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	458	0	458	65.01
66.00	06600	PHYSICAL THERAPY	1,185,737	0	1,185,737	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	40,021	0	40,021	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	155,507	0	155,507	66.02
67.00	06700	OCCUPATIONAL THERAPY	16,060	0	16,060	67.00
68.00	06800	SPEECH PATHOLOGY	6,862	0	6,862	68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
69.00	06900	ELECTROCARDIOLOGY		249,318	0	249,318	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		204,260	0	204,260	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		82,586	0	82,586	70.00
70.01	07001	SLEEP MEDICINE CLINIC		378,941	0	378,941	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		387,400	0	387,400	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		260,145	0	260,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		409,884	0	409,884	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		50,005	0	50,005	76.01
76.02	03952	CARDIAC REHAB		481,262	0	481,262	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		289,802	0	289,802	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		962	0	962	90.00
91.00	09100	EMERGENCY		529,677	0	529,677	91.00
91.01	09101	URGENT CARE CENTERS		1,789,971	0	1,789,971	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		56,013	0	56,013	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		93,563	0	93,563	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
116.00	11600	HOSPICE		39,009	0	39,009	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,633,008	0	27,633,008	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		65,406	0	65,406	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		333,828	0	333,828	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00
194.01	07951	DEVELOPMENT		72,784	0	72,784	194.01
194.02	07952	COMMUNITY OUTREACH		58,012	0	58,012	194.02
194.03	07953	FOUNTAIN CAFE		30,375	0	30,375	194.03
194.04	07954	SLEEP RESEARCH		2,549	0	2,549	194.04
194.05	07955	MEALS ON WHEELS		9,456	0	9,456	194.05
194.06	07956	GUEST MEALS		6,930	0	6,930	194.06
194.07	07957	PHYSICIAN REFERRAL		14,682	0	14,682	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.08
194.09	07959	VACANT SPACE		214,355	0	214,355	194.09
194.10	07960	TV STORAGE		0	0	0	194.10
194.11	07961	MARKETING		80,946	0	80,946	194.11
194.12	07962	CHILDBIRTH INSTRUCTION		1,180	0	1,180	194.12
194.13	07963	VOLUNTEERS		59,744	0	59,744	194.13
194.14	07964	RETAIL PHARMACY		92,988	0	92,988	194.14
194.15	07965	REHAB HOSPITAL COVERAGE		9,510	0	9,510	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		20,665	0	20,665	194.16
194.17	07967	VALET SERVICES		5,144	0	5,144	194.17
200.00		Cross Foot Adjustments	17,479	144,801	0	144,801	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,479	28,856,363	0	28,856,363	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		1.00	2.00	2.01	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	661,583				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		664,260			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	56,552		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,292	5,292	0	192,986,277	4.00
5.01	00591	NONPATIENT TELEPHONES	1,307	1,307	0	470,644	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	5.03
5.04	00540	ADMITTING	1,452	1,452	0	1,320,177	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	2,824	506,437	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	60,967	60,967	0	26,011,197	5.06
6.00	00600	MAINTENANCE & REPAIRS	73,070	73,070	0	2,039,324	6.00
6.01	00601	PURCHASING	2,086	2,086	0	731,817	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	185,894	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	88,030	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	16,571	8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,816,394	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	202,115	9.01
10.00	01000	DIETARY	13,593	13,593	0	2,352,198	10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	751,155	10.01
11.00	01100	CAFETERIA	12,666	12,666	0	464,521	11.00
11.01	01101	CAFETERIA - SURREY	0	0	3,897	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,599	1,599	0	1,487,331	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	203,148	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,652,818	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	3,867,447	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	251,357	16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	288,797	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,432,390	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	329	329	0	1,648,502	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,252	1,252	0	0	23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,357	129,083	0	33,237,522	30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	4,597,829	31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	4,539,033	32.00
43.00	04300	NURSERY	18,637	19,754	0	4,163,517	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,356	2,321,857	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	26,991	2,087,192	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	62,059	62,059	0	15,085,670	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	979,850	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,816	3,816	0	266,186	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,146	8,146	0	1,252,929	50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,423,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,277	11,862	0	1,155,412	52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	267,339	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,058	44,530	0	5,835,998	54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	437,992	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	2,202,188	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	3,669	3,669	0	815,553	57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	137,434	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	312,060	58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	158,224	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	1,633,060	59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,508,047	60.00
64.00	06400	INTRAVENOUS THERAPY	5,372	5,372	0	2,659,642	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	1,126	1,126	0	152,517	64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	1,892,016	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	48	0	65.01
66.00	06600	PHYSICAL THERAPY	20,775	20,775	0	4,779,562	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,060	1,497,546	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	61,225	66.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
			1.00	2.00	2.01	4.00	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	848,783	16	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	218,496	3	68.00
69.00	06900	ELECTROCARDIOLOGY	3,648	3,648	0	1,489,393	27	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	716,155	21	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,829	1,829	0	269,491	6	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,791,133	31	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,154	6,154	0	4,148,246	36	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,008	1,008	0	604,050	8	76.01
76.02	03952	CARDIAC REHAB	10,581	10,581	0	2,170,884	26	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	6,775	6,775	0	393,214	13	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	35,756	0	90.00
91.00	09100	EMERGENCY	9,613	9,613	0	9,004,161	61	91.00
91.01	09101	URGENT CARE CENTERS	5,528	5,528	0	10,662,459	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	105,236	3	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,343	1,343	0	3,549,896	64	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,254,707	39	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	641,750	644,650	56,372	186,511,031	1,962	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,536	1,536	180	0	3	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,526	5,303	0	2,671,928	67	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,602	1,602	0	338,289	8	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	492,580	14	194.02
194.03	07953	FOUNTAIN CAFE	215	215	0	25,987	1	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	1,042	3	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	216	216	0	346,942	5	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	5,174	5,174	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	1,547	1,547	0	863,870	13	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	48,470	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	236,741	14	194.13
194.14	07964	RETAIL PHARMACY	1,007	1,007	0	852,996	7	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	267,768	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	136,616	3	194.16
194.17	07967	VALET SERVICES	0	0	0	192,017	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,066,355	13,573,086	503,531	49,798,889	845,300	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.215559	20.433394	8.903858	0.258044	402.332223	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				188,655	47,053	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000978	22.395526	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	425,673,236			5.02
5.03	00592	NONPATIENT TELEPHONES	0	39,801	65		5.03
5.04	00540	ADMITTING	0	1,728,760	0	1,452,264,455	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	915,630	11	0	-922,366 5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	56,715,880	0	0	0 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	15,444,033	0	0	0 6.00
6.01	00601	PURCHASING	0	1,688,202	0	0	0 6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	640,397	4	0	0 6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,543,440	0	0	0 8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	124,090	1	0	0 8.01
9.00	00900	HOUSEKEEPING	0	4,429,142	0	0	0 9.00
9.01	00901	HOUSEKEEPING - SURREY	0	309,826	7	0	0 9.01
10.00	01000	DIETARY	0	3,080,145	0	0	0 10.00
10.01	01001	DIETARY - SURREY	0	1,592,787	7	0	0 10.01
11.00	01100	CAFETERIA	0	1,138,171	0	0	0 11.00
11.01	01101	CAFETERIA - SURREY	0	34,698	0	0	0 11.01
13.00	01300	NURSING ADMINISTRATION	0	3,614,690	0	0	0 13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	264,587	4	0	0 13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,050,577	0	0	0 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,044,416	0	0	0 16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	316,268	5	0	0 16.01
17.00	01700	SOCIAL SERVICE	0	62,246	0	0	0 17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	364,508	2	0	0 17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,060,054	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,910,816	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	232,786	0	0	0 23.01
23.02	02302	PHARMACY EDUCATION	0	265,424	0	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	39,894,382	0	136,161,421	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,431,181	0	14,347,147	0 31.00
32.00	03200	CORONARY CARE UNIT	0	5,189,901	0	16,973,960	0 32.00
43.00	04300	NURSERY	0	6,357,303	0	9,306,085	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,128,347	11	0	0 44.00
46.00	04600	OTHER LONG TERM CARE	0	2,934,050	10	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	29,750,104	0	104,590,834	0 50.00
50.01	03650	VASCULAR ACCESS CENTER	0	1,757,514	0	10,909,884	0 50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	539,498	0	4,627,622	0 50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0 50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,465,634	0	17,408,284	0 50.04
51.00	05100	RECOVERY ROOM	0	2,002,973	0	9,969,206	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,983,736	0	5,190,516	0 52.00
53.00	05300	ANESTHESIOLOGY	0	591,212	0	18,197,690	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,277,062	0	88,871,074	0 54.00
54.01	05401	TDOC RADIOLOGY	0	698,731	0	11,665,918	0 54.01
54.02	05402	CDI RADIOLOGY	0	10,468,160	0	59,669,580	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	1,999,710	0	73,860,494	0 57.00
57.01	05701	TDOC CT SCAN	0	253,658	0	12,123,512	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	604,201	0	14,801,085	0 58.00
58.01	05801	TDOC - MRI	0	319,221	0	11,338,187	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	0	2,325,104	0	62,587,382	0 59.00
60.00	06000	LABORATORY	0	12,693,280	0	164,106,638	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	28,555,428	0	129,243,422	0 64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	155,263	0	509,485	0 64.01
65.00	06500	RESPIRATORY THERAPY	0	2,660,087	0	16,413,640	0 65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	1,233	0	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0	7,014,024	0	24,272,932	0 66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,905,971	3	2,016	0 66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	707,411	0	1,902,360	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,083,624	0	4,487,817	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	281,105	0	1,066,439	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,266,856	0	36,478,780	0 69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5A.02	5.02	5.03	5.04	5A.05	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1,161,980	0	24,849,726	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	447,432	0	3,949,174	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	2,780,766	0	6,179,377	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,737,364	0	46,633,095	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,186,280	0	94,317,652	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,775,666	0	117,265,662	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	805,656	0	3,181,979	0	76.01
76.02	03952	CARDIAC REHAB	0	3,518,102	0	8,674,294	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	864,167	0	2,646,743	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	48,404	0	98,542	0	90.00
91.00	09100	EMERGENCY	0	6,738,967	0	49,057,558	0	91.00
91.01	09101	URGENT CARE CENTERS	0	13,000,711	0	34,293,674	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	181,774	0	7,679	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	4,982,127	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0					113.00
116.00	11600	HOSPICE	0	2,390,031	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	398,526,765	65	1,452,238,565	-922,366	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,567	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,340,316	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	654,672	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,044,405	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	51,103	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	191,710	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	452,065	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	184,447	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	2,635,033	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	82,065	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	380,065	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	7,216,677	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	409,464	0	1,483	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	205,316	0	24,407	0	194.16
194.17	07967	VALET SERVICES	0	241,566	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		0	39,801	1,728,760		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.000000	612.323077	0.001190		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	1,120	53,859		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	17.230769	0.000037		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description		ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
		5.05	5A.06	5.06	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY	424,750,870				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	56,715,880	-56,838,877	368,834,359		5.06
6.00	00600	MAINTENANCE & REPAIRS	15,444,033	0	15,477,577	519,495	6.00
6.01	00601	PURCHASING	1,688,202	0	1,691,869	2,086	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	642,846	0	644,242	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,543,440	0	1,546,792	3,490	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	124,702	0	124,973	0	8.01
9.00	00900	HOUSEKEEPING	4,429,142	0	4,438,762	3,796	9.00
9.01	00901	HOUSEKEEPING - SURREY	314,112	0	314,794	0	9.01
10.00	01000	DIETARY	3,080,145	0	3,086,835	13,593	10.00
10.01	01001	DIETARY - SURREY	1,597,073	0	1,600,542	0	10.01
11.00	01100	CAFETERIA	1,138,171	0	1,140,643	12,666	11.00
11.01	01101	CAFETERIA - SURREY	34,698	0	34,773	0	11.01
13.00	01300	NURSING ADMINISTRATION	3,614,690	0	3,622,541	1,599	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	267,036	0	267,616	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	4,050,577	0	4,059,375	15,519	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,044,416	0	6,057,544	5,743	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	319,330	0	320,024	0	16.01
17.00	01700	SOCIAL SERVICE	62,246	0	62,381	1,742	17.00
17.01	01701	SOCIAL SERVICE - SURREY	365,733	0	366,527	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,060,054	0	3,066,700	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,910,816	0	1,914,966	329	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	232,786	0	233,292	1,252	23.01
23.02	02302	PHARMACY EDUCATION	265,424	0	266,001	349	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,056,414	0	40,143,417	130,357	30.00
31.00	03100	INTENSIVE CARE UNIT	4,448,254	0	4,457,916	8,437	31.00
32.00	03200	CORONARY CARE UNIT	5,210,100	0	5,221,416	12,284	32.00
43.00	04300	NURSERY	6,368,377	0	6,382,209	18,637	43.00
44.00	04400	SKILLED NURSING FACILITY	3,135,083	0	3,141,892	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,940,173	0	2,946,559	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,874,567	0	29,939,455	62,059	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,770,497	0	1,774,343	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	545,005	0	546,189	3,816	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,486,350	0	2,491,750	8,146	50.04
51.00	05100	RECOVERY ROOM	2,014,836	0	2,019,212	4,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,989,913	0	1,994,235	6,277	52.00
53.00	05300	ANESTHESIOLOGY	612,867	0	614,198	145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,382,819	0	10,405,370	47,058	54.00
54.01	05401	TDOC RADIOLOGY	712,613	0	714,161	2,649	54.01
54.02	05402	CDI RADIOLOGY	10,539,167	0	10,562,058	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	2,087,604	0	2,092,138	3,669	57.00
57.01	05701	TDOC CT SCAN	268,085	0	268,667	1,288	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	621,814	0	623,165	4,120	58.00
58.01	05801	TDOC - MRI	332,713	0	333,436	2,238	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,399,583	0	2,404,795	9,406	59.00
60.00	06000	LABORATORY	12,889,134	0	12,917,129	18,690	60.00
64.00	06400	INTRAVENOUS THERAPY	28,709,228	0	28,771,584	5,372	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	155,869	0	156,208	1,126	64.01
65.00	06500	RESPIRATORY THERAPY	2,679,619	0	2,685,439	1,675	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1,233	0	1,236	0	65.01
66.00	06600	PHYSICAL THERAPY	7,042,909	0	7,058,206	20,775	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,907,810	0	1,911,954	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	709,675	0	711,216	3,623	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,088,965	0	1,091,330	0	67.00
68.00	06800	SPEECH PATHOLOGY	282,374	0	282,987	75	68.00
69.00	06900	ELECTROCARDIOLOGY	2,310,266	0	2,315,284	3,648	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
			5.05	5A.06	5.06	6.00	6.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,191,551	0	1,194,139	4,437	20,634	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	452,132	0	453,114	1,829	28,356	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,788,119	0	2,794,175	8,215	69,119	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,792,857	0	11,818,471	0	11,127,544	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,298,518	0	39,383,874	0	152,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,915,212	0	15,949,780	6,154	427,430	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	809,443	0	811,201	1,008	2,169	76.01
76.02	03952	CARDIAC REHAB	3,528,424	0	3,536,088	10,581	101,855	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	867,317	0	869,201	6,775	221,228	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	48,521	0	48,626	0	3,435	90.00
91.00	09100	EMERGENCY	6,797,345	0	6,812,109	9,613	646,252	91.00
91.01	09101	URGENT CARE CENTERS	13,041,520	0	13,069,846	5,528	577,123	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	181,783	0	182,178	1,300	7,487	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,982,127	0	4,992,948	1,343	130,794	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,390,031	0	2,395,222	473	120,075	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	397,604,368	-56,838,877	341,628,895	499,662	72,936,950	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,567	0	57,692	1,536	2,341	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,340,316	0	13,369,291	5,526	383,697	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	654,672	0	656,094	1,602	47,328	194.01
194.02	07952	COMMUNITY OUTREACH	1,044,405	0	1,046,673	1,224	109,508	194.02
194.03	07953	FOUNTAIN CAFE	51,103	0	51,214	215	64,139	194.03
194.04	07954	SLEEP RESEARCH	191,710	0	192,126	0	3,750	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	452,065	0	453,047	216	3,531	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	184,447	0	184,848	5,174	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,635,033	0	2,640,756	1,547	54,733	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	82,065	0	82,243	0	13,866	194.12
194.13	07963	VOLUNTEERS	380,065	0	380,891	1,320	8,509	194.13
194.14	07964	RETAIL PHARMACY	7,216,677	0	7,232,352	1,007	63,224	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	409,466	0	410,355	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	205,345	0	205,791	466	2,906	194.16
194.17	07967	VALET SERVICES	241,566	0	242,091	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	922,366		56,838,877	17,862,734	2,024,320	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002172		0.154104	34.384804	0.027469	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,828		2,209,539	2,701,292	96,457	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000061		0.005991	5.199842	0.001309	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		6.02	8.00	8.01	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	PURCHASING					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	51,896				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,749,701			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	940	0	34,630		8.01
9.00	00900	HOUSEKEEPING	0	0	0	510,123	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	50,956
10.00	01000	DIETARY	0	0	0	13,593	0
10.01	01001	DIETARY - SURREY	2,108	0	0	0	2,108
11.00	01100	CAFETERIA	0	0	0	12,666	0
11.01	01101	CAFETERIA - SURREY	3,897	0	0	0	3,897
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,599	0
13.01	01301	NURSING ADMINISTRATION - SURREY	184	0	0	0	184
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,370	0	15,519	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,743	0
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	1,742	0
17.01	01701	SOCIAL SERVICE - SURREY	132	0	0	0	132
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	329	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	1,252	0
23.02	02302	PHARMACY EDUCATION	0	0	0	349	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	837,781	0	130,357	0
31.00	03100	INTENSIVE CARE UNIT	0	53,935	0	8,437	0
32.00	03200	CORONARY CARE UNIT	0	89,105	0	12,284	0
43.00	04300	NURSERY	0	80,688	0	18,637	0
44.00	04400	SKILLED NURSING FACILITY	15,356	0	13,578	0	15,356
46.00	04600	OTHER LONG TERM CARE	26,991	0	21,052	0	26,991
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	214,076	0	62,059	0
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	3,816	0
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	54,774	0	8,146	0
51.00	05100	RECOVERY ROOM	0	38,098	0	4,672	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,599	0	6,277	0
53.00	05300	ANESTHESIOLOGY	0	0	0	145	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	121,595	0	47,058	0
54.01	05401	TDOC RADIOLOGY	0	0	0	2,649	0
54.02	05402	CDI RADIOLOGY	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	3,669	0
57.01	05701	TDOC CT SCAN	0	0	0	1,288	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	26,637	0	4,120	0
58.01	05801	TDOC - MRI	0	0	0	2,238	0
59.00	05900	CARDIAC CATHETERIZATION	0	28,275	0	9,406	0
60.00	06000	LABORATORY	0	0	0	18,690	0
64.00	06400	INTRAVENOUS THERAPY	0	9,641	0	5,372	0
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	1,126	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,675	0
65.01	06501	RESPIRATORY THERAPY - SURREY	48	0	0	0	48
66.00	06600	PHYSICAL THERAPY	0	1,292	0	20,775	0
66.01	06601	PHYSICAL THERAPY - SURREY	2,060	0	0	0	2,060
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,354	0	3,623	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	75	0
69.00	06900	ELECTROCARDIOLOGY	0	12,523	0	3,648	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
			6.02	8.00	8.01	9.00	9.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	4,437	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,829	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	8,215	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,154	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	1,008	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	10,581	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	6,775	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	140,766	0	9,613	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	5,528	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	1,300	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,343	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	473	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		51,716	1,746,509	34,630	490,290	50,776	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	180	0	0	1,536	180	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,192	0	5,526	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	1,602	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,224	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	215	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	216	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	5,174	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	1,547	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	1,320	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	1,007	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	466	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		744,056	1,905,162	157,785	5,262,836	364,437	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		14.337444	1.088850	4.556310	10.316798	7.151994	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		20,487	152,031	9,535	185,984	2,278	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.394770	0.086890	0.275339	0.364587	0.044705	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
			10.00	10.01	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY	845,165					10.00
10.01	01001	DIETARY - SURREY	0	135,877				10.01
11.00	01100	CAFETERIA	498,910	0	154,265			11.00
11.01	01101	CAFETERIA - SURREY	0	3,731	0	12,762		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,758	0	41,746	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	222	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,985	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	707	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	428	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,340	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	107	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	192	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	254	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	261,271	0	41,064	0	23,782	30.00
31.00	03100	INTENSIVE CARE UNIT	16,553	0	4,070	0	2,974	31.00
32.00	03200	CORONARY CARE UNIT	15,638	0	4,542	0	3,327	32.00
43.00	04300	NURSERY	0	0	5,010	0	4,279	43.00
44.00	04400	SKILLED NURSING FACILITY	0	40,619	0	4,498	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	62,977	0	4,515	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	16,994	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	419	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	520	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	1,804	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	1,807	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,556	0	1,013	52.00
53.00	05300	ANESTHESIOLOGY	0	0	661	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,725	0	112	54.00
54.01	05401	TDOC RADIOLOGY	0	0	622	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	1,183	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	190	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	413	0	0	58.00
58.01	05801	TDOC - MRI	0	0	210	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,234	0	1,366	59.00
60.00	06000	LABORATORY	0	0	7,260	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,653	0	414	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	158	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,944	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	6,140	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,168	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	170	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,272	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	270	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
			10.00	10.01	11.00	11.01	13.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	1,908	0	276	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,195	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	442	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	2,998	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,213	125	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	360	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	3,130	0	401	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	661	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	93	0	0	90.00
91.00	09100	EMERGENCY	0	0	6,618	0	3,762	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	203	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	792,372	107,327	146,348	12,663	41,706	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,318	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	391	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	37	0	0	194.02
194.03	07953	FOUNTAIN CAFE	29,703	0	105	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	231	0	0	194.04
194.05	07955	MEALS ON WHEELS	13,716	0	0	0	0	194.05
194.06	07956	GUEST MEALS	9,374	2,046	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	455	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	88	0	40	194.12
194.13	07963	VOLUNTEERS	0	0	437	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	1,167	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	26,504	124	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	564	99	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,187,350	1,910,131	4,389,648	176,326	4,302,935	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.954476	14.057795	28.455243	13.816486	103.074187	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	582,662	31,078	875,128	37,473	99,843	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.689406	0.228722	5.672888	2.936295	2.391678	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL DAYS)	
			13.01	14.00	16.00	16.01	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	34,630					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,877,532				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,452,264,455			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	21,456,649		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	63,425	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,326,917	136,161,421	0	56,352	30.00
31.00	03100	INTENSIVE CARE UNIT	0	238,642	14,347,147	0	3,637	31.00
32.00	03200	CORONARY CARE UNIT	0	305,652	16,973,960	0	3,436	32.00
43.00	04300	NURSERY	0	388,782	9,306,085	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	13,578	15,261	0	4,863,981	0	44.00
46.00	04600	OTHER LONG TERM CARE	21,052	31,967	0	6,253,966	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	227,367	104,590,834	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	1,530,631	10,909,884	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	45,180	4,627,622	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	353,056	17,408,284	0	0	50.04
51.00	05100	RECOVERY ROOM	0	16,816	9,969,206	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	147,520	5,190,516	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	118,841	18,197,690	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,060,990	88,871,074	68,896	0	54.00
54.01	05401	TDOC RADIOLOGY	0	8,293	11,665,918	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	59,669,580	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	187,295	73,860,494	0	0	57.00
57.01	05701	TDOC CT SCAN	0	3,321	12,123,512	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,191	14,801,085	0	0	58.00
58.01	05801	TDOC - MRI	0	6,648	11,338,187	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	5,206,045	62,587,382	0	0	59.00
60.00	06000	LABORATORY	0	3,034,487	164,106,638	629,368	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	465,506	129,243,422	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	10,417	509,485	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	106,864	16,413,640	35,687	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	11,439	0	65.01
66.00	06600	PHYSICAL THERAPY	0	26,301	24,272,932	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	507	2,016	6,398,185	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,450	1,902,360	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	601	4,487,817	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL DAYS)	
			13.01	14.00	16.00	16.01	17.00	
68.00	06800	SPEECH PATHOLOGY	0	0	1,066,439	418	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,207	36,478,780	6,577	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	20,311	24,849,726	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,920	3,949,174	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	57,347	6,179,377	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,737,364	46,633,095	370,960	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	94,317,652	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,737	117,265,662	2,817,172	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	344	3,181,979	0	0	76.01
76.02	03952	CARDIAC REHAB	0	9,801	8,674,294	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,646,743	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,149	98,542	0	0	90.00
91.00	09100	EMERGENCY	0	454,216	49,057,558	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	294,478	34,293,674	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	33	7,679	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	118,010	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	111,576	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,630	27,859,079	1,452,238,565	21,456,649	63,425	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,830	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	3,351	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	36	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	110	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	34	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	953	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	1,483	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	139	24,407	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	316,048	5,513,732	7,248,963	379,110	149,868	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.126422	0.197784	0.004991	0.017669	2.362917	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,266	690,093	278,263	4,344	72,172	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.123188	0.024754	0.000192	0.000202	1.137911	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM (ASSIGNED TIME)	
			SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.01	19.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY	34,630					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		1,934			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			1,934		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0					23.01
23.02	02302	PHARMACY EDUCATION	0					23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,061	1,061	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	170	170	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	1	1	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	13,578	0	84	84	0	44.00
46.00	04600	OTHER LONG TERM CARE	21,052	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	8	8	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	100	10	10	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	34	34	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	74	74	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	50	50	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	1	1	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM (ASSIGNED TIME)			
			SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
			17.01	19.00	21.00	22.00	23.00			
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	73	73	0	69.00		
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00		
70.01	07001	SLEEP MEDICINE CLINIC	0	0	50	50	0	70.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00		
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00		
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	2	2	0	76.01		
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02		
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	58	58	0	76.03		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	89	89	0	90.00		
91.00	09100	EMERGENCY	0	0	169	169	0	91.00		
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01		
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS										
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00		
116.00	11600	HOSPICE	0	0	0	0	0	116.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,630	100	1,934	1,934	0	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
191.00	19100	RESEARCH	0	0	0	0	0	191.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00		
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00		
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01		
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02		
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03		
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04		
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05		
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06		
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07		
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08		
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09		
194.10	07960	TV STORAGE	0	0	0	0	0	194.10		
194.11	07961	MARKETING	0	0	0	0	0	194.11		
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12		
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13		
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14		
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15		
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16		
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17		
200.00		Cross Foot Adjustments						200.00		
201.00		Negative Cost Centers						201.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	431,760	0	3,662,787	2,229,269	0	202.00		
203.00		Unit cost multiplier (Wkst. B, Part I)	12.467802	0.000000	1,893.891934	1,152.672699	0.000000	203.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	5,024	0	45,559	27,618	0	204.00		
205.00		Unit cost multiplier (Wkst. B, Part II)	0.145077	0.000000	23.556877	14.280248	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)					0.000000	207.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description		CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP			2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00591 NONPATIENT TELEPHONES			5.01
5.02	00590 OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	00592 NONPATIENT TELEPHONES			5.03
5.04	00540 ADMITTING			5.04
5.05	00593 ADMIN & GENERAL - SURREY			5.05
5.06	00594 ADMIN & GENERAL - HOSPITAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
6.01	00601 PURCHASING			6.01
6.02	00602 MAINTENANCE & REPAIRS - SURREY			6.02
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
8.01	00801 LAUNDRY & LINEN SERVICE - SURREY			8.01
9.00	00900 HOUSEKEEPING			9.00
9.01	00901 HOUSEKEEPING - SURREY			9.01
10.00	01000 DIETARY			10.00
10.01	01001 DIETARY - SURREY			10.01
11.00	01100 CAFETERIA			11.00
11.01	01101 CAFETERIA - SURREY			11.01
13.00	01300 NURSING ADMINISTRATION			13.00
13.01	01301 NURSING ADMINISTRATION - SURREY			13.01
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
16.01	01601 MEDICAL RECORDS & LIBRARY - SURREY			16.01
17.00	01700 SOCIAL SERVICE			17.00
17.01	01701 SOCIAL SERVICE - SURREY			17.01
19.00	01900 NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301 CLINICAL PASTORAL EDUCATION	98,055		23.01
23.02	02302 PHARMACY EDUCATION		100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	56,352	0	30.00
31.00	03100 INTENSIVE CARE UNIT	3,637	0	31.00
32.00	03200 CORONARY CARE UNIT	3,436	0	32.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	13,578	0	44.00
46.00	04600 OTHER LONG TERM CARE	21,052	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	03650 VASCULAR ACCESS CENTER	0	0	50.01
50.02	05001 PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002 PAIN MGMT CENTER	0	0	50.03
50.04	03340 WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 TDOC RADIOLOGY	0	0	54.01
54.02	05402 CDI RADIOLOGY	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
57.01	05701 TDOC CT SCAN	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801 TDOC - MRI	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
64.01	06401 BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	06501 RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602 THERAPY SVCS - BRAIN & SPINE	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:38 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.01	23.02		
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,055	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	0	0		194.01
194.02	07952	COMMUNITY OUTREACH	0	0		194.02
194.03	07953	FOUNTAIN CAFE	0	0		194.03
194.04	07954	SLEEP RESEARCH	0	0		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	0	0		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	0		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0		194.12
194.13	07963	VOLUNTEERS	0	0		194.13
194.14	07964	RETAIL PHARMACY	0	0		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0		194.16
194.17	07967	VALET SERVICES	0	0		194.17
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	330,673	329,822		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.372322	3,298.220000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	54,145	17,479		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.552190	174.790000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:38 am

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	59,293,639	59,293,639	437,396	59,731,035
31.00	03100	INTENSIVE CARE UNIT	6,232,003	6,232,003	50,438	6,282,441
32.00	03200	CORONARY CARE UNIT	7,396,129	7,396,129	1,073	7,397,202
43.00	04300	NURSERY	9,005,954	9,005,954	0	9,005,954
44.00	04400	SKILLED NURSING FACILITY	5,079,823	5,079,823	0	5,079,823
46.00	04600	OTHER LONG TERM CARE	5,668,228	5,668,228	0	5,668,228
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,540,845	39,540,845	392,348	39,933,193
50.01	03650	VASCULAR ACCESS CENTER	2,456,239	2,456,239	236,120	2,692,359
50.02	05001	PAIN MGMT - BRAIN & SPINE	849,245	849,245	0	849,245
50.03	05002	PAIN MGMT CENTER	0	0	0	0
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,518,760	3,518,760	0	3,518,760
51.00	05100	RECOVERY ROOM	2,686,156	2,686,156	0	2,686,156
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,822,707	2,822,707	0	2,822,707
53.00	05300	ANESTHESIOLOGY	852,851	852,851	0	852,851
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,195,380	15,195,380	0	15,195,380
54.01	05401	TD0C RADIOLOGY	1,020,708	1,020,708	0	1,020,708
54.02	05402	CDI RADIOLOGY	12,487,526	12,487,526	0	12,487,526
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	3,023,280	3,023,280	0	3,023,280
57.01	05701	TD0C CT SCAN	434,325	434,325	0	434,325
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,024,206	1,024,206	0	1,024,206
58.01	05801	TD0C - MRI	548,993	548,993	0	548,993
59.00	05900	CARDIAC CATHETERIZATION	5,081,791	5,081,791	0	5,081,791
60.00	06000	LABORATORY	17,465,667	17,465,667	0	17,465,667
64.00	06400	INTRAVENOUS THERAPY	34,353,753	34,353,753	40,957	34,394,710
64.01	06401	BRAIN & SPINE INFUSION CENTER	240,115	240,115	0	240,115
65.00	06500	RESPIRATORY THERAPY	3,367,184	3,367,184	0	3,367,184
65.01	06501	RESPIRATORY THERAPY - SURREY	2,681	2,681	0	2,681
66.00	06600	PHYSICAL THERAPY	9,379,362	9,379,362	0	9,379,362
66.01	06601	PHYSICAL THERAPY - SURREY	2,394,050	2,394,050	0	2,394,050
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,000,113	1,000,113	0	1,000,113
67.00	06700	OCCUPATIONAL THERAPY	1,318,414	1,318,414	0	1,318,414
68.00	06800	SPEECH PATHOLOGY	343,000	343,000	0	343,000
69.00	06900	ELECTROCARDIOLOGY	3,120,295	3,120,295	3,719	3,124,014
69.01	06901	TD0C - ELECTROCARDIOLOGY	1,739,115	1,739,115	0	1,739,115
70.00	07000	ELECTROENCEPHALOGRAPHY	642,695	642,695	0	642,695
70.01	07001	SLEEP MEDICINE CLINIC	3,721,383	3,721,383	967	3,722,350
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,506,172	16,506,172	0	16,506,172
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,928,025	45,928,025	0	45,928,025
73.00	07300	DRUGS CHARGED TO PATIENTS	19,801,934	19,801,934	0	19,801,934
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0
76.01	03951	NUTRITION/DIABETES EDUCATION	1,007,522	1,007,522	0	1,007,522
76.02	03952	CARDIAC REHAB	4,732,428	4,732,428	0	4,732,428
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,344,097	1,344,097	0	1,344,097
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	59,974	59,974	0	59,974
91.00	09100	EMERGENCY	9,373,388	9,373,388	307,825	9,681,213
91.01	09101	URGENT CARE CENTERS	15,576,328	15,576,328	0	15,576,328
91.02	04950	ADULT DOWN SYNDROME CENTER	274,391	274,391	0	274,391
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,425,518	5,425,518	0	5,425,518
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,849,348	5,849,348	0	5,849,348
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
116.00	11600	HOSPICE	2,810,845	2,810,845	0	2,810,845
200.00		Subtotal (see instructions)	391,996,585	391,996,585	1,470,843	393,467,428
201.00		Less Observation Beds	5,425,518	5,425,518	0	5,425,518
202.00		Total (see instructions)	386,571,067	386,571,067	1,470,843	388,041,910

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:38 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	118,320,030		118,320,030		30.00
31.00	03100	INTENSIVE CARE UNIT	14,191,123		14,191,123		31.00
32.00	03200	CORONARY CARE UNIT	16,803,804		16,803,804		32.00
43.00	04300	NURSERY	9,309,263		9,309,263		43.00
44.00	04400	SKILLED NURSING FACILITY	4,863,981		4,863,981		44.00
46.00	04600	OTHER LONG TERM CARE	6,253,976		6,253,976		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,623,824	60,966,641	104,590,465	0.378054	0.000000
50.01	03650	VASCULAR ACCESS CENTER	23,511	10,877,587	10,901,098	0.225320	0.000000
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,813	4,625,809	4,627,622	0.183517	0.000000
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,012,124	14,396,160	17,408,284	0.202131	0.000000
51.00	05100	RECOVERY ROOM	3,791,764	6,177,442	9,969,206	0.269445	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,190,115	1,601,833	6,791,948	0.415596	0.000000
53.00	05300	ANESTHESIOLOGY	7,409,102	10,788,588	18,197,690	0.046866	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,817,850	74,122,121	88,939,971	0.170850	0.000000
54.01	05401	TDOC RADIOLOGY	64,067	11,601,851	11,665,918	0.087495	0.000000
54.02	05402	CDI RADIOLOGY	69,455	59,600,125	59,669,580	0.209278	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	23,948,732	49,911,761	73,860,493	0.040932	0.000000
57.01	05701	TDOC CT SCAN	83,775	12,039,736	12,123,511	0.035825	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,523,038	10,278,047	14,801,085	0.069198	0.000000
58.01	05801	TDOC - MRI	54,823	11,283,365	11,338,188	0.048420	0.000000
59.00	05900	CARDIAC CATHETERIZATION	20,878,500	41,708,881	62,587,381	0.081195	0.000000
60.00	06000	LABORATORY	69,540,998	95,195,008	164,736,006	0.106022	0.000000
64.00	06400	INTRAVENOUS THERAPY	2,175,791	127,067,632	129,243,423	0.265807	0.000000
64.01	06401	BRAIN & SPINE INFUSION CENTER	9,592	499,893	509,485	0.471290	0.000000
65.00	06500	RESPIRATORY THERAPY	15,310,724	1,138,603	16,449,327	0.204700	0.000000
65.01	06501	RESPIRATORY THERAPY - SURREY	10,406	1,033	11,439	0.234374	0.000000
66.00	06600	PHYSICAL THERAPY	7,195,836	17,077,097	24,272,933	0.386412	0.000000
66.01	06601	PHYSICAL THERAPY - SURREY	6,237,522	162,679	6,400,201	0.374059	0.000000
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,902,360	1,902,360	0.525722	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,971,885	515,932	4,487,817	0.293776	0.000000
68.00	06800	SPEECH PATHOLOGY	882,997	183,860	1,066,857	0.321505	0.000000
69.00	06900	ELECTROCARDIOLOGY	19,447,485	17,037,872	36,485,357	0.085522	0.000000
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	24,849,726	24,849,726	0.069985	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	708,357	3,240,816	3,949,173	0.162742	0.000000
70.01	07001	SLEEP MEDICINE CLINIC	16,613	6,162,764	6,179,377	0.602226	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,089,686	20,914,369	47,004,055	0.351165	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,788,806	45,528,845	94,317,651	0.486950	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	84,587,165	35,495,669	120,082,834	0.164902	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000
76.01	03951	NUTRITION/DIABETES EDUCATION	2,383,281	798,698	3,181,979	0.316634	0.000000
76.02	03952	CARDIAC REHAB	1,636,579	7,037,714	8,674,293	0.545569	0.000000
76.03	03950	HYPERBARIC OXYGEN THERAPY	37,075	2,609,668	2,646,743	0.507831	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	700	97,842	98,542	0.608614	0.000000
91.00	09100	EMERGENCY	20,916,868	28,140,691	49,057,559	0.191069	0.000000
91.01	09101	URGENT CARE CENTERS	1,331	34,292,343	34,293,674	0.454204	0.000000
91.02	04950	ADULT DOWN SYNDROME CENTER	0	7,679	7,679	35.732647	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,146,144	14,425,972	16,572,116	0.327388	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,420,498	5,420,498		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,147,304	4,147,304		116.00
200.00		Subtotal (see instructions)	609,330,511	873,932,514	1,483,263,025		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	609,330,511	873,932,514	1,483,263,025		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 9:38 am
				Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.381805			50.00
50.01	03650	VASCULAR ACCESS CENTER	0.246981			50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.183517			50.02
50.03	05002	PAIN MGMT CENTER	0.000000			50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.202131			50.04
51.00	05100	RECOVERY ROOM	0.269445			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.415596			52.00
53.00	05300	ANESTHESIOLOGY	0.046866			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170850			54.00
54.01	05401	TDOC RADIOLOGY	0.087495			54.01
54.02	05402	CDI RADIOLOGY	0.209278			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.040932			57.00
57.01	05701	TDOC CT SCAN	0.035825			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069198			58.00
58.01	05801	TDOC - MRI	0.048420			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.081195			59.00
60.00	06000	LABORATORY	0.106022			60.00
64.00	06400	INTRAVENOUS THERAPY	0.266123			64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.471290			64.01
65.00	06500	RESPIRATORY THERAPY	0.204700			65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.234374			65.01
66.00	06600	PHYSICAL THERAPY	0.386412			66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.374059			66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.525722			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.293776			67.00
68.00	06800	SPEECH PATHOLOGY	0.321505			68.00
69.00	06900	ELECTROCARDIOLOGY	0.085624			69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.069985			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162742			70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.602383			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.351165			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.486950			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164902			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000			76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.316634			76.01
76.02	03952	CARDIAC REHAB	0.545569			76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.507831			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.608614			90.00
91.00	09100	EMERGENCY	0.197344			91.00
91.01	09101	URGENT CARE CENTERS	0.454204			91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	35.732647			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.327388			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:38 am

			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	59,293,639		59,293,639	437,396	59,731,035
31.00	03100	INTENSIVE CARE UNIT	6,232,003		6,232,003	50,438	6,282,441
32.00	03200	CORONARY CARE UNIT	7,396,129		7,396,129	1,073	7,397,202
43.00	04300	NURSERY	9,005,954		9,005,954	0	9,005,954
44.00	04400	SKILLED NURSING FACILITY	5,079,823		5,079,823	0	5,079,823
46.00	04600	OTHER LONG TERM CARE	5,668,228		5,668,228	0	5,668,228
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,540,845		39,540,845	392,348	39,933,193
50.01	03650	VASCULAR ACCESS CENTER	2,456,239		2,456,239	236,120	2,692,359
50.02	05001	PAIN MGMT - BRAIN & SPINE	849,245		849,245	0	849,245
50.03	05002	PAIN MGMT CENTER	0		0	0	0
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,518,760		3,518,760	0	3,518,760
51.00	05100	RECOVERY ROOM	2,686,156		2,686,156	0	2,686,156
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,822,707		2,822,707	0	2,822,707
53.00	05300	ANESTHESIOLOGY	852,851		852,851	0	852,851
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,195,380		15,195,380	0	15,195,380
54.01	05401	TD0C RADIOLOGY	1,020,708		1,020,708	0	1,020,708
54.02	05402	CDI RADIOLOGY	12,487,526		12,487,526	0	12,487,526
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	3,023,280		3,023,280	0	3,023,280
57.01	05701	TD0C CT SCAN	434,325		434,325	0	434,325
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,024,206		1,024,206	0	1,024,206
58.01	05801	TD0C - MRI	548,993		548,993	0	548,993
59.00	05900	CARDIAC CATHETERIZATION	5,081,791		5,081,791	0	5,081,791
60.00	06000	LABORATORY	17,465,667		17,465,667	0	17,465,667
64.00	06400	INTRAVENOUS THERAPY	34,353,753		34,353,753	40,957	34,394,710
64.01	06401	BRAIN & SPINE INFUSION CENTER	240,115		240,115	0	240,115
65.00	06500	RESPIRATORY THERAPY	3,367,184	0	3,367,184	0	3,367,184
65.01	06501	RESPIRATORY THERAPY - SURREY	2,681	0	2,681	0	2,681
66.00	06600	PHYSICAL THERAPY	9,379,362	0	9,379,362	0	9,379,362
66.01	06601	PHYSICAL THERAPY - SURREY	2,394,050	0	2,394,050	0	2,394,050
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,000,113	0	1,000,113	0	1,000,113
67.00	06700	OCCUPATIONAL THERAPY	1,318,414	0	1,318,414	0	1,318,414
68.00	06800	SPEECH PATHOLOGY	343,000	0	343,000	0	343,000
69.00	06900	ELECTROCARDIOLOGY	3,120,295		3,120,295	3,719	3,124,014
69.01	06901	TD0C - ELECTROCARDIOLOGY	1,739,115		1,739,115	0	1,739,115
70.00	07000	ELECTROENCEPHALOGRAPHY	642,695		642,695	0	642,695
70.01	07001	SLEEP MEDICINE CLINIC	3,721,383		3,721,383	967	3,722,350
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,506,172		16,506,172	0	16,506,172
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,928,025		45,928,025	0	45,928,025
73.00	07300	DRUGS CHARGED TO PATIENTS	19,801,934		19,801,934	0	19,801,934
74.00	07400	RENAL DIALYSIS	0		0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0
76.01	03951	NUTRITION/DIABETES EDUCATION	1,007,522		1,007,522	0	1,007,522
76.02	03952	CARDIAC REHAB	4,732,428		4,732,428	0	4,732,428
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,344,097		1,344,097	0	1,344,097
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	59,974		59,974	0	59,974
91.00	09100	EMERGENCY	9,373,388		9,373,388	307,825	9,681,213
91.01	09101	URGENT CARE CENTERS	15,576,328		15,576,328	0	15,576,328
91.02	04950	ADULT DOWN SYNDROME CENTER	274,391		274,391	0	274,391
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,425,518		5,425,518	0	5,425,518
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	5,849,348		5,849,348		5,849,348
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	2,810,845		2,810,845		2,810,845
200.00		Subtotal (see instructions)	391,996,585	0	391,996,585	1,470,843	393,467,428
201.00		Less Observation Beds	5,425,518		5,425,518		5,425,518
202.00		Total (see instructions)	386,571,067	0	386,571,067	1,470,843	388,041,910

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:38 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	118,320,030		118,320,030		30.00
31.00	03100	INTENSIVE CARE UNIT	14,191,123		14,191,123		31.00
32.00	03200	CORONARY CARE UNIT	16,803,804		16,803,804		32.00
43.00	04300	NURSERY	9,309,263		9,309,263		43.00
44.00	04400	SKILLED NURSING FACILITY	4,863,981		4,863,981		44.00
46.00	04600	OTHER LONG TERM CARE	6,253,976		6,253,976		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,623,824	60,966,641	104,590,465	0.378054	0.000000
50.01	03650	VASCULAR ACCESS CENTER	23,511	10,877,587	10,901,098	0.225320	0.000000
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,813	4,625,809	4,627,622	0.183517	0.000000
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,012,124	14,396,160	17,408,284	0.202131	0.000000
51.00	05100	RECOVERY ROOM	3,791,764	6,177,442	9,969,206	0.269445	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,190,115	1,601,833	6,791,948	0.415596	0.000000
53.00	05300	ANESTHESIOLOGY	7,409,102	10,788,588	18,197,690	0.046866	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,817,850	74,122,121	88,939,971	0.170850	0.000000
54.01	05401	TDOC RADIOLOGY	64,067	11,601,851	11,665,918	0.087495	0.000000
54.02	05402	CDI RADIOLOGY	69,455	59,600,125	59,669,580	0.209278	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	23,948,732	49,911,761	73,860,493	0.040932	0.000000
57.01	05701	TDOC CT SCAN	83,775	12,039,736	12,123,511	0.035825	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,523,038	10,278,047	14,801,085	0.069198	0.000000
58.01	05801	TDOC - MRI	54,823	11,283,365	11,338,188	0.048420	0.000000
59.00	05900	CARDIAC CATHETERIZATION	20,878,500	41,708,881	62,587,381	0.081195	0.000000
60.00	06000	LABORATORY	69,540,998	95,195,008	164,736,006	0.106022	0.000000
64.00	06400	INTRAVENOUS THERAPY	2,175,791	127,067,632	129,243,423	0.265807	0.000000
64.01	06401	BRAIN & SPINE INFUSION CENTER	9,592	499,893	509,485	0.471290	0.000000
65.00	06500	RESPIRATORY THERAPY	15,310,724	1,138,603	16,449,327	0.204700	0.000000
65.01	06501	RESPIRATORY THERAPY - SURREY	10,406	1,033	11,439	0.234374	0.000000
66.00	06600	PHYSICAL THERAPY	7,195,836	17,077,097	24,272,933	0.386412	0.000000
66.01	06601	PHYSICAL THERAPY - SURREY	6,237,522	162,679	6,400,201	0.374059	0.000000
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,902,360	1,902,360	0.525722	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,971,885	515,932	4,487,817	0.293776	0.000000
68.00	06800	SPEECH PATHOLOGY	882,997	183,860	1,066,857	0.321505	0.000000
69.00	06900	ELECTROCARDIOLOGY	19,447,485	17,037,872	36,485,357	0.085522	0.000000
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	24,849,726	24,849,726	0.069985	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	708,357	3,240,816	3,949,173	0.162742	0.000000
70.01	07001	SLEEP MEDICINE CLINIC	16,613	6,162,764	6,179,377	0.602226	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,089,686	20,914,369	47,004,055	0.351165	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,788,806	45,528,845	94,317,651	0.486950	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	84,587,165	35,495,669	120,082,834	0.164902	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000
76.01	03951	NUTRITION/DIABETES EDUCATION	2,383,281	798,698	3,181,979	0.316634	0.000000
76.02	03952	CARDIAC REHAB	1,636,579	7,037,714	8,674,293	0.545569	0.000000
76.03	03950	HYPERBARIC OXYGEN THERAPY	37,075	2,609,668	2,646,743	0.507831	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	700	97,842	98,542	0.608614	0.000000
91.00	09100	EMERGENCY	20,916,868	28,140,691	49,057,559	0.191069	0.000000
91.01	09101	URGENT CARE CENTERS	1,331	34,292,343	34,293,674	0.454204	0.000000
91.02	04950	ADULT DOWN SYNDROME CENTER	0	7,679	7,679	35.732647	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,146,144	14,425,972	16,572,116	0.327388	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,420,498	5,420,498		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,147,304	4,147,304		116.00
200.00		Subtotal (see instructions)	609,330,511	873,932,514	1,483,263,025		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	609,330,511	873,932,514	1,483,263,025		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 9:38 am
				Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000			50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000			50.02
50.03	05002	PAIN MGMT CENTER	0.000000			50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.000000			50.04
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	TDOC RADIOLOGY	0.000000			54.01
54.02	05402	CDI RADIOLOGY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
57.01	05701	TDOC CT SCAN	0.000000			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
58.01	05801	TDOC - MRI	0.000000			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000			64.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000			66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000			76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.000000			76.01
76.02	03952	CARDIAC REHAB	0.000000			76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	URGENT CARE CENTERS	0.000000			91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 9:38 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,301,824	0	6,301,824	61,982	101.67	30.00	
31.00	INTENSIVE CARE UNIT	439,549		439,549	3,637	120.85	31.00	
32.00	CORONARY CARE UNIT	610,989		610,989	3,436	177.82	32.00	
43.00	NURSERY	892,964		892,964	4,871	183.32	43.00	
44.00	SKILLED NURSING FACILITY	196,228		196,228	13,578	14.45	44.00	
200.00	Total (lines 30 through 199)	8,441,554		8,441,554	87,504		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	27,495	2,795,417					30.00
31.00	INTENSIVE CARE UNIT	2,585	312,397					31.00
32.00	CORONARY CARE UNIT	296	52,635					32.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	9,868	142,593					44.00
200.00	Total (lines 30 through 199)	40,244	3,303,042					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/26/2019 9:38 am		
				Title XVIII		Hospital		PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,946,006	104,590,465	0.028167	24,015,548	676,446	50.00
50.01	03650	VASCULAR ACCESS CENTER	346,547	10,901,098	0.031790	9,346	297	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	166,258	4,627,622	0.035927	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	459,887	17,408,284	0.026418	1,525,854	40,310	50.04
51.00	05100	RECOVERY ROOM	222,936	9,969,206	0.022362	1,774,360	39,678	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	405,365	6,791,948	0.059683	602	36	52.00
53.00	05300	ANESTHESIOLOGY	21,156	18,197,690	0.001163	4,721,516	5,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,067,272	88,939,971	0.023243	7,019,465	163,153	54.00
54.01	05401	TDOC RADIOLOGY	120,467	11,665,918	0.010326	56,512	584	54.01
54.02	05402	CDI RADIOLOGY	2,594,587	59,669,580	0.043483	62,061	2,699	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	193,412	73,860,493	0.002619	12,100,051	31,690	57.00
57.01	05701	TDOC CT SCAN	58,807	12,123,511	0.004851	70,510	342	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	182,814	14,801,085	0.012351	2,005,941	24,775	58.00
58.01	05801	TDOC - MRI	98,395	11,338,188	0.008678	22,434	195	58.01
59.00	05900	CARDIAC CATHETERIZATION	580,677	62,587,381	0.009278	11,527,198	106,949	59.00
60.00	06000	LABORATORY	1,083,570	164,736,006	0.006578	33,046,982	217,383	60.00
64.00	06400	INTRAVENOUS THERAPY	462,638	129,243,423	0.003580	880,522	3,152	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	48,814	509,485	0.095810	5,620	538	64.01
65.00	06500	RESPIRATORY THERAPY	110,937	16,449,327	0.006744	8,603,016	58,019	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	458	11,439	0.040038	7,935	318	65.01
66.00	06600	PHYSICAL THERAPY	1,185,737	24,272,933	0.048850	2,729,723	133,347	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	40,021	6,400,201	0.006253	2,090,512	13,072	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	155,507	1,902,360	0.081744	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	16,060	4,487,817	0.003579	1,464,913	5,243	67.00
68.00	06800	SPEECH PATHOLOGY	6,862	1,066,857	0.006432	325,009	2,090	68.00
69.00	06900	ELECTROCARDIOLOGY	249,318	36,485,357	0.006833	10,140,140	69,288	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	204,260	24,849,726	0.008220	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	82,586	3,949,173	0.020912	367,521	7,686	70.00
70.01	07001	SLEEP MEDICINE CLINIC	378,941	6,179,377	0.061323	4,206	258	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	387,400	47,004,055	0.008242	951,519	7,842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	260,145	94,317,651	0.002758	21,936,070	60,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	409,884	120,082,834	0.003413	38,266,609	130,604	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	50,005	3,181,979	0.015715	1,389,575	21,837	76.01
76.02	03952	CARDIAC REHAB	481,262	8,674,293	0.055481	650,163	36,072	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	289,802	2,646,743	0.109494	2,835	310	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	962	98,542	0.009762	0	0	90.00
91.00	09100	EMERGENCY	529,677	49,057,559	0.010797	8,547,759	92,290	91.00
91.01	09101	URGENT CARE CENTERS	1,789,971	34,293,674	0.052195	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	56,013	7,679	7.294309	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	572,408	16,572,116	0.034540	0	0	92.00
200.00	Total (lines 50 through 199)		19,317,824	1,303,953,046		196,322,027	1,952,494	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 9:38 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	190,038	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	12,265	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	11,587	0	32.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	0	45,789	0	44.00			
200.00	Total (lines 30 through 199)		0	0	0	259,679	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	190,038	61,982	3.07	27,495	30.00			
31.00	03100	INTENSIVE CARE UNIT		12,265	3,637	3.37	2,585	31.00			
32.00	03200	CORONARY CARE UNIT		11,587	3,436	3.37	296	32.00			
43.00	04300	NURSERY		0	4,871	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY		45,789	13,578	3.37	9,868	44.00			
200.00	Total (lines 30 through 199)			259,679	87,504		40,244	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost							
			9.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	84,410	0							30.00
31.00	03100	INTENSIVE CARE UNIT	8,711	0							31.00
32.00	03200	CORONARY CARE UNIT	998	0							32.00
43.00	04300	NURSERY	0	0							43.00
44.00	04400	SKILLED NURSING FACILITY	33,255	0							44.00
200.00	Total (lines 30 through 199)		127,374	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 9:38 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
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	329,822	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	17,264	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	347,086	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
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Cost Center Description			Title XVIII		Hospital	PPS		
			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	104,590,465	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	10,901,098	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	4,627,622	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	17,408,284	0.000000	50.04
51.00	05100	RECOVERY ROOM	0	0	0	9,969,206	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,791,948	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,197,690	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	88,939,971	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	11,665,918	0.000000	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	59,669,580	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	73,860,493	0.000000	57.00
57.01	05701	TDOC CT SCAN	0	0	0	12,123,511	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,801,085	0.000000	58.00
58.01	05801	TDOC - MRI	0	0	0	11,338,188	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	62,587,381	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	164,736,006	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	129,243,423	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	509,485	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,449,327	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	11,439	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	24,272,933	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	6,400,201	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	1,902,360	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,487,817	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,066,857	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,485,357	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	24,849,726	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,949,173	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	6,179,377	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,004,055	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	94,317,651	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	329,822	329,822	120,082,834	0.002747	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	3,181,979	0.000000	76.01
76.02	03952	CARDIAC REHAB	0	0	0	8,674,293	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	2,646,743	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	98,542	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	49,057,559	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	34,293,674	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	7,679	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,264	17,264	16,572,116	0.001042	92.00
200.00		Total (lines 50 through 199)	0	347,086	347,086	1,303,953,046		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description			Title XVIII			Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
									9.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	24,015,548	0	23,256,357	0	50.00	
50.01	03650	VASCULAR ACCESS CENTER	0.000000	9,346	0	1,451,863	0	50.01	
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000	0	0	1,126,301	0	50.02	
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03	
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.000000	1,525,854	0	4,594,303	0	50.04	
51.00	05100	RECOVERY ROOM	0.000000	1,774,360	0	1,485,892	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	602	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	4,721,516	0	2,938,997	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,019,465	0	23,378,233	0	54.00	
54.01	05401	TDOC RADIOLOGY	0.000000	56,512	0	4,299,221	0	54.01	
54.02	05402	CDI RADIOLOGY	0.000000	62,061	0	13,274,031	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	12,100,051	0	16,858,919	0	57.00	
57.01	05701	TDOC CT SCAN	0.000000	70,510	0	3,519,192	0	57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,005,941	0	3,005,493	0	58.00	
58.01	05801	TDOC - MRI	0.000000	22,434	0	2,736,764	0	58.01	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	11,527,198	0	16,403,582	0	59.00	
60.00	06000	LABORATORY	0.000000	33,046,982	0	11,333,616	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	880,522	0	53,155,315	0	64.00	
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000	5,620	0	115,757	0	64.01	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,603,016	0	287,796	0	65.00	
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	7,935	0	33	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.000000	2,729,723	0	290,404	0	66.00	
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000	2,090,512	0	5,896	0	66.01	
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000	0	0	28,347	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,464,913	0	35,338	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	325,009	0	15,574	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	10,140,140	0	6,773,844	0	69.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000	0	0	9,567,456	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	367,521	0	1,378,479	0	70.00	
70.01	07001	SLEEP MEDICINE CLINIC	0.000000	4,206	0	1,253,899	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	951,519	0	49,640	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	21,936,070	0	16,791,906	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002747	38,266,609	105,118	16,490,430	45,299	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00	
76.01	03951	NUTRITION/DIABETES EDUCATION	0.000000	1,389,575	0	188,591	0	76.01	
76.02	03952	CARDIAC REHAB	0.000000	650,163	0	3,082,158	0	76.02	
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000	2,835	0	961,304	0	76.03	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	612	0	90.00	
91.00	09100	EMERGENCY	0.000000	8,547,759	0	6,545,132	0	91.00	
91.01	09101	URGENT CARE CENTERS	0.000000	0	0	2,406,391	0	91.01	
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000	0	0	3,152	0	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001042	0	0	1,681,841	1,752	92.00	
200.00		Total (lines 50 through 199)		196,322,027	105,118	250,772,059	47,051	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:38 am
			Title XVIII		Hospital	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
50.01	03650	VASCULAR ACCESS CENTER	0	0	50.01	
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02	
50.03	05002	PAIN MGMT CENTER	0	0	50.03	
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	05401	TDOC RADIOLOGY	0	0	54.01	
54.02	05402	CDI RADIOLOGY	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	56.00	
57.00	05700	CT SCAN	0	0	57.00	
57.01	05701	TDOC CT SCAN	0	0	57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
58.01	05801	TDOC - MRI	0	0	58.01	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01	
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00	
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00	
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	76.01	
76.02	03952	CARDIAC REHAB	0	0	76.02	
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	0	91.00	
91.01	09101	URGENT CARE CENTERS	0	0	91.01	
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
200.00	Total (lines 50 through 199)		0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 9:38 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		0.378054	23,256,357	0	39	8,792,159	50.00
50.01	03650	VASCULAR ACCESS CENTER		0.225320	1,451,863	0	17	327,134	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0.183517	1,126,301	0	0	206,695	50.02
50.03	05002	PAIN MGMT CENTER		0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		0.202131	4,594,303	0	0	928,651	50.04
51.00	05100	RECOVERY ROOM		0.269445	1,485,892	0	11	400,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.415596	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.046866	2,938,997	0	0	137,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.170850	23,378,233	0	1,663	3,994,171	54.00
54.01	05401	TDOC RADIOLOGY		0.087495	4,299,221	0	907	376,160	54.01
54.02	05402	CDI RADIOLOGY		0.209278	13,274,031	0	343	2,777,963	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.040932	16,858,919	0	815	690,069	57.00
57.01	05701	TDOC CT SCAN		0.035825	3,519,192	0	65	126,075	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.069198	3,005,493	0	102	207,974	58.00
58.01	05801	TDOC - MRI		0.048420	2,736,764	0	74	132,514	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.081195	16,403,582	0	280	1,331,889	59.00
60.00	06000	LABORATORY		0.106022	11,333,616	0	6	1,201,613	60.00
64.00	06400	INTRAVENOUS THERAPY		0.265807	53,155,315	0	58,522	14,129,055	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0.471290	115,757	0	0	54,555	64.01
65.00	06500	RESPIRATORY THERAPY		0.204700	287,796	0	0	58,912	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0.234374	33	0	0	8	65.01
66.00	06600	PHYSICAL THERAPY		0.386412	290,404	0	0	112,216	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0.374059	5,896	0	0	2,205	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0.525722	28,347	0	0	14,903	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.293776	35,338	0	0	10,381	67.00
68.00	06800	SPEECH PATHOLOGY		0.321505	15,574	0	0	5,007	68.00
69.00	06900	ELECTROCARDIOLOGY		0.085522	6,773,844	0	151	579,313	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0.069985	9,567,456	0	111	669,578	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.162742	1,378,479	0	0	224,336	70.00
70.01	07001	SLEEP MEDICINE CLINIC		0.602226	1,253,899	0	0	755,131	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.351165	49,640	0	0	17,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.486950	16,791,906	0	0	8,176,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.164902	16,490,430	0	14,617	2,719,305	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		0.316634	188,591	0	0	59,714	76.01
76.02	03952	CARDIAC REHAB		0.545569	3,082,158	0	0	1,681,530	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0.507831	961,304	0	243	488,180	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.608614	612	0	0	372	90.00
91.00	09100	EMERGENCY		0.191069	6,545,132	0	0	1,250,572	91.00
91.01	09101	URGENT CARE CENTERS		0.454204	2,406,391	0	1	1,092,992	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		35.732647	3,152	0	0	112,629	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.327388	1,681,841	0	0	550,615	92.00
200.00		Subtotal (see instructions)			250,772,059	0	77,967	54,396,932	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			250,772,059	0	77,967	54,396,932	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 9:38 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	15					50.00
50.01	03650	VASCULAR ACCESS CENTER	0	4					50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0					50.02
50.03	05002	PAIN MGMT CENTER	0	0					50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0					50.04
51.00	05100	RECOVERY ROOM	0	3					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	284					54.00
54.01	05401	TDOC RADIOLOGY	0	79					54.01
54.02	05402	CDI RADIOLOGY	0	72					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	33					57.00
57.01	05701	TDOC CT SCAN	0	2					57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7					58.00
58.01	05801	TDOC - MRI	0	4					58.01
59.00	05900	CARDIAC CATHETERIZATION	0	23					59.00
60.00	06000	LABORATORY	0	1					60.00
64.00	06400	INTRAVENOUS THERAPY	0	15,556					64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0					64.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0					65.01
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0					66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	13					69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	8					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,410					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0					76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0					76.01
76.02	03952	CARDIAC REHAB	0	0					76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	123					76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	URGENT CARE CENTERS	0	0					91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0					91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	0	18,637					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	18,637					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:38 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER		0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER		0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY		0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN		0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
58.01	05801	TDOC - MRI		0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC		0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	329,822	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB		0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS		0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	329,822	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:38 am	
				Title XVIII		Skilled Nursing Facility		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	104,590,465	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER		0	0	0	10,901,098	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0	0	0	4,627,622	0.000000	50.02
50.03	05002	PAIN MGMT CENTER		0	0	0	0	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		0	0	0	17,408,284	0.000000	50.04
51.00	05100	RECOVERY ROOM		0	0	0	9,969,206	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	6,791,948	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,197,690	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	88,939,971	0.000000	54.00
54.01	05401	TDOC RADIOLOGY		0	0	0	11,665,918	0.000000	54.01
54.02	05402	CDI RADIOLOGY		0	0	0	59,669,580	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	73,860,493	0.000000	57.00
57.01	05701	TDOC CT SCAN		0	0	0	12,123,511	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	14,801,085	0.000000	58.00
58.01	05801	TDOC - MRI		0	0	0	11,338,188	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	62,587,381	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	164,736,006	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	129,243,423	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0	0	0	509,485	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	16,449,327	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0	0	0	11,439	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	24,272,933	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0	0	0	6,400,201	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0	0	0	1,902,360	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,487,817	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,066,857	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	36,485,357	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0	0	0	24,849,726	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,949,173	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC		0	0	0	6,179,377	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	47,004,055	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	94,317,651	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	329,822	329,822	120,082,834	0.002747	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0	0	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		0	0	0	3,181,979	0.000000	76.01
76.02	03952	CARDIAC REHAB		0	0	0	8,674,293	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0	0	0	2,646,743	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	98,542	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	49,057,559	0.000000	91.00
91.01	09101	URGENT CARE CENTERS		0	0	0	34,293,674	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		0	0	0	7,679	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	16,572,116	0.000000	92.00
200.00		Total (lines 50 through 199)		0	329,822	329,822	1,303,953,046		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:38 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	50,303	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER		0.000000	7	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0.000000	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER		0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		0.000000	1,314	0	0	0	50.04
51.00	05100	RECOVERY ROOM		0.000000	3,590	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	18,607	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	41,700	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY		0.000000	179	0	0	0	54.01
54.02	05402	CDI RADIOLOGY		0.000000	11	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	271	0	0	0	57.00
57.01	05701	TDOC CT SCAN		0.000000	2	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	4	0	0	0	58.00
58.01	05801	TDOC - MRI		0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.000000	5,275	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	398,555	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	695	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0.000000	6	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY		0.000000	29,999	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0.000000	90	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	1,310,924	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0.000000	1,130,294	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	916,966	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	141,773	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,859	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	16	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	10,772	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	38	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.002747	1,580,742	4,342	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		0.000000	3,022	0	0	0	76.01
76.02	03952	CARDIAC REHAB		0.000000	1	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0.000000	28,476	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	75	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS		0.000000	11	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			5,675,577	4,342	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:38 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
			21.00	24.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0					50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0					50.02
50.03	05002	PAIN MGMT CENTER	0	0					50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0					50.04
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	TDOC RADIOLOGY	0	0					54.01
54.02	05402	CDI RADIOLOGY	0	0					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
57.01	05701	TDOC CT SCAN	0	0					57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
58.01	05801	TDOC - MRI	0	0					58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0					64.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0					65.01
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0					66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0					76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0					76.01
76.02	03952	CARDIAC REHAB	0	0					76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0					76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	URGENT CARE CENTERS	0	0					91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0					91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00	Total (lines 50 through 199)		0	0					200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 9:38 am	
				Title XVIII		Skilled Nursing Facility		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	0.378054	0	0	1	0	50.00	
50.01	03650	VASCULAR ACCESS CENTER	0.225320	0	0	0	0	50.01	
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.183517	0	0	0	0	50.02	
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03	
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.202131	0	0	0	0	50.04	
51.00	05100	RECOVERY ROOM	0.269445	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.415596	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.046866	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170850	0	0	0	0	54.00	
54.01	05401	TDOC RADIOLOGY	0.087495	0	0	28	0	54.01	
54.02	05402	CDI RADIOLOGY	0.209278	0	0	13	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.040932	0	0	10	0	57.00	
57.01	05701	TDOC CT SCAN	0.035825	0	0	1	0	57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069198	0	0	1	0	58.00	
58.01	05801	TDOC - MRI	0.048420	0	0	1	0	58.01	
59.00	05900	CARDIAC CATHETERIZATION	0.081195	0	0	5	0	59.00	
60.00	06000	LABORATORY	0.106022	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.265807	0	0	879	0	64.00	
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.471290	0	0	0	0	64.01	
65.00	06500	RESPIRATORY THERAPY	0.204700	0	0	0	0	65.00	
65.01	06501	RESPIRATORY THERAPY - SURREY	0.234374	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.386412	0	0	0	0	66.00	
66.01	06601	PHYSICAL THERAPY - SURREY	0.374059	0	0	0	0	66.01	
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.525722	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.293776	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.321505	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.085522	0	0	2	0	69.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.069985	0	0	2	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162742	0	0	0	0	70.00	
70.01	07001	SLEEP MEDICINE CLINIC	0.602226	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.351165	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.486950	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164902	0	0	231	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00	
76.01	03951	NUTRITION/DIABETES EDUCATION	0.316634	0	0	0	0	76.01	
76.02	03952	CARDIAC REHAB	0.545569	0	0	0	0	76.02	
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.507831	0	0	2	0	76.03	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.608614	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.191069	0	0	0	0	91.00	
91.01	09101	URGENT CARE CENTERS	0.454204	0	0	0	0	91.01	
91.02	04950	ADULT DOWN SYNDROME CENTER	35.732647	0	0	0	0	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.327388	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		0	0	1,176	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	1,176	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 9:38 am		
			Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0					50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0					50.02
50.03	05002	PAIN MGMT CENTER	0	0					50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0					50.04
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	TDOC RADIOLOGY	0	2					54.01
54.02	05402	CDI RADIOLOGY	0	3					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
57.01	05701	TDOC CT SCAN	0	0					57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
58.01	05801	TDOC - MRI	0	0					58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	234					64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0					64.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0					65.01
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0					66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0					76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0					76.01
76.02	03952	CARDIAC REHAB	0	0					76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1					76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	URGENT CARE CENTERS	0	0					91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0					91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	0	278					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	278					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 9:38 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	0.378054	0	936,782	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.225320	0	323,346	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.183517	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.202131	0	57,548	0	0	50.04
51.00	05100	RECOVERY ROOM	0.269445	0	111,583	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.415596	0	187,809	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046866	0	162,706	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170850	0	805,431	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.087495	0	108,482	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.209278	0	320,991	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.040932	0	587,403	0	0	57.00
57.01	05701	TDOC CT SCAN	0.035825	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069198	0	49,677	0	0	58.00
58.01	05801	TDOC - MRI	0.048420	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.081195	0	202,846	0	0	59.00
60.00	06000	LABORATORY	0.106022	0	880,013	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.265807	0	1,217,132	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.471290	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.204700	0	21,287	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.234374	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.386412	0	41,282	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.374059	0	2,279	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.525722	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.293776	0	1,683	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.321505	0	239	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085522	0	150,256	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.069985	0	100,177	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162742	0	5,408	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.602226	0	124,034	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.351165	0	354,708	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.486950	0	341,664	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164902	0	363,679	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.316634	0	2,818	0	0	76.01
76.02	03952	CARDIAC REHAB	0.545569	0	15,334	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.507831	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.608614	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.191069	0	1,304,623	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.454204	0	1,694,941	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	35.732647	0	398	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.327388	0	216,675	0	0	92.00
200.00		Subtotal (see instructions)		0	10,693,234	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	10,693,234	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 9:38 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	354,154	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	72,856	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	11,632	0		50.04
51.00	05100	RECOVERY ROOM	30,065	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,053	0		52.00
53.00	05300	ANESTHESIOLOGY	7,625	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	137,608	0		54.00
54.01	05401	TDOC RADIOLOGY	9,492	0		54.01
54.02	05402	CDI RADIOLOGY	67,176	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	24,044	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,438	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	16,470	0		59.00
60.00	06000	LABORATORY	93,301	0		60.00
64.00	06400	INTRAVENOUS THERAPY	323,522	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	4,357	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	15,952	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	852	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	494	0		67.00
68.00	06800	SPEECH PATHOLOGY	77	0		68.00
69.00	06900	ELECTROCARDIOLOGY	12,850	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	7,011	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	880	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	74,696	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	124,561	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	166,373	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,971	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	892	0		76.01
76.02	03952	CARDIAC REHAB	8,366	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	249,273	0		91.00
91.01	09101	URGENT CARE CENTERS	769,849	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	14,222	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	70,937	0		92.00
200.00		Subtotal (see instructions)	2,811,049	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,811,049	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 9:38 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		61,982	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,982	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.		16,044	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		40,308	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		27,495	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)		59,731,035	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)		59,731,035	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		126,014,341	28.00
29.00	Private room charges (excluding swing-bed charges)		39,778,325	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		86,236,016	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.474002	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,479.33	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,139.43	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		339.90	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		161.11	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		2,584,849	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		57,146,186	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)		963.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,496,382	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)		26,496,382	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,282,441	3,637	1,727.37	2,585	4,465,251	43.00
44.00	CORONARY CARE UNIT	7,397,202	3,436	2,152.85	296	637,244	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					41,585,384	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					73,184,261	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,254,568	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,057,612	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,312,180	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					67,872,081	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					5,630	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					963.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,425,518	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 9:38 am	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
							1.00	2.00	3.00
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	6,301,824	59,731,035	0.105503	5,425,518	572,408	90.00		
91.00	Nursing School cost	0	59,731,035	0.000000	5,425,518	0	91.00		
92.00	Allied health cost	190,038	59,731,035	0.003182	5,425,518	17,264	92.00		
93.00	All other Medical Education	0	59,731,035	0.000000	5,425,518	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 9:38 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,578	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,578	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)		13,578	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)		9,868	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)		5,079,823	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)		5,079,823	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)		5,079,823	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 9:38 am	
			Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					5,079,823	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					374.12	71.00
72.00 Program routine service cost (line 9 x line 71)					3,691,816	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					3,691,816	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					3,691,816	83.00
84.00 Program inpatient ancillary services (see instructions)					1,601,889	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					5,293,705	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 9:38 am
			Title XVIII		Skilled Nursing Facility		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 9:38 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)			61,982 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			61,982 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.			16,044 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			40,308 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)			851 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			4,871 15.00
16.00	Nursery days (title V or XIX only)			69 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)			59,293,639 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)			59,293,639 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			126,014,341 28.00
29.00	Private room charges (excluding swing-bed charges)			39,778,325 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			86,236,016 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.470531 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,479.33 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,139.43 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			339.90 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			159.93 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			2,565,917 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			56,727,722 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)			915.23 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			778,861 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)			778,861 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 9:38 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)	9,005,954	4,871	1,848.89	69	127,573	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,232,003	3,637	1,713.50	76	130,226	43.00	
44.00	CORONARY CARE UNIT	7,396,129	3,436	2,152.54	10	21,525	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,700,334	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,758,519	49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						5,630	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						956.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						5,385,827	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 9:38 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	6,301,824	59,293,639	0.106282	5,385,827	572,416	90.00
91.00	Nursing School cost	0	59,293,639	0.000000	5,385,827	0	91.00
92.00	Allied health cost	0	59,293,639	0.000000	5,385,827	0	92.00
93.00	All other Medical Education	0	59,293,639	0.000000	5,385,827	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 9:38 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		55,814,676		30.00
31.00	03100	INTENSIVE CARE UNIT		10,839,169		31.00
32.00	03200	CORONARY CARE UNIT		2,058,702		32.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.381805	24,015,548	9,169,256	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.246981	9,346	2,308	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.183517	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.202131	1,525,854	308,422	50.04
51.00	05100	RECOVERY ROOM	0.269445	1,774,360	478,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.415596	602	250	52.00
53.00	05300	ANESTHESIOLOGY	0.046866	4,721,516	221,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170850	7,019,465	1,199,276	54.00
54.01	05401	TDOC RADIOLOGY	0.087495	56,512	4,945	54.01
54.02	05402	CDI RADIOLOGY	0.209278	62,061	12,988	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.040932	12,100,051	495,279	57.00
57.01	05701	TDOC CT SCAN	0.035825	70,510	2,526	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069198	2,005,941	138,807	58.00
58.01	05801	TDOC - MRI	0.048420	22,434	1,086	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.081195	11,527,198	935,951	59.00
60.00	06000	LABORATORY	0.106022	33,046,982	3,503,707	60.00
64.00	06400	INTRAVENOUS THERAPY	0.266123	880,522	234,327	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.471290	5,620	2,649	64.01
65.00	06500	RESPIRATORY THERAPY	0.204700	8,603,016	1,761,037	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.234374	7,935	1,860	65.01
66.00	06600	PHYSICAL THERAPY	0.386412	2,729,723	1,054,798	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.374059	2,090,512	781,975	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.525722	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.293776	1,464,913	430,356	67.00
68.00	06800	SPEECH PATHOLOGY	0.321505	325,009	104,492	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085624	10,140,140	868,239	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.069985	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162742	367,521	59,811	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.602383	4,206	2,534	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.351165	951,519	334,140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.486950	21,936,070	10,681,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164902	38,266,609	6,310,240	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.316634	1,389,575	439,987	76.01
76.02	03952	CARDIAC REHAB	0.545569	650,163	354,709	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.507831	2,835	1,440	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.608614	0	0	90.00
91.00	09100	EMERGENCY	0.197344	8,547,759	1,686,849	91.00
91.01	09101	URGENT CARE CENTERS	0.454204	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	35.732647	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.327388	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		196,322,027	41,585,384	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)		196,322,027	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 9:38 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		19,477		30.00
31.00	03100 INTENSIVE CARE UNIT		1,850		31.00
32.00	03200 CORONARY CARE UNIT		640		32.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.381805	50,303	19,206	50.00
50.01	03650 VASCULAR ACCESS CENTER	0.246981	7	2	50.01
50.02	05001 PAIN MGMT - BRAIN & SPINE	0.183517	0	0	50.02
50.03	05002 PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340 WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.202131	1,314	266	50.04
51.00	05100 RECOVERY ROOM	0.269445	3,590	967	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.415596	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.046866	18,607	872	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.170850	41,700	7,124	54.00
54.01	05401 TDOC RADIOLOGY	0.087495	179	16	54.01
54.02	05402 CDI RADIOLOGY	0.209278	11	2	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.040932	271	11	57.00
57.01	05701 TDOC CT SCAN	0.035825	2	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069198	4	0	58.00
58.01	05801 TDOC - MRI	0.048420	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.081195	5,275	428	59.00
60.00	06000 LABORATORY	0.106022	398,555	42,256	60.00
64.00	06400 INTRAVENOUS THERAPY	0.266123	695	185	64.00
64.01	06401 BRAIN & SPINE INFUSION CENTER	0.471290	6	3	64.01
65.00	06500 RESPIRATORY THERAPY	0.204700	29,999	6,141	65.00
65.01	06501 RESPIRATORY THERAPY - SURREY	0.234374	90	21	65.01
66.00	06600 PHYSICAL THERAPY	0.386412	1,310,924	506,557	66.00
66.01	06601 PHYSICAL THERAPY - SURREY	0.374059	1,130,294	422,797	66.01
66.02	06602 THERAPY SVCS - BRAIN & SPINE	0.525722	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.293776	916,966	269,383	67.00
68.00	06800 SPEECH PATHOLOGY	0.321505	141,773	45,581	68.00
69.00	06900 ELECTROCARDIOLOGY	0.085624	1,859	159	69.00
69.01	06901 TDOC - ELECTROCARDIOLOGY	0.069985	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162742	16	3	70.00
70.01	07001 SLEEP MEDICINE CLINIC	0.602383	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.351165	10,772	3,783	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.486950	38	19	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164902	1,580,742	260,668	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951 NUTRITION/DIABETES EDUCATION	0.316634	3,022	957	76.01
76.02	03952 CARDIAC REHAB	0.545569	1	1	76.02
76.03	03950 HYPERBARIC OXYGEN THERAPY	0.507831	28,476	14,461	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.608614	0	0	90.00
91.00	09100 EMERGENCY	0.197344	75	15	91.00
91.01	09101 URGENT CARE CENTERS	0.454204	11	5	91.01
91.02	04950 ADULT DOWN SYNDROME CENTER	35.732647	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.327388	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,675,577	1,601,889	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		5,675,577		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 9:38 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,565,305	30.00
31.00	03100	INTENSIVE CARE UNIT		372,966	31.00
32.00	03200	CORONARY CARE UNIT		832,935	32.00
43.00	04300	NURSERY		551,709	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.378054	383,472	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.225320	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.183517	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.202131	36,867	50.04
51.00	05100	RECOVERY ROOM	0.269445	15,975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.415596	538,488	52.00
53.00	05300	ANESTHESIOLOGY	0.046866	64,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170850	211,389	54.00
54.01	05401	TDOC RADIOLOGY	0.087495	0	54.01
54.02	05402	CDI RADIOLOGY	0.209278	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.040932	491,784	57.00
57.01	05701	TDOC CT SCAN	0.035825	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069198	89,576	58.00
58.01	05801	TDOC - MRI	0.048420	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.081195	311,530	59.00
60.00	06000	LABORATORY	0.106022	2,112,903	60.00
64.00	06400	INTRAVENOUS THERAPY	0.265807	32,922	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.471290	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.204700	610,610	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.234374	0	65.01
66.00	06600	PHYSICAL THERAPY	0.386412	135,984	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.374059	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.525722	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.293776	59,679	67.00
68.00	06800	SPEECH PATHOLOGY	0.321505	19,556	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085522	353,075	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.069985	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162742	13,975	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.602226	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.351165	528,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.486950	197,051	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164902	2,679,088	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.316634	67,520	76.01
76.02	03952	CARDIAC REHAB	0.545569	31,979	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.507831	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.608614	0	90.00
91.00	09100	EMERGENCY	0.191069	0	91.00
91.01	09101	URGENT CARE CENTERS	0.454204	856	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	35.732647	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.327388	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,987,133	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)		8,987,133	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 9:38 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			15,234,370	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			45,703,109	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)			1,462,088	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			26,689,819	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			361.00	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			40.04	5.00
6.00	FTE count for allopathic and osteopathic programs 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)			2.33	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			1.00	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)			38.71	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			39.95	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			38.71	12.00
13.00	Total allowable FTE count for the prior year.			37.71	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			37.71	14.00
15.00	Sum of lines 12 through 14 divided by 3.			38.04	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			38.04	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.105374	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.099854	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.099854	21.00
22.00	IME payment adjustment (see instructions)			3,232,977	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,416,002	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)			1.24	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			3,232,977	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,416,002	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)			2.65	31.00
32.00	Sum of lines 30 and 31			3.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00	33.00
34.00	Disproportionate share adjustment (see instructions)			0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 9:38 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 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)	65,632,544			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)		67,048,546		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,394,221		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,737,473		52.00
53.00	Nursing and Allied Health Managed Care payment		244,306		53.00
54.00	Special add-on payments for new technologies		239		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).		94,119		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		105,118		58.00
59.00	Total (sum of amounts on lines 49 through 58)		74,624,022		59.00
60.00	Primary payer payments		53,879		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		74,570,143		61.00
62.00	Deductibles billed to program beneficiaries		6,324,796		62.00
63.00	Coinsurance billed to program beneficiaries		130,695		63.00
64.00	Allowable bad debts (see instructions)		312,356		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		203,031		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		130,914		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		68,317,683		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		680,346		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 9:38 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			68,998,029	71.00
71.01	Sequestration adjustment (see instructions)			1,379,961	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			67,781,065	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)			-162,997	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, 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)		1.0154752911	1.0098649883	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)		1.0000	1.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0179

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

Worksheet DSH

Date/Time Prepared:
11/26/2019 9:38 am

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.02	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	2.65	0.00			2.65	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	3.67	0.00			2.65	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	361.00	0.00			361.00	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.02	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	991	0			991	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	15	0			15	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	829	0			829	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	1,835	0			1,835	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	68,296	0			68,296	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,053	0			1,053	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	69,349	0			69,349	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	2.65	0.00			2.65	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 26-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet DSH Date/Time Prepared: 11/26/2019 9:38 am	
			Title XVIII		Hospital		PPS	
			Original .mcrx Values		Adjusted .mcax Values		Revised	
			Condition	Percentage	Condition	Percentage	Condition	
			1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE								
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	0.00		0.00	0.00	True	29.00
30.00	Line 28 or 29 as applicable		0.00		0.00	0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00	0.00		31.00
			Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
			1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE								
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False					False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False					False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False					False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False					False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban					Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 26-0179

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

Worksheet DSH

Date/Time Prepared:
11/26/2019 9:38 am

Title XVIII

Hospital

PPS

		Revised		
		Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 9:38 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,637	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		54,349,881	2.00
3.00	OPPS payments		53,777,167	3.00
4.00	Outlier payment (see instructions)		15,560	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		47,051	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,637	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		77,967	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)		77,967	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)		77,967	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		59,330	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)		18,637	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)		53,839,778	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		9,470,919	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)		44,387,496	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,163,832	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)		45,551,328	30.00
31.00	Primary payer payments		23,363	31.00
32.00	Subtotal (line 30 minus line 31)		45,527,965	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)		305,381	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		198,498	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		127,057	36.00
37.00	Subtotal (see instructions)		45,726,463	37.00
38.00	MSP-LCC reconciliation amount from PS&R		250	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		45,726,213	40.00
40.01	Sequestration adjustment (see instructions)		914,524	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		44,929,853	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-118,164	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part B
Date/Time Prepared:
11/26/2019 9:38 am

Title XVIII

Hospital

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 Override of Ancillary service charges (line 12)

0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 9:38 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		278	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		278	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,176	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,176	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,176	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		898	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)		278	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		278	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		278	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		278	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		278	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		278	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		323	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-51	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0179	Period: From 07/01/2018	Worksheet E
	Component CCN: 26-5414	To 06/30/2019	Part B Date/Time Prepared: 11/26/2019 9:38 am
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 9:38 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		67,715,965		44,880,553	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/15/2019	65,100	01/15/2019	49,300	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)		65,100		49,300	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)		67,781,065		44,929,853	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		162,997		118,164	6.02
7.00	Total Medicare program liability (see instructions)		67,618,068		44,811,689	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 11/26/2019 9:38 am	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		3,530,877		323		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)		3,530,877		323		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		46,367		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		51		6.02
7.00	Total Medicare program liability (see instructions)		3,577,244		272		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/26/2019 9:38 am	
		Title XVIII	Hospital	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00
				Overrides	
				1.00	
CONTRACTOR OVERRIDES					
108.00	Override of HIT payment				108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 11/26/2019 9:38 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			4,342,149 1.00
2.00	Routine service other pass through costs			33,255 2.00
3.00	Ancillary service other pass through costs			4,342 3.00
4.00	Subtotal (sum of lines 1 through 3)			4,379,746 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			739,213 7.00
8.00	Allowable bad debts (see instructions)			14,948 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			823 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			9,716 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			3,650,249 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			3,650,249 15.00
15.01	Sequestration adjustment (see instructions)			73,005 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
16.00	Interim payments			3,530,877 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)			46,367 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet E-3
Part VII
Date/Time Prepared:
11/26/2019 9:38 am

		Title XIX	Hospital	Cost		
			Inpatient	Outpatient		
			1.00	2.00		
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
	COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,758,519		1.00	
2.00	Medical and other services			2,811,049	2.00	
3.00	Organ acquisition (certified transplant centers only)		0		3.00	
4.00	Subtotal (sum of lines 1, 2 and 3)		2,758,519	2,811,049	4.00	
5.00	Inpatient primary payer payments		0		5.00	
6.00	Outpatient primary payer payments			0	6.00	
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,758,519	2,811,049	7.00	
	COMPUTATION OF LESSER OF COST OR CHARGES					
	Reasonable Charges					
8.00	Routine service charges		0		8.00	
9.00	Ancillary service charges		8,987,133	10,693,234	9.00	
10.00	Organ acquisition charges, net of revenue		0		10.00	
11.00	Incentive from target amount computation		0		11.00	
12.00	Total reasonable charges (sum of lines 8 through 11)		8,987,133	10,693,234	12.00	
	CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00	
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00	
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00	
16.00	Total customary charges (see instructions)		8,987,133	10,693,234	16.00	
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		6,228,614	7,882,185	17.00	
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00	
19.00	Interns and Residents (see instructions)		0	0	19.00	
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00	
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,758,519	2,811,049	21.00	
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00	
23.00	Outlier payments		0	0	23.00	
24.00	Program capital payments		0		24.00	
25.00	Capital exception payments (see instructions)		0		25.00	
26.00	Routine and Ancillary service other pass through costs		0	0	26.00	
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00	
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00	
29.00	Titles V or XIX (sum of lines 21 and 27)		2,758,519	2,811,049	29.00	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00	
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,758,519	2,811,049	31.00	
32.00	Deductibles		0	0	32.00	
33.00	Coinurance		0	0	33.00	
34.00	Allowable bad debts (see instructions)		0	0	34.00	
35.00	Utilization review		0		35.00	
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,758,519	2,811,049	36.00	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00	
38.00	Subtotal (line 36 ± line 37)		2,758,519	2,811,049	38.00	
39.00	Direct graduate medical education payments (from Wkst. E-4)		115,653		39.00	
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,874,172	2,811,049	40.00	
41.00	Interim payments		1,732,729	1,872,027	41.00	
42.00	Balance due provider/program (line 40 minus line 41)		1,141,443	939,022	42.00	
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00	
	OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2019 9:38 am	
		Title XIX	Skilled Nursing Facility	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 9:38 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.00	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)			38.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			39.95	6.00
7.00	Enter the lesser of line 5 or line 6			38.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	39.94	0.00	39.94	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.	38.51	0.00	38.51	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	38.51	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.52	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.43	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	37.82	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	37.82	0.00		17.00
18.00	Per resident amount	118,291.63	112,011.74		18.00
19.00	Approved amount for resident costs	4,473,789	0	4,473,789	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.43	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)			107,884.50	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,473,789	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	30,376	13,321		26.00
27.00	Total Inpatient Days (see instructions)	64,478	64,478		27.00
28.00	Ratio of inpatient days to total inpatient days	0.471106	0.206598		28.00
29.00	Program direct GME amount	2,107,629	924,276		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		130,600		30.00
31.00	Net Program direct GME amount			2,901,305	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 9:38 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			81,255,823	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)			53,879	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			81,201,944	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			54,415,847	42.00
43.00	Primary payer payments (see instructions)			23,363	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			54,392,484	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			135,594,428	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.598859	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.401141	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,901,305	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,737,473	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,163,832	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 9:38 am	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.00	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)			38.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			39.95	6.00
7.00	Enter the lesser of line 5 or line 6			38.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	39.94	0.00	39.94	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.	38.51	0.00	38.51	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	38.51	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.52	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.43	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	37.82	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	37.82	0.00		17.00
18.00	Per resident amount	118,291.63	112,011.74		18.00
19.00	Approved amount for resident costs	4,473,789	0	4,473,789	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.43	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)			107,884.50	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,473,789	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	955	829		26.00
27.00	Total Inpatient Days (see instructions)	64,478	64,478		27.00
28.00	Ratio of inpatient days to total inpatient days	0.014811	0.012857		28.00
29.00	Program direct GME amount	66,261	57,520		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		8,128		30.00
31.00	Net Program direct GME amount			115,653	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 9:38 am	
		Title XIX	Hospital	Cost	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			0	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			0	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			115,653	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN: 26-0179

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

Worksheet G

Date/Time Prepared:

11/26/2019 9:38 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	35,230,019	0	0	0	1.00
2.00 Temporary investments	2,640,000	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	187,724,417	0	0	0	4.00
5.00 Other receivable	-121,984,987	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	7,568,054	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	22,086,744	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	133,264,247	0	0	0	11.00
FIXED ASSETS					
12.00 Land	17,267,851	0	0	0	12.00
13.00 Land improvements	13,273,726	0	0	0	13.00
14.00 Accumulated depreciation	-8,315,856	0	0	0	14.00
15.00 Buildings	362,718,871	0	0	0	15.00
16.00 Accumulated depreciation	-225,542,512	0	0	0	16.00
17.00 Leasehold improvements	11,482,607	0	0	0	17.00
18.00 Accumulated depreciation	-6,964,588	0	0	0	18.00
19.00 Fixed equipment	620,195	0	0	0	19.00
20.00 Accumulated depreciation	-555,547	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	264,865,223	0	0	0	23.00
24.00 Accumulated depreciation	-206,823,351	0	0	0	24.00
25.00 Minor equipment depreciable	402,590	0	0	0	25.00
26.00 Accumulated depreciation	-402,590	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	222,026,619	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	329,168,162	7,937,978	19,993,999	29,240	34.00
35.00 Total other assets (sum of lines 31-34)	329,168,162	7,937,978	19,993,999	29,240	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	684,459,028	7,937,978	19,993,999	29,240	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	13,059,746	0	0	0	37.00
38.00 Salaries, wages, and fees payable	31,131,305	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	6,659,834	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	14,388,401	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	65,239,286	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	135,273,915	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	23,349,415	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	158,623,330	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	223,862,616	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	460,596,412				52.00
53.00 Specific purpose fund		7,937,978			53.00
54.00 Donor created - endowment fund balance - restricted			19,993,999		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				29,240	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	460,596,412	7,937,978	19,993,999	29,240	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	684,459,028	7,937,978	19,993,999	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0179

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

Worksheet G-1

Date/Time Prepared:
11/26/2019 9:38 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		8,495,653		19,437,433		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		16,314,485				2.00
3.00	Total (sum of line 1 and line 2)		24,810,138		19,437,433		3.00
4.00	ADDITIONS	1,657,994		556,566		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,657,994		556,566		10.00
11.00	Subtotal (line 3 plus line 10)		26,468,132		19,993,999		11.00
12.00	DEDUCTIONS	2,215,669		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,215,669		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		24,252,463		19,993,999		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	29,240		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	29,240		0			3.00
4.00	ADDITIONS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	29,240		0			11.00
12.00	DEDUCTIONS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	29,240		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 9:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	126,503,235		126,503,235	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	4,863,981		4,863,981	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	6,230,262		6,230,262	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	137,597,478		137,597,478	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,954,668		13,954,668	11.00
12.00	CORONARY CARE UNIT	16,888,926		16,888,926	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,843,594		30,843,594	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	168,441,072		168,441,072	17.00
18.00	Ancillary services	439,273,240	865,980,911	1,305,254,151	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,420,498	5,420,498	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	4,147,304	4,147,304	26.00
27.00	MEDICAL GROUP	0	158,680,050	158,680,050	27.00
27.01	NON-REIMB/PRO FEES	0	15,683,925	15,683,925	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	607,714,312	1,049,912,688	1,657,627,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		458,652,263		29.00
30.00	MEDICAL GROUP EXPENSE	101,833,034			30.00
31.00	FRA EXPENSE	22,804,766			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)		124,637,800		36.00
37.00	MISCELLANEOUS	63			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)		63		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		583,290,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0179

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

Worksheet G-3

Date/Time Prepared:
11/26/2019 9:38 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,657,627,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,114,215,826	2.00
3.00	Net patient revenues (line 1 minus line 2)	543,411,174	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	583,290,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-39,878,826	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,177,691	6.00
7.00	Income from investments	24,445,023	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,934,172	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	7,232	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	256,165	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	11,160,075	22.00
23.00	Governmental appropriations	0	23.00
24.00	JOINT VENTURE REVENUE	3,421,656	24.00
24.01	OTHER OPERATING	877,555	24.01
24.02	RETAIL PHARMACY	7,247,097	24.02
24.03	MEDICAL GROUP OTHER INCOME	8,464,145	24.03
24.04	ASSETS RELEASED FROM RESTRICTIONS	499,996	24.04
24.05	GAIN ON SALE OF ASSETS, NET	-297,500	24.05
25.00	Total other income (sum of lines 6-24)	60,193,307	25.00
26.00	Total (line 5 plus line 25)	20,314,481	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,999,996	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,314,485	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0179

Period:

Worksheet H

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:38 amHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	911,965	237,111	7,025	0	245,982	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,244,211	323,495	78,606	0	1,646,312	6.00
7.00	Physical Therapy	945,353	245,792	45,757	0	1,236,902	7.00
8.00	Occupational Therapy	355,879	92,529	23,650	0	472,058	8.00
9.00	Speech Pathology	33,521	8,715	4,253	0	46,489	9.00
10.00	Medical Social Services	85,625	22,262	985	0	108,872	10.00
11.00	Home Health Aide	19,368	5,036	4,727	0	29,131	11.00
12.00	Supplies (see instructions)	0	0	0	0	82,033	12.00
13.00	Drugs	0	0	0	0	1,994	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,595,922	934,940	165,003	0	330,009	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-283,135	1,118,948	-52,437	1,066,511		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-323,495	1,322,817	0	1,322,817		6.00
7.00	Physical Therapy	-245,792	991,110	0	991,110		7.00
8.00	Occupational Therapy	-92,529	379,529	0	379,529		8.00
9.00	Speech Pathology	-8,715	37,774	0	37,774		9.00
10.00	Medical Social Services	-22,262	86,610	0	86,610		10.00
11.00	Home Health Aide	-5,036	24,095	0	24,095		11.00
12.00	Supplies (see instructions)	0	82,033	0	82,033		12.00
13.00	Drugs	0	1,994	0	1,994		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-980,964	4,044,910	-52,437	3,992,473		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 26-0179

Period:

Worksheet H-1

HHA CCN: 26-7561

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/26/2019 9:38 am

Home Health
Agency I

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,066,511	0	0	0	0	1,066,511	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,322,817	0	0	0	0	1,322,817	6.00
7.00	Physical Therapy	991,110	0	0	0	0	991,110	7.00
8.00	Occupational Therapy	379,529	0	0	0	0	379,529	8.00
9.00	Speech Pathology	37,774	0	0	0	0	37,774	9.00
10.00	Medical Social Services	86,610	0	0	0	0	86,610	10.00
11.00	Home Health Aide	24,095	0	0	0	0	24,095	11.00
12.00	Supplies (see instructions)	82,033	0	0	0	0	82,033	12.00
13.00	Drugs	1,994	0	0	0	0	1,994	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,992,473	0	0	0	0	3,992,473	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,066,511						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	482,165	1,804,982					6.00
7.00	Physical Therapy	361,259	1,352,369					7.00
8.00	Occupational Therapy	138,338	517,867					8.00
9.00	Speech Pathology	13,769	51,543					9.00
10.00	Medical Social Services	31,569	118,179					10.00
11.00	Home Health Aide	8,783	32,878					11.00
12.00	Supplies (see instructions)	29,901	111,934					12.00
13.00	Drugs	727	2,721					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,992,473					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-1

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:38 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	1,343			0		1.00
2.00	Capital Related - Movable Equipment		1,343		0		2.00
3.00	Plant Operation & Maintenance	0	0	1,343	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	804	804	804	0	-1,066,511	2,925,962 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	285	285	285	0	0	1,322,817 6.00
7.00	Physical Therapy	154	154	154	0	0	991,110 7.00
8.00	Occupational Therapy	63	63	63	0	0	379,529 8.00
9.00	Speech Pathology	6	6	6	0	0	37,774 9.00
10.00	Medical Social Services	21	21	21	0	0	86,610 10.00
11.00	Home Health Aide	10	10	10	0	0	24,095 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	82,033 12.00
13.00	Drugs	0	0	0	0	0	1,994 13.00
14.00	DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0	0 23.00
23.50	Telemedicine	0	0	0	0	0	0 23.50
24.00	Total (sum of lines 1-23)	1,343	1,343	1,343	0	-1,066,511	2,925,962 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,066,511 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.364499 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
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Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP			
			1.00	2.00	2.01			
		0	1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	0	12,233	16,428	0	223,450	6,035	1.00
2.00	Skilled Nursing Care	1,804,982	4,336	5,824	0	321,061	10,058	2.00
3.00	Physical Therapy	1,352,369	2,343	3,147	0	243,943	5,633	3.00
4.00	Occupational Therapy	517,867	959	1,287	0	91,832	2,414	4.00
5.00	Speech Pathology	51,543	91	123	0	8,650	402	5.00
6.00	Medical Social Services	118,179	320	429	0	22,095	805	6.00
7.00	Home Health Aide	32,878	152	204	0	4,998	402	7.00
8.00	Supplies (see instructions)	111,934	0	0	0	0	0	8.00
9.00	Drugs	2,721	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,992,473	20,434	27,442	0	916,029	25,749	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	ADMIN & GENERAL - SURREY	
		5A.01	5.02	5.03	5.04	5A.04	5.05	
1.00	Administrative and General	258,146	0	0	0	258,146	561	1.00
2.00	Skilled Nursing Care	2,146,261	0	0	0	2,146,261	4,662	2.00
3.00	Physical Therapy	1,607,435	0	0	0	1,607,435	3,491	3.00
4.00	Occupational Therapy	614,359	0	0	0	614,359	1,334	4.00
5.00	Speech Pathology	60,809	0	0	0	60,809	132	5.00
6.00	Medical Social Services	141,828	0	0	0	141,828	308	6.00
7.00	Home Health Aide	38,634	0	0	0	38,634	84	7.00
8.00	Supplies (see instructions)	111,934	0	0	0	111,934	243	8.00
9.00	Drugs	2,721	0	0	0	2,721	6	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,982,127	0	0	0	4,982,127	10,821	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000				0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

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Cost Center Description		Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	6.01	6.02	8.00	
1.00	Administrative and General	258,707	39,868	27,646	1,340	0	0	1.00
2.00	Skilled Nursing Care	2,150,923	331,465	9,800	0	0	0	2.00
3.00	Physical Therapy	1,610,926	248,250	5,295	0	0	0	3.00
4.00	Occupational Therapy	615,693	94,881	2,166	0	0	0	4.00
5.00	Speech Pathology	60,941	9,391	206	0	0	0	5.00
6.00	Medical Social Services	142,136	21,904	722	0	0	0	6.00
7.00	Home Health Aide	38,718	5,967	344	0	0	0	7.00
8.00	Supplies (see instructions)	112,177	17,287	0	2,253	0	0	8.00
9.00	Drugs	2,727	420	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,992,948	769,433	46,179	3,593	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00
Cost Center Description		LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	
		8.01	9.00	9.01	10.00	10.01	11.00	
1.00	Administrative and General	0	8,294	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,940	0	0	0	0	2.00
3.00	Physical Therapy	0	1,589	0	0	0	0	3.00
4.00	Occupational Therapy	0	650	0	0	0	0	4.00
5.00	Speech Pathology	0	62	0	0	0	0	5.00
6.00	Medical Social Services	0	217	0	0	0	0	6.00
7.00	Home Health Aide	0	103	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	13,855	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
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Cost Center Description		CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
		11.01	13.00	13.01	14.00	16.00	16.01	
1.00	Administrative and General	0	0	0	7,116	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	16,224	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	23,340	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		17.00	17.01	19.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
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Cost Center Description		CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	342,971	0	342,971		1.00
2.00	Skilled Nursing Care	0	0	2,495,128	0	2,495,128	155,413	2.00
3.00	Physical Therapy	0	0	1,866,060	0	1,866,060	116,229	3.00
4.00	Occupational Therapy	0	0	713,390	0	713,390	44,434	4.00
5.00	Speech Pathology	0	0	70,600	0	70,600	4,397	5.00
6.00	Medical Social Services	0	0	164,979	0	164,979	10,276	6.00
7.00	Home Health Aide	0	0	45,132	0	45,132	2,811	7.00
8.00	Supplies (see instructions)	0	0	147,941	0	147,941	9,215	8.00
9.00	Drugs	0	0	3,147	0	3,147	196	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	5,849,348	0	5,849,348	342,971	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.062286	21.00
Cost Center Description		Total HHA Costs 28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	2,650,541						2.00
3.00	Physical Therapy	1,982,289						3.00
4.00	Occupational Therapy	757,824						4.00
5.00	Speech Pathology	74,997						5.00
6.00	Medical Social Services	175,255						6.00
7.00	Home Health Aide	47,943						7.00
8.00	Supplies (see instructions)	157,156						8.00
9.00	Drugs	3,343						9.00
10.00	DME	0						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19) (2)	5,849,348						20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:38 amHome Health
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			5A.02	
		1.00	2.00	2.01	4.00	5.01		
1.00	Administrative and General	804	804	0	865,939	15	-258,146	1.00
2.00	Skilled Nursing Care	285	285	0	1,244,211	25	-2,146,261	2.00
3.00	Physical Therapy	154	154	0	945,353	14	-1,607,435	3.00
4.00	Occupational Therapy	63	63	0	355,879	6	-614,359	4.00
5.00	Speech Pathology	6	6	0	33,521	1	-60,809	5.00
6.00	Medical Social Services	21	21	0	85,625	2	-141,828	6.00
7.00	Home Health Aide	10	10	0	19,368	1	-38,634	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	-111,934	8.00
9.00	Drugs	0	0	0	0	0	-2,721	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,343	1,343	0	3,549,896	64		20.00
21.00	Total cost to be allocated	20,434	27,442	0	916,029	25,749		21.00
22.00	Unit cost multiplier	15.215190	20.433358	0.000000	0.258044	402.328125		22.00
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	
		5.02	5.03	5.04	5A.05	5.05	5A.06	
1.00	Administrative and General	0	0	0	0	258,146	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,146,261	0	2.00
3.00	Physical Therapy	0	0	0	0	1,607,435	0	3.00
4.00	Occupational Therapy	0	0	0	0	614,359	0	4.00
5.00	Speech Pathology	0	0	0	0	60,809	0	5.00
6.00	Medical Social Services	0	0	0	0	141,828	0	6.00
7.00	Home Health Aide	0	0	0	0	38,634	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	111,934	0	8.00
9.00	Drugs	0	0	0	0	2,721	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0		4,982,127		20.00
21.00	Total cost to be allocated	0	0	0		10,821		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.002172		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:38 amHome Health
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Cost Center Description		ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	
		5.06	6.00	6.01	6.02	8.00	8.01	
1.00	Administrative and General	258,707	804	48,761	0	0	0	1.00
2.00	Skilled Nursing Care	2,150,923	285	0	0	0	0	2.00
3.00	Physical Therapy	1,610,926	154	0	0	0	0	3.00
4.00	Occupational Therapy	615,693	63	0	0	0	0	4.00
5.00	Speech Pathology	60,941	6	0	0	0	0	5.00
6.00	Medical Social Services	142,136	21	0	0	0	0	6.00
7.00	Home Health Aide	38,718	10	0	0	0	0	7.00
8.00	Supplies (see instructions)	112,177	0	82,033	0	0	0	8.00
9.00	Drugs	2,727	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,992,948	1,343	130,794	0	0	0	20.00
21.00	Total cost to be allocated	769,433	46,179	3,593	0	0	0	21.00
22.00	Unit cost multiplier	0.154104	34.384959	0.027471	0.000000	0.000000	0.000000	22.00
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	
		9.00	9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	804	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	285	0	0	0	0	0	2.00
3.00	Physical Therapy	154	0	0	0	0	0	3.00
4.00	Occupational Therapy	63	0	0	0	0	0	4.00
5.00	Speech Pathology	6	0	0	0	0	0	5.00
6.00	Medical Social Services	21	0	0	0	0	0	6.00
7.00	Home Health Aide	10	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,343	0	0	0	0	0	20.00
21.00	Total cost to be allocated	13,855	0	0	0	0	0	21.00
22.00	Unit cost multiplier	10.316456	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

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Cost Center Description		NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL DAYS)	
		13.00	13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	0	35,977	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	82,033	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	118,010	0	0	0	20.00
21.00	Total cost to be allocated	0	0	23,340	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.197780	0.000000	0.000000	0.000000	22.00
Cost Center Description		SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		17.01	19.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
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Cost Center Description		PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet H-3

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:38 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,650,541		2,650,541	15,715	168.66	1.00
2.00	Physical Therapy	3.00	1,982,289	0	1,982,289	10,579	187.38	2.00
3.00	Occupational Therapy	4.00	757,824	0	757,824	4,093	185.15	3.00
4.00	Speech Pathology	5.00	74,997	0	74,997	405	185.18	4.00
5.00	Medical Social Services	6.00	175,255		175,255	148	1,184.16	5.00
6.00	Home Health Aide	7.00	47,943		47,943	680	70.50	6.00
7.00	Total (sum of lines 1-6)		5,688,849	0	5,688,849	31,620		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	7,963			8.00
9.00	Physical Therapy		41180	0	5,476			9.00
10.00	Occupational Therapy		41180	0	2,255			10.00
11.00	Speech Pathology		41180	0	193			11.00
12.00	Medical Social Services		41180	0	66			12.00
13.00	Home Health Aide		41180	0	387			13.00
14.00	Total (sum of lines 8-13)			0	16,340			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	157,156	0	157,156	8,994	17.473427	15.00
16.00	Cost of Drugs	9.00	3,343	0	3,343	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B						
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	7,963		0	1,343,040		1.00
2.00	Physical Therapy	0	5,476		0	1,026,093		2.00
3.00	Occupational Therapy	0	2,255		0	417,513		3.00
4.00	Speech Pathology	0	193		0	35,740		4.00
5.00	Medical Social Services	0	66		0	78,155		5.00
6.00	Home Health Aide	0	387		0	27,284		6.00
7.00	Total (sum of lines 1-6)	0	16,340		0	2,927,825		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet H-3

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
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Title XVIII

Home Health
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Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		Part A	Part B			Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00		9.00	10.00	11.00
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	8,994	0	0	157,156	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation									
1.00	Skilled Nursing Care	1,343,040						1.00	
2.00	Physical Therapy	1,026,093						2.00	
3.00	Occupational Therapy	417,513						3.00	
4.00	Speech Pathology	35,740						4.00	
5.00	Medical Social Services	78,155						5.00	
6.00	Home Health Aide	27,284						6.00	
7.00	Total (sum of lines 1-6)	2,927,825						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet H-3

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
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Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.386412	0	0	col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.374059	0	0	col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.525722	0	0	col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.293776	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.321505	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.351165	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.164902	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2018 To 06/30/2019	Worksheet H-4 Part I-II Date/Time Prepared: 11/26/2019 9:38 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	2,831,039	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	2,831,039	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	2,831,039	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,184,731
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	85,621
13.00	Total PPS Reimbursement - LUPA Episodes		0	151,347
14.00	Total PPS Reimbursement - PEP Episodes		0	66,962
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	22,339
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,231
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,513,231
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,513,231
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,513,231
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,513,231
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	3,513,231
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	3,442,439
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	70,792
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 26-0179

Period:

Worksheet H-5

HHA CCN: 26-7561

From 07/01/2018
To 06/30/2019Date/Time Prepared:
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0			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		3,442,439	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,442,439	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		70,792	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,513,231	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0

Hospice CCN: 26-1627

From 07/01/2018

To 06/30/2019

Date/Time Prepared:
11/26/2019 9:38 am

						Hospice I		11/20/2023 0:00 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	0	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1	1	0	1	3.00		
4.00	ADMINISTRATIVE & GENERAL*	332,746	917,199	1,249,945	-158,359	1,091,586	4.00		
5.00	PLANT OPERATION & MAINTENANCE*	0	1	1	0	1	5.00		
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00		
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00		
8.00	DIETARY*	0	0	0	0	0	8.00		
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00		
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00		
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00		
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00		
13.00	VOLUNTEER SERVICE COORDINATION*	0	1	1	0	1	13.00		
14.00	PHARMACY*	0	1	1	0	1	14.00		
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00		
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00		
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00		
DIRECT PATIENT CARE SERVICE COST CENTERS									
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00		
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00		
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00		
28.00	REGISTERED NURSE**	701,945	27,856	729,801	0	729,801	28.00		
29.00	LPN/LVN**	0	0	0	0	0	29.00		
30.00	PHYSICAL THERAPY**	256	0	256	0	256	30.00		
31.00	OCCUPATIONAL THERAPY**	270	0	270	0	270	31.00		
32.00	SPEECH/LANGUAGE PATHOLOGY**	51	0	51	0	51	32.00		
33.00	MEDICAL SOCIAL SERVICES**	120,143	8,094	128,237	0	128,237	33.00		
34.00	SPIRITUAL COUNSELING**	55,228	4,529	59,757	0	59,757	34.00		
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00		
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00		
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	62,698	13,296	75,994	0	75,994	37.00		
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	1	1	0	1	38.00		
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00		
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00		
41.00	LABS & DIAGNOSTICS**	0	1	1	0	1	41.00		
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00		
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50		
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00		
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00		
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00		
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00		
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00		
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00		
62.00	FUNDRAISING*	0	0	0	0	0	62.00		
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00		
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00		
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00		
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00		
67.00	ADVERTISING*	0	0	0	0	0	67.00		
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00		
69.00	THRIFT STORE*	0	0	0	0	0	69.00		
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00		
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00		
100.00	TOTAL	1,273,337	970,980	2,244,317	-158,359	2,085,958	100.00		

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0

Hospice CCN: 26-1627

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:38 am

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1	3.00
4.00	ADMINISTRATIVE & GENERAL*	-52,250	1,039,336	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	1	13.00
14.00	PHARMACY*	0	1	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	729,801	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	256	30.00
31.00	OCCUPATIONAL THERAPY**	0	270	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	51	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	128,237	33.00
34.00	SPIRITUAL COUNSELING**	0	59,757	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	75,994	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	1	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-52,250	2,033,708	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

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

Provider CCN: 26-0179

Period:

Worksheet 0-1

Hospice CCN: 26-1627

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:38 am

				Hospice I		11/20/2018 0:00 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

Provider CCN: 26-0179

Period:

Worksheet 0-2

Hospice CCN: 26-1627

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:38 am

					Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00	
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	701,945	27,856	729,801	0	729,801	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	256	0	256	0	256	30.00	
31.00	OCCUPATIONAL THERAPY	270	0	270	0	270	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	51	0	51	0	51	32.00	
33.00	MEDICAL SOCIAL SERVICES	120,143	8,094	128,237	0	128,237	33.00	
34.00	SPIRITUAL COUNSELING	55,228	4,529	59,757	0	59,757	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	62,698	13,296	75,994	0	75,994	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1	1	0	1	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	1	1	0	1	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00	
100.00	TOTAL *	940,591	53,777	994,368	0	994,368	100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	729,801	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	256	30.00
31.00	OCCUPATIONAL THERAPY	0	270	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	51	32.00
33.00	MEDICAL SOCIAL SERVICES	0	128,237	33.00
34.00	SPIRITUAL COUNSELING	0	59,757	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	75,994	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	994,368	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

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

Provider CCN: 26-0179

Period:

Worksheet 0-5

Hospice CCN: 26-1627

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/26/2019 9:38 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	7,197	7,197	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,665	9,665	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1	323,770	323,771	3.00
4.00	ADMINISTRATIVE & GENERAL	1,039,336	409,557	1,448,893	4.00
5.00	PLANT OPERATION & MAINTENANCE	1	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	4,880	4,880	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	22,068	22,068	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0	1	13.00
14.00	PHARMACY	1	0	1	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	994,368	0	994,368	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,033,708	777,137	2,810,845	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:38 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	7,197	7,197					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,665		9,665				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	323,771	0	0	323,771			3.00
4.00	ADMINISTRATIVE & GENERAL	1,448,893	7,197	9,665	85,863	1,551,618		4.00
5.00	PLANT OPERATION & MAINTENANCE	1	0	0	0	1		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	4,880	0	0	0	4,880		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	22,068	0	0	0	22,068		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0	0	0	1		13.00
14.00	PHARMACY	1	0	0	0	1		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	994,368			237,908	1,232,276		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	2,810,845	7,197	9,665	323,771	2,810,845		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:

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Hospice CCN: 26-1627

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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,551,618						4.00
5.00	PLANT OPERATION & MAINTENANCE	1	2					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	6,013	0			10,893		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	27,192	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0			0		13.00
14.00	PHARMACY	1	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,518,410						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1	0		6,723	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1	0		4,170	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,551,618	2		0	10,893	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:

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Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	49,260				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0				2	13.00
14.00	PHARMACY	0				0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				0	15.00
16.00	OTHER GENERAL SERVICE	0				0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	49,260	0	0	2	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	49,260	0	0	2	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

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Hospice CCN: 26-1627

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Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	2					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2	0	0		2,799,950	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	6,724	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	4,171	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	2	0	0	0	2,810,845	100.00

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

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	473					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		473				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,254,707			3.00
4.00	ADMINISTRATIVE & GENERAL	473	473	332,746	-1,551,618	1,259,227	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	4,880	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	22,068	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	1	13.00
14.00	PHARMACY	0	0	0	0	1	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			921,961	0	1,232,276	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	7,197	9,665	323,771		1,551,618	100.00
101.00	UNIT COST MULTIPLIER	15.215645	20.433404	0.258045		1.232199	101.00

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

Provider CCN: 26-0179

Period:

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Hospice CCN: 26-1627

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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	209					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		209			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	129	0	129	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	80	0	80	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	2	0	10,893	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.009569	0.000000	52.119617	0.000000	0.000000	101.00

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

Provider CCN: 26-0179

Period:

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Hospice CCN: 26-1627

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Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00		11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	21,061						10.00
11.00	MEDICAL RECORDS		0					11.00
12.00	STAFF TRANSPORTATION				0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	21,061		13.00
14.00	PHARMACY				0	0	21,061	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	21,061	0	0	0	21,061	21,061	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	49,260	0	0	0	2	2	100.00
101.00	UNIT COST MULTIPLIER	2.338920	0.000000	0.000000	0.000000	0.000095	0.000095	101.00

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

Provider CCN: 26-0179

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

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

Provider CCN: 26-0179

Period:

Worksheet 0-7

Hospice CCN: 26-1627

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

Date/Time Prepared:
11/26/2019 9:38 am

					Hospice I		
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
			0	1.00	2.00	3.00	4.00
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.386412	0	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.374059	0	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.525722	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.293776	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.321505	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.164902	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.106022	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.351165	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	76.00	0.000000	0	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	76.01	0.316634	0	0	0	10.01
10.02	CARDIAC REHAB	76.02	0.545569	0	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.507831	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	10.01
10.02	CARDIAC REHAB	0	0	0	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 26-0179

Period:

Worksheet 0-8

Hospice CCN: 26-1627

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:38 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,799,950	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			21,061	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			132.94	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	18,266	265		9.00
10.00	Program cost (line 8 times line 9)	2,428,282	35,229		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			6,724	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			4,171	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,810,845	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			21,061	22.00
23.00	Average cost per diem (line 21 divided by line 22)			133.46	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 9:38 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,923,800	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		125,263	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)		176.65	3.00
4.00	Number of interns & residents (see instructions)		38.04	4.00
5.00	Indirect medical education percentage (see instructions)		6.27	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)		308,722	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		2.65	8.00
9.00	Sum of lines 7 and 8		3.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.74	10.00
11.00	Disproportionate share adjustment (see instructions)		36,436	11.00
12.00	Total prospective capital payments (see instructions)		5,394,221	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