

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 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/30/2020 9:31 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2020	Time: 9:31 am
	2. ☐ Manually prepared 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 07/01/2019 and ending 06/30/2020 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	118,771	83,115	0	296,964	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	48,840			0	7.00
9.00	HOME HEALTH AGENCY I	0	0	60,517		0	9.00
200.00	Total	0	167,611	143,632	0	296,964	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 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 9:30 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
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ST. LUKE'S HOSPITAL	260179	41180	1	05/02/1975	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		SURREY PLACE	265414	41180		01/30/1990	N	P	O
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		ST. LUKE'S HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		ST. LUKE'S HOSPICE SERVICES	261627	41180		09/01/2010			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					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.			794	0	20	0	938	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 26-0179		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 9:30 am	
		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	
<u>Prospective Payment System (PPS)-Capital</u>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	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

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
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.			0.00	0.00	0.000000	64.00
Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)							

Worksheet S-2
Part I
Date/Time Prepared:
11/30/2020 9:30 am

MCRIF32 - 16.4.169.5

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 9:30 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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
		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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
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:	699,694	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			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 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/30/2020 9:30 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	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
								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)								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)								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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/30/2020 9:30 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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/13/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/30/2020 9:30 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 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/30/2020 9:30 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

Health Financial Systems		ST. LUKE'S HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part IX Date/Time Prepared: 11/30/2020 9:30 am	
			Title V 1.00	Title XIX 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 1.00	Outpatient 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 1.00	Title XIX 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
			State 1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/30/2020 9:30 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	356	126,969	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)		356	126,969	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,856	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)		390	139,413	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	25,620		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	60	21,960			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	21,653			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)		520				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 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/30/2020 9:30 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)	21,714	679	52,305			1.00
2.00	HMO and other (see instructions)	15,806	938				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)	21,714	679	52,305			7.00
8.00	INTENSIVE CARE UNIT	2,647	91	3,524			8.00
9.00	CORONARY CARE UNIT	1,358	2	3,515			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		42	4,059			13.00
14.00	Total (see instructions)	25,719	814	63,403	39.68	0.00	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	9,070	0	12,279	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			18,755	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	16,897	400	34,359	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	19,304	135	21,653	0.00	0.00	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)				39.68	0.00	27.00
28.00	Observation Bed Days		24	5,256			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	25	829			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 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/30/2020 9:30 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	5,283	180	13,159	1.00
2.00 HMO and other (see instructions)			2,773	315		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,283	180	13,159	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				897	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 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/30/2020 9:30 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	197,824,699	617,100	198,441,799	5,566,005.16	35.65	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		3,090,127	0	3,090,127	19,345.89	159.73	4.00
4.01	Physicians - Part A - Teaching		1,149,339	0	1,149,339	11,054.57	103.97	4.01
5.00	Physician and Non Physician-Part B		20,783,284	0	20,783,284	148,403.52	140.05	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	2,616,608	0	2,616,608	93,145.00	28.09	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	2,311,782	2,660	2,314,442	88,205.00	26.24	9.00
10.00	Excluded area salaries (see instructions)		13,704,534	644,767	14,349,301	485,517.40	29.55	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,207,604	0	1,207,604	13,166.94	91.71	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		598,125	0	598,125	5,996.64	99.74	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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		43,814,284	0	43,814,284			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		4,702,777	0	4,702,777			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		411,100	0	411,100			22.00
22.01	Physician Part A - Teaching		217,021	0	217,021			22.01
23.00	Physician Part B		3,723,057	0	3,723,057			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		732,184	0	732,184			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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/30/2020 9:30 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,041,731	452,652	2,494,383	59,320.74	42.05	26.00
27.00	Administrative & General	5.00	30,932,717	-345,365	30,587,352	754,577.44	40.54	27.00
28.00	Administrative & General under contract (see inst.)		7,286,944	0	7,286,944	80,164.28	90.90	28.00
29.00	Maintenance & Repairs	6.00	3,070,076	3,254	3,073,330	105,712.52	29.07	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	110,378	222	110,600	7,211.73	15.34	31.00
32.00	Housekeeping	9.00	2,883,527	170,641	3,054,168	207,750.15	14.70	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,195,065	-305,537	2,889,528	170,033.72	16.99	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	469,832	900	470,732	29,245.20	16.10	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,675,446	1,254	1,676,700	40,748.19	41.15	38.00
39.00	Central Services and Supply	14.00	1,635,627	2,406	1,638,033	78,159.21	20.96	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	4,320,054	5,275	4,325,329	165,637.62	26.11	41.00
42.00	Social Service	17.00	276,258	257	276,515	8,343.19	33.14	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 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/30/2020 9:30 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)	180,562,412	617,100	181,179,512	5,393,566.35	33.59	1.00
2.00	Excluded area salaries (see instructions)	16,016,316	647,427	16,663,743	573,722.40	29.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	164,546,096	-30,327	164,515,769	4,819,843.95	34.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,805,729	0	1,805,729	19,163.58	94.23	4.00
5.00	Subtotal wage-related costs (see inst.)	44,225,384	0	44,225,384	0.00	26.88	5.00
6.00	Total (sum of lines 3 thru 5)	210,577,209	-30,327	210,546,882	4,839,007.53	43.51	6.00
7.00	Total overhead cost (see instructions)	57,897,655	-14,041	57,883,614	1,706,903.99	33.91	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/30/2020 9:30 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,080,889	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)	3,973,462	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	14,748,714	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	10,674,707	9.00
10.00	Dental, Hearing and Vision Plan	750,366	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	200,859	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)	484,004	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,435,696	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	13,484,938	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	698,889	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	722,834	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	49,255,358	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	9,092,673	0	1.00
2.00	Hospital	9,092,673	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 07/01/2019 To 06/30/2020		Worksheet S-4 Date/Time Prepared: 11/30/2020 9:30 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	309	0	210	519	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	1,212.00	27.00	1,423.00	2,662.00	2.00		
				Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total			
		0		1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00		1.22	0.00	1.22	3.00		
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00		
5.00	Other Administrative Personnel			10.64	0.00	10.64	5.00		
6.00	Direct Nursing Service			17.20	0.00	17.20	6.00		
7.00	Nursing Supervisor			2.19	0.00	2.19	7.00		
8.00	Physical Therapy Service			10.65	0.02	10.67	8.00		
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service			4.60	0.05	4.65	10.00		
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service			0.37	0.00	0.37	12.00		
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00		
14.00	Medical Social Service			2.07	0.00	2.07	14.00		
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00		
16.00	Home Health Aide			0.43	0.00	0.43	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	6,661	1,003	393	262	8,319	21.00		
22.00	Skilled Nursing Visit Charges	1,165,150	175,350	67,900	45,675	1,454,075	22.00		
23.00	Physical Therapy Visits	4,426	609	331	171	5,537	23.00		
24.00	Physical Therapy Visit Charges	774,200	106,575	57,050	29,925	967,750	24.00		
25.00	Occupational Therapy Visits	1,938	403	53	91	2,485	25.00		
26.00	Occupational Therapy Visit Charges	339,150	70,525	9,100	15,925	434,700	26.00		
27.00	Speech Pathology Visits	139	29	2	11	181	27.00		
28.00	Speech Pathology Visit Charges	24,325	5,075	350	1,925	31,675	28.00		
29.00	Medical Social Service Visits	57	10	0	3	70	29.00		
30.00	Medical Social Service Visit Charges	9,975	1,750	0	525	12,250	30.00		
31.00	Home Health Aide Visits	254	51	0	0	305	31.00		
32.00	Home Health Aide Visit Charges	21,590	4,335	0	0	25,925	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,475	2,105	779	538	16,897	33.00		
34.00	Other Charges	32,945	4,605	2,465	541	40,556	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,367,335	368,215	136,865	94,516	2,966,931	35.00		
36.00	Total Number of Episodes (standard/non outlier)	1,217		284	47	1,548	36.00		
37.00	Total Number of Outlier Episodes		90		5	95	37.00		
38.00	Total Non-Routine Medical Supply Charges	32,945	4,605	2,465	541	40,556	38.00		

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 26-0179

Period:

Worksheet S-9

Hospice CCN: 26-1627

From 07/01/2019
To 06/30/2020PARTS I THROUGH IV
Date/Time Prepared:
11/30/2020 9:30 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	19,304	135	2,214	21,653	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	19,304	135	2,214	21,653	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 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/30/2020 9:30 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)			0.266443 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	5,118,360		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	837,819		5.00
6.00	Medicaid charges	24,328,749		6.00
7.00	Medicaid cost (line 1 times line 6)	6,482,225		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)	526,046		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	735,957		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)	526,046		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)	17,594,598	5,352,103	22,946,701 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,687,957	5,352,103	10,040,060 21.00
22.00	Payments received from patients for amounts previously written off as charity care	137,798	661,575	799,373 22.00
23.00	Cost of charity care (line 21 minus line 22)	4,550,159	4,690,528	9,240,687 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)	8,387,000		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	498,881		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	767,509		27.01
28.00	Non-Medicare bad debt expense (see instructions)	7,619,491		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,298,788		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	11,539,475		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	12,065,521		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/30/2020 9:30 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	10,295,658	10,295,658	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		35,457,437	35,457,437	-20,599,444	14,857,993	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		495,364	495,364	32,079	527,443	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,041,731	50,038,393	52,080,124	2,785,105	54,865,229	4.00
5.01	00591	NONPATIENT TELEPHONES	483,676	28,615	512,291	397,764	910,055	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	16,023	16,023	5.03
5.04	00540	ADMITTING	1,253,176	866	1,254,042	2,128	1,256,170	5.04
5.05	00593	ADMIN & GENERAL - SURREY	492,533	281,319	773,852	-27,202	746,650	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	28,703,332	16,100,604	44,803,936	3,539,711	48,343,647	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,083,039	10,088,951	12,171,990	28,753	12,200,743	6.00
6.01	00601	PURCHASING	815,179	620,071	1,435,250	818	1,436,068	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	171,858	406,742	578,600	-1,154	577,446	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	87,847	-124,087	-36,240	1,230,729	1,194,489	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	22,531	92,498	115,029	61	115,090	8.01
9.00	00900	HOUSEKEEPING	2,699,135	722,148	3,421,283	198,059	3,619,342	9.00
9.01	00901	HOUSEKEEPING - SURREY	184,392	44,395	228,787	431	229,218	9.01
10.00	01000	DIETARY	2,438,117	499,326	2,937,443	631,474	3,568,917	10.00
10.01	01001	DIETARY - SURREY	756,948	612,134	1,369,082	1,529	1,370,611	10.01
11.00	01100	CAFETERIA	469,832	958,443	1,428,275	-935,508	492,767	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,495,750	1,352,871	2,848,621	1,121	2,849,742	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	179,696	2,225	181,921	133	182,054	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,635,627	2,024,976	3,660,603	-479,375	3,181,228	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,083,396	766,541	4,849,937	4,856	4,854,793	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	236,658	441	237,099	419	237,518	16.01
17.00	01700	SOCIAL SERVICE	0	9	9	0	9	17.00
17.01	01701	SOCIAL SERVICE - SURREY	276,258	0	276,258	257	276,515	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,616,608	0	2,616,608	0	2,616,608	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,829,627	380,528	2,210,155	-412,115	1,798,040	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	185,942	185,942	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	448,289	448,289	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,864,844	4,534,037	42,398,881	-4,790,166	37,608,715	30.00
31.00	03100	INTENSIVE CARE UNIT	5,064,394	615,669	5,680,063	-472,874	5,207,189	31.00
32.00	03200	CORONARY CARE UNIT	4,917,987	649,709	5,567,696	-234,671	5,333,025	32.00
43.00	04300	NURSERY	1,725,906	127,958	1,853,864	2,620,890	4,474,754	43.00
44.00	04400	SKILLED NURSING FACILITY	2,311,782	180,350	2,492,132	-79,540	2,412,592	44.00
46.00	04600	OTHER LONG TERM CARE	2,334,719	97,396	2,432,115	-7,979	2,424,136	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,808,312	36,879,503	50,687,815	-26,453,948	24,233,867	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,016,398	2,554,153	3,570,551	-2,612,700	957,851	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	297,374	149,660	447,034	-33,182	413,852	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,176,734	1,536,770	2,713,504	-660,974	2,052,530	50.04
51.00	05100	RECOVERY ROOM	1,414,315	66,726	1,481,041	-41,771	1,439,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	72,496	72,496	1,187,499	1,259,995	52.00
53.00	05300	ANESTHESIOLOGY	236,258	1,337,718	1,573,976	-585,706	988,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,472,976	3,423,349	8,896,325	-1,746,353	7,149,972	54.00
54.01	05401	TDOC RADIOLOGY	328,875	162,457	491,332	-72,364	418,968	54.01
54.02	05402	CDI RADIOLOGY	2,014,481	13,160,913	15,175,394	-584,570	14,590,824	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	833,345	1,126,750	1,960,095	-189,949	1,770,146	57.00
57.01	05701	TDOC CT SCAN	122,822	120,824	243,646	-29,026	214,620	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	337,383	160,344	497,727	-56,543	441,184	58.00
58.01	05801	TDOC - MRI	150,732	90,631	241,363	-34,283	207,080	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,654,336	11,790,034	13,444,370	-12,240,120	1,204,250	59.00
60.00	06000	LABORATORY	4,571,276	7,465,127	12,036,403	-61,933	11,974,470	60.00
64.00	06400	INTRAVENOUS THERAPY	2,363,147	29,800,623	32,163,770	-405,282	31,758,488	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	174,213	58,767	232,980	-3,093	229,887	64.01
65.00	06500	RESPIRATORY THERAPY	1,959,774	241,575	2,201,349	-41,590	2,159,759	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	137	137	0	137	65.01
66.00	06600	PHYSICAL THERAPY	4,590,782	456,763	5,047,545	-47,980	4,999,565	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,372,315	1,184	1,373,499	-47	1,373,452	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	62,417	551,677	614,094	-1,436	612,658	66.02
67.00	06700	OCCUPATIONAL THERAPY	889,886	4,255	894,141	627	894,768	67.00
68.00	06800	SPEECH PATHOLOGY	204,471	236	204,707	0	204,707	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/30/2020 9:30 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	1,561,711	423,759	1,985,470	-53,295	1,932,175	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	629,127	128,813	757,940	15,969	773,909	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	240,312	96,090	336,402	-2,661	333,741	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,611,628	365,828	2,977,456	-52,429	2,925,027	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,913,507	10,913,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,565,851	36,565,851	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,720,810	10,714,309	15,435,119	-729,438	14,705,681	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	429,113	48,757	477,870	311,506	789,376	76.01
76.02	03952	CARDIAC REHAB	1,974,701	580,423	2,555,124	-96,887	2,458,237	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	609,298	499,906	1,109,204	-251,014	858,190	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,740	3,644	37,384	-25	37,359	90.00
91.00	09100	EMERGENCY	9,237,361	906,367	10,143,728	-291,517	9,852,211	91.00
91.01	09101	URGENT CARE CENTERS	10,019,677	2,850,371	12,870,048	279,928	13,149,976	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	58,206	51,665	109,871	47	109,918	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,843,164	1,554,823	5,397,987	-1,031,323	4,366,664	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,564,356	1,043,614	2,607,970	-154,926	2,453,044	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	191,862,404	257,536,970	449,399,374	-4,909,230	444,490,144	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	2,638,312	3,006,142	5,644,454	4,676,744	10,321,198	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	320,503	92,490	412,993	-198	412,795	194.01
194.02	07952	COMMUNITY OUTREACH	457,331	319,710	777,041	36,854	813,895	194.02
194.03	07953	FOUNTAIN CAFE	17,241	42,710	59,951	-32,396	27,555	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	159	159	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	148,177	7,662	155,839	185	156,024	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	882,196	1,524,370	2,406,566	749	2,407,315	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	37,223	14,364	51,587	46	51,633	194.12
194.13	07963	VOLUNTEERS	267,421	19,435	286,856	354	287,210	194.13
194.14	07964	RETAIL PHARMACY	711,795	6,921,560	7,633,355	70,184	7,703,539	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	264,166	0	264,166	81	264,247	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	181,265	16,242	197,507	123	197,630	194.16
194.17	07967	VALET SERVICES	36,665	68	36,733	156,345	193,078	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	197,824,699	269,501,723	467,326,422	0	467,326,422	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/30/2020 9:30 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	339,738	10,635,396	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,301,064	13,556,929	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-32,449	494,994	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-865,571	53,999,658	4.00
5.01	00591	NONPATIENT TELEPHONES	-216,546	693,509	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	16,023	5.03
5.04	00540	ADMITTING	0	1,256,170	5.04
5.05	00593	ADMIN & GENERAL - SURREY	-58,553	688,097	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	5,103,031	53,446,678	5.06
6.00	00600	MAINTENANCE & REPAIRS	-7,652	12,193,091	6.00
6.01	00601	PURCHASING	-2,072	1,433,996	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-8,579	568,867	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,194,489	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	115,090	8.01
9.00	00900	HOUSEKEEPING	-441	3,618,901	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	229,218	9.01
10.00	01000	DIETARY	-1,918,150	1,650,767	10.00
10.01	01001	DIETARY - SURREY	-19,744	1,350,867	10.01
11.00	01100	CAFETERIA	-2,553	490,214	11.00
11.01	01101	CAFETERIA - SURREY	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-10,634	2,839,108	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	182,054	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,622	3,177,606	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,480	4,842,313	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	237,518	16.01
17.00	01700	SOCIAL SERVICE	0	9	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	276,515	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,616,608	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-517,201	1,280,839	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	-4,433	181,509	23.01
23.02	02302	PHARMACY EDUCATION	0	448,289	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,130,358	27,478,357	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,978,387	3,228,802	31.00
32.00	03200	CORONARY CARE UNIT	-1,589,396	3,743,629	32.00
43.00	04300	NURSERY	-50,278	4,424,476	43.00
44.00	04400	SKILLED NURSING FACILITY	-690	2,411,902	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,424,136	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,442,255	22,791,612	50.00
50.01	03650	VASCULAR ACCESS CENTER	-623,094	334,757	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-41,780	372,072	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-245,198	1,807,332	50.04
51.00	05100	RECOVERY ROOM	-279	1,438,991	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-26,000	1,233,995	52.00
53.00	05300	ANESTHESIOLOGY	-560,000	428,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-584,595	6,565,377	54.00
54.01	05401	TDOC RADIOLOGY	0	418,968	54.01
54.02	05402	CDI RADIOLOGY	-4,988,593	9,602,231	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-29,460	1,740,686	57.00
57.01	05701	TDOC CT SCAN	-49,010	165,610	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	441,184	58.00
58.01	05801	TDOC - MRI	0	207,080	58.01
59.00	05900	CARDIAC CATHETERIZATION	-169	1,204,081	59.00
60.00	06000	LABORATORY	-521,052	11,453,418	60.00
64.00	06400	INTRAVENOUS THERAPY	1,046,237	32,804,725	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-134,266	95,621	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,159,759	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	137	65.01
66.00	06600	PHYSICAL THERAPY	-227,034	4,772,531	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,373,452	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-97,821	514,837	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	894,768	67.00
68.00	06800	SPEECH PATHOLOGY	0	204,707	68.00
69.00	06900	ELECTROCARDIOLOGY	-106,854	1,825,321	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	773,909	69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	-62,723	271,018	70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,374,244	1,550,783	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,913,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,565,851	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-75,668	14,630,013	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	-44,835	744,541	76.01
76.02	03952	CARDIAC REHAB	-208,129	2,250,108	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	-226,926	631,264	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-14	37,345	90.00
91.00	09100	EMERGENCY	-5,858,193	3,994,018	91.00
91.01	09101	URGENT CARE CENTERS	-3,629,289	9,520,687	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-50,682	59,236	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-52,888	4,313,776	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-61,468	2,391,576	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-33,564,366	410,925,778	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	1,507,106	11,828,304	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	412,795	194.01
194.02	07952	COMMUNITY OUTREACH	44,193	858,088	194.02
194.03	07953	FOUNTAIN CAFE	-5,724	21,831	194.03
194.04	07954	SLEEP RESEARCH	219,432	219,591	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	-8,343	147,681	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	2,407,315	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	51,633	194.12
194.13	07963	VOLUNTEERS	0	287,210	194.13
194.14	07964	RETAIL PHARMACY	-25,083	7,678,456	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	64,050	328,297	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	-3,673	193,957	194.16
194.17	07967	VALET SERVICES	0	193,078	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,772,408	435,554,014	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0179

Period:
From 07/01/2019
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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

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Period:
From 07/01/2019
To 06/30/2020Worksheet Non-CMS W
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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 07/01/2019
To 06/30/2020

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	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	213,957		1.00
	0		0	213,957		
	B - NUTRITION/DIABETES EDUCATION					
1.00	NUTRITION/DIABETES EDUCATION	76.01	310,764	0		1.00
	0		310,764	0		
	C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,515,549		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,515,549		
	D - LAUNDRY/LINEN RECLASSIFICATION					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,230,568		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	1,230,568		
	E - RENTAL/LEASES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	687,418		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	20,483		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	5,690		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
	0		0	713,591		
	F - INSURANCE AND FEES					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	7,462,070		1.00
	0		0	7,462,070		

RECLASSIFICATIONS

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From 07/01/2019
To 06/30/2020

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	G - TELEPHONE EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	0	396,988		1.00
2.00	NONPATIENT TELEPHONES	5.03	0	16,023		2.00
	0		0	413,011		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,549,955		1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	23,193		2.00
3.00	LABORATORY	60.00	0	299		3.00
4.00	SLEEP MEDICINE CLINIC	70.01	0	107		4.00
5.00	URGENT CARE CENTERS	91.01	0	345,858		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,354,975		6.00
	0		0	12,274,387		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,350,879		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	38,200		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	161,326		3.00
	0		0	1,550,405		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	82,922	102,891		1.00
	0		82,922	102,891		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	128,264	0		1.00
	0		128,264	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	40,037		1.00
2.00	HOUSEKEEPING	9.00	164,250	27,891		2.00
	0		164,250	67,928		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,130,004		1.00
	0		0	1,130,004		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	394,824		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	11,596		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	115,363		3.00
	0		0	521,783		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,435,696		1.00
	0		0	1,435,696		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	943,108		1.00
2.00		0.00	0	0		2.00
	0		0	943,108		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	450,850	0		1.00
	0		450,850	0		
	U - AUDIO/VISUAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,871	474		1.00
2.00	COMMUNITY OUTREACH	194.02	34,700	1,386		2.00
	0		46,571	1,860		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	355,534	92,439		1.00
	0		355,534	92,439		
	W - LDRP ROUTINE EXPENSE					
1.00	NURSERY	43.00	2,335,801	300,147		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,066,250	137,012		2.00
	0		3,402,051	437,159		
	X - PHYSICIAN RECLASSIFICATION					
1.00	ADULTS & PEDIATRICS	30.00	709,050	59,069		1.00
2.00	ELECTROCARDIOLOGY	69.00	6,857	2,321		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
	0		715,907	61,390		
	Y - SUPERVISOR RECLASSIFICATION					
1.00	TDOC RADIOLOGY	54.01	36,132	0		1.00
2.00	CT SCAN	57.00	60,526	0		2.00
3.00	TDOC CT SCAN	57.01	13,058	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	26,674	0		4.00
5.00	TDOC - MRI	58.01	12,935	0		5.00

RECLASSIFICATIONS

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Period:
From 07/01/2019
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00	CARDIAC CATHETERIZATION	59.00	75,314	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	10,174	0		7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	35,979	0		8.00
9.00	RETAIL PHARMACY	194.14	69,798	0		9.00
			340,590	0		
Z - VALET RECLASSIFICATION						
1.00	VALET SERVICES	194.17	155,913	0		1.00
			155,913	0		
AA - PATIENT BILLING RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	44,609	67,627		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			44,609	67,627		
AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,860		1.00
2.00	COMMUNITY OUTREACH	194.02	0	368		2.00
			0	13,228		
AC - IMPLANT RECLASSIFICATION						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,699,550		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	36,565,851		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	47,265,401		
AD - EMPLOYEE HOLIDAY GIFT CARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,802	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	776	0		2.00
3.00	ADMITTING	5.04	2,128	0		3.00
4.00	ADMIN & GENERAL - SURREY	5.05	417	0		4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	20,611	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	2,244	0		6.00
7.00	PURCHASING	6.01	818	0		7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	192	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	161	0		9.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

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Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	61	0		10.00
11.00	HOUSEKEEPING	9.00	5,960	0		11.00
12.00	HOUSEKEEPING - SURREY	9.01	431	0		12.00
13.00	DIETARY	10.00	3,698	0		13.00
14.00	DIETARY - SURREY	10.01	1,529	0		14.00
15.00	CAFETERIA	11.00	900	0		15.00
16.00	NURSING ADMINISTRATION	13.00	1,121	0		16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	133	0		17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	2,406	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	4,856	0		19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	419	0		20.00
21.00	SOCIAL SERVICE - SURREY	17.01	257	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,934	0		22.00
23.00	CLINICAL PASTORAL EDUCATION	23.01	129	0		23.00
24.00	PHARMACY EDUCATION	23.02	316	0		24.00
25.00	ADULTS & PEDIATRICS	30.00	26,744	0		25.00
26.00	INTENSIVE CARE UNIT	31.00	2,744	0		26.00
27.00	CORONARY CARE UNIT	32.00	2,958	0		27.00
28.00	NURSERY	43.00	3,007	0		28.00
29.00	SKILLED NURSING FACILITY	44.00	2,660	0		29.00
30.00	OTHER LONG TERM CARE	46.00	3,032	0		30.00
31.00	OPERATING ROOM	50.00	10,024	0		31.00
32.00	VASCULAR ACCESS CENTER	50.01	327	0		32.00
33.00	PAIN MGMT - BRAIN & SPINE	50.02	529	0		33.00
34.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	1,101	0		34.00
35.00	RECOVERY ROOM	51.00	1,061	0		35.00
36.00	DELIVERY ROOM & LABOR ROOM	52.00	914	0		36.00
37.00	ANESTHESIOLOGY	53.00	372	0		37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	5,172	0		38.00
39.00	TDOC RADIOLOGY	54.01	335	0		39.00
40.00	CDI RADIOLOGY	54.02	1,512	0		40.00
41.00	CT SCAN	57.00	805	0		41.00
42.00	TDOC CT SCAN	57.01	115	0		42.00
43.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	292	0		43.00
44.00	TDOC - MRI	58.01	142	0		44.00
45.00	CARDIAC CATHETERIZATION	59.00	1,290	0		45.00
46.00	LABORATORY	60.00	5,129	0		46.00
47.00	INTRAVENOUS THERAPY	64.00	2,094	0		47.00
48.00	BRAIN & SPINE INFUSION CENTER	64.01	112	0		48.00
49.00	RESPIRATORY THERAPY	65.00	1,951	0		49.00
50.00	PHYSICAL THERAPY	66.00	4,635	0		50.00
51.00	PHYSICAL THERAPY - SURREY	66.01	1,245	0		51.00
52.00	THERAPY SVCS - BRAIN & SPINE	66.02	115	0		52.00
53.00	OCCUPATIONAL THERAPY	67.00	859	0		53.00
54.00	SPEECH PATHOLOGY	68.00	156	0		54.00
55.00	ELECTROCARDIOLOGY	69.00	1,358	0		55.00
56.00	TDOC - ELECTROCARDIOLOGY	69.01	643	0		56.00
57.00	ELECTROENCEPHALOGRAPHY	70.00	270	0		57.00
58.00	SLEEP MEDICINE CLINIC	70.01	1,694	0		58.00
59.00	DRUGS CHARGED TO PATIENTS	73.00	2,689	0		59.00
60.00	NUTRITION/DIABETES EDUCATION	76.01	757	0		60.00
61.00	CARDIAC REHAB	76.02	1,578	0		61.00
62.00	HYPERBARIC OXYGEN THERAPY	76.03	480	0		62.00
63.00	CLINIC	90.00	53	0		63.00
64.00	EMERGENCY	91.00	4,047	0		64.00
65.00	URGENT CARE CENTERS	91.01	5,740	0		65.00
66.00	ADULT DOWN SYNDROME CENTER	91.02	63	0		66.00
67.00	HOME HEALTH AGENCY	101.00	3,115	0		67.00
68.00	HOSPICE	116.00	1,353	0		68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,045	0		69.00
70.00	DEVELOPMENT	194.01	362	0		70.00
71.00	COMMUNITY OUTREACH	194.02	400	0		71.00
72.00	FOUNTAIN CAFE	194.03	46	0		72.00
73.00	SLEEP RESEARCH	194.04	159	0		73.00
74.00	PHYSICIAN REFERRAL	194.07	185	0		74.00
75.00	MARKETING	194.11	749	0		75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	46	0		76.00

RECLASSIFICATIONS

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Period:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
77.00	VOLUNTEERS	194.13	354	0	77.00
78.00	RETAIL PHARMACY	194.14	697	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	81	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	123	0	80.00
81.00	VALET SERVICES	194.17	432	0	81.00
	0		166,250	0	
500.00	Grand Total: Increases		6,364,475	77,514,052	500.00

RECLASSIFICATIONS

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Period:
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	Decreases						11/30/2020 9:30 am
	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	213,957	0		1.00
	0		0	213,957			
	B - NUTRITION/DIABETES EDUCATION						
1.00	DIETARY	10.00	310,764	0	0		1.00
	0		310,764	0			
	C - EMPLOYEE BENEFITS						
1.00	VASCULAR ACCESS CENTER	50.01	0	47,095	0		1.00
2.00	CDI RADIOLOGY	54.02	0	469,231	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	999,223	0		3.00
	0		0	1,515,549			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,692	0		1.00
2.00	HOUSEKEEPING	9.00	0	42	0		2.00
3.00	DIETARY	10.00	0	4,568	0		3.00
4.00	CAFETERIA	11.00	0	103	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,486	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	526,726	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	28,451	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	55,643	0		8.00
9.00	NURSERY	43.00	0	4,676	0		9.00
10.00	OPERATING ROOM	50.00	0	177,259	0		10.00
11.00	VASCULAR ACCESS CENTER	50.01	0	23,477	0		11.00
12.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33,236	0		12.00
13.00	RECOVERY ROOM	51.00	0	15,300	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	62,859	0		14.00
15.00	TDOC RADIOLOGY	54.01	0	9,665	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,386	0		16.00
17.00	TDOC - MRI	58.01	0	7,327	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	23,030	0		18.00
19.00	LABORATORY	60.00	0	2,154	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	6,000	0		20.00
21.00	BRAIN & SPINE INFUSION CENTER	64.01	0	1,001	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	39,386	0		22.00
23.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,517	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	10,014	0		24.00
25.00	TDOC - ELECTROCARDIOLOGY	69.01	0	17,933	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,946	0		26.00
27.00	SLEEP MEDICINE CLINIC	70.01	0	7,425	0		27.00
28.00	CARDIAC REHAB	76.02	0	2,649	0		28.00
29.00	HYPERBARIC OXYGEN THERAPY	76.03	0	15,511	0		29.00
30.00	EMERGENCY	91.00	0	89,664	0		30.00
31.00	URGENT CARE CENTERS	91.01	0	20,792	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,650	0		32.00
	0		0	1,230,568			
	E - RENTAL/LEASES						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	101,805	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	300	10		2.00
3.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	1,346	0		3.00
4.00	CAFETERIA	11.00	0	23,262	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	247,338	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	18,313	0		6.00
7.00	OTHER LONG TERM CARE	46.00	0	824	0		7.00
8.00	OPERATING ROOM	50.00	0	72,435	0		8.00
9.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	2,334	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,400	0		10.00
11.00	CDI RADIOLOGY	54.02	0	1,679	0		11.00
12.00	INTRAVENOUS THERAPY	64.00	0	10,689	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	9,045	0		13.00
14.00	SLEEP MEDICINE CLINIC	70.01	0	274	0		14.00
15.00	EMERGENCY	91.00	0	58,804	0		15.00
16.00	HOSPICE	116.00	0	146,885	0		16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,610	0		17.00
18.00	DEVELOPMENT	194.01	0	560	0		18.00
19.00	FOUNTAIN CAFE	194.03	0	2,377	0		19.00
20.00	RETAIL PHARMACY	194.14	0	311	0		20.00
	0		0	713,591			

RECLASSIFICATIONS

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	Decreases						11/30/2020 9:30 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - INSURANCE AND FEES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,462,070	12		1.00
	0		0	7,462,070			
	G - TELEPHONE EXPENSE						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	396,988	0		1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	16,023	0		2.00
	0		0	413,011			
	H - MOB DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,274,387	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	12,274,387			
	I - INTEREST ON BONDS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,550,405	11		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	1,550,405			
	K - CLINICAL PASTORAL EDUCATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	82,922	102,891	0		1.00
	0		82,922	102,891			
	L - ALLOCATION OF SECURITY						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	128,264	0	0		1.00
	0		128,264	0			
	M - MAINT AND HOUSEKEEPING RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	164,250	67,928	0		1.00
2.00		0.00	0	0	0		2.00
	0		164,250	67,928			
	N - MOB PROPERTY TAX						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,130,004	0		1.00
	0		0	1,130,004			
	O - PROPERTY INSURANCE						
1.00	ADMIN & GENERAL - SURREY	5.05	0	11,596	12		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	510,187	12		2.00
3.00		0.00	0	0	0		3.00
	0		0	521,783			
	P - WORKMENS COMPENSATION EXPENSE						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,435,696	0		1.00
	0		0	1,435,696			
	R - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	0	913,043	0		1.00
2.00	FOUNTAIN CAFE	194.03	0	30,065	0		2.00
	0		0	943,108			
	T - LOAN FORGIVENESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	450,850	0		1.00
	0		0	450,850			
	U - AUDIO/VISUAL						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	46,571	1,860	0		1.00
2.00		0.00	0	0	0		2.00
	0		46,571	1,860			
	V - PHARMACY EDUCATION						
1.00	DRUGS CHARGED TO PATIENTS	73.00	355,534	92,439	0		1.00
	0		355,534	92,439			
	W - LDRP ROUTINE EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	3,402,051	437,159	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,402,051	437,159			
	X - PHYSICIAN RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	236	69	0		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	411,396	3,653	0		2.00
	COSTS APPRVD						
3.00	INTENSIVE CARE UNIT	31.00	202,641	31,609	0		3.00
4.00	CORONARY CARE UNIT	32.00	4,349	450	0		4.00
5.00	OPERATING ROOM	50.00	31,634	2,796	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	36,842	9,644	0		6.00
7.00	LABORATORY	60.00	0	6,541	0		7.00
8.00	SLEEP MEDICINE CLINIC	70.01	20,045	5,458	0		8.00
9.00	VASCULAR ACCESS CENTER	50.01	8,764	1,170	0		9.00
	0		715,907	61,390			

RECLASSIFICATIONS

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Period:
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Date/Time Prepared:
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	Decreases						11/30/2020 9:30 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	Y - SUPERVISOR RECLASSIFICATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	109,044	0	0		1.00
2.00	CT SCAN	57.00	40,282	0	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	31,733	0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	69,798	0	0		4.00
5.00	CARDIAC REHAB	76.02	89,733	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
	0		340,590	0			
	Z - VALET RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	155,913	0	0		1.00
	0		155,913	0			
	AA - PATIENT BILLING RECLASSIFICATION						
1.00	CDI RADIOLOGY	54.02	0	67,627	0		1.00
2.00	HOME HEALTH AGENCY	101.00	35,215	0	0		2.00
3.00	HOSPICE	116.00	9,394	0	0		3.00
	0		44,609	67,627			
	AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	MAINTENANCE & REPAIRS	6.00	0	13,228	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	13,228			
	AC - IMPLANT RECLASSIFICATION						
1.00	ADULTS & PEDIATRICS	30.00	0	1,224,783	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	212,917	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	177,187	0		3.00
4.00	NURSERY	43.00	0	13,389	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	26,179,848	0		7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	2,555,714	0		8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	33,711	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	626,505	0		10.00
11.00	RECOVERY ROOM	51.00	0	27,532	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	1,568,222	0		14.00
15.00	TDOC RADIOLOGY	54.01	0	99,166	0		15.00
16.00	CDI RADIOLOGY	54.02	0	47,545	0		16.00
17.00	CT SCAN	57.00	0	210,998	0		17.00
18.00	TDOC CT SCAN	57.01	0	42,199	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	69,123	0		19.00
20.00	TDOC - MRI	58.01	0	40,033	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	12,247,208	0		21.00
22.00	LABORATORY	60.00	0	58,666	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	390,687	0		23.00
24.00	BRAIN & SPINE INFUSION CENTER	64.01	0	2,204	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	34,496	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	13,229	0		26.00
27.00	PHYSICAL THERAPY - SURREY	66.01	0	1,292	0		27.00
28.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	34	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	232	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	156	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	32,258	0		31.00
32.00	TDOC - ELECTROCARDIOLOGY	69.01	0	2,720	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	985	0		33.00
34.00	SLEEP MEDICINE CLINIC	70.01	0	21,028	0		34.00
35.00	DRUGS CHARGED TO PATIENTS	73.00	0	214,356	0		35.00
36.00	NUTRITION/DIABETES EDUCATION	76.01	0	15	0		36.00
37.00	CARDIAC REHAB	76.02	0	6,083	0		37.00
38.00	HYPERBARIC OXYGEN THERAPY	76.03	0	235,983	0		38.00
39.00	CLINIC	90.00	0	78	0		39.00
40.00	EMERGENCY	91.00	0	147,096	0		40.00
41.00	URGENT CARE CENTERS	91.01	0	50,878	0		41.00
42.00	ADULT DOWN SYNDROME CENTER	91.02	0	16	0		42.00
	0		0	47,265,401			
	AD - EMPLOYEE HOLIDAY GIFT CARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	166,250	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
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

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
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	166,250		
500.00	Grand Total: Decreases		5,747,375	78,131,152		500.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - MED SUPPLIES CHGD TO PAT									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	213,957	CENTRAL SERVICES & SUPPLY	14.00	0	213,957	1.00
	0		0	213,957	0		0	213,957	
B - NUTRITION/DIABETES EDUCATION									
1.00	NUTRITION/DIABETES EDUCATION	76.01	310,764	0	DIETARY	10.00	310,764	0	1.00
	0		310,764	0	0		310,764	0	
C - EMPLOYEE BENEFITS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,515,549	VASCULAR ACCESS CENTER	50.01	0	47,095	1.00
2.00		0.00	0	0	CDI RADIOLOGY	54.02	0	469,231	2.00
3.00		0.00	0	0	HOME HEALTH AGENCY	101.00	0	999,223	3.00
	0		0	1,515,549	0		0	1,515,549	
D - LAUNDRY/LINEN RECLASSIFICATION									
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,230,568	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,692	1.00
2.00		0.00	0	0	HOUSEKEEPING	9.00	0	42	2.00
3.00		0.00	0	0	DIETARY	10.00	0	4,568	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	103	4.00
5.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	20,486	5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	526,726	6.00
7.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	28,451	7.00
8.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	55,643	8.00
9.00		0.00	0	0	NURSERY	43.00	0	4,676	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	177,259	10.00
11.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	23,477	11.00
12.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33,236	12.00
13.00		0.00	0	0	RECOVERY ROOM	51.00	0	15,300	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	62,859	14.00
15.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	9,665	15.00
16.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,386	16.00
17.00		0.00	0	0	TDOC - MRI	58.01	0	7,327	17.00
18.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	23,030	18.00
19.00		0.00	0	0	LABORATORY	60.00	0	2,154	19.00
20.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	6,000	20.00
21.00		0.00	0	0	BRAIN & SPINE INFUSION CENTER	64.01	0	1,001	21.00
22.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	39,386	22.00
23.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,517	23.00
24.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	10,014	24.00
25.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	17,933	25.00
26.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	1,946	26.00
27.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	7,425	27.00
28.00		0.00	0	0	CARDIAC REHAB	76.02	0	2,649	28.00
29.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	15,511	29.00
30.00		0.00	0	0	EMERGENCY	91.00	0	89,664	30.00
31.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	20,792	31.00
32.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,650	32.00
	0		0	1,230,568	0		0	1,230,568	
E - RENTAL/LEASES									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	687,418	ADMIN & GENERAL - HOSPITAL	5.06	0	101,805	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	20,483	MAINTENANCE & REPAIRS	6.00	0	300	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	5,690	MAINTENANCE & REPAIRS - SURREY	6.02	0	1,346	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	23,262	4.00
5.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	247,338	5.00
6.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	18,313	6.00
7.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	824	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	72,435	8.00

RECLASSIFICATIONS

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Period:
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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	
9.00		0.00	0	0	0 WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	2,334	9.00
10.00		0.00	0	0	0 RADIOLOGY-DIAGNOSTIC	54.00	0	11,400	10.00
11.00		0.00	0	0	0 CDI RADIOLOGY	54.02	0	1,679	11.00
12.00		0.00	0	0	0 INTRAVENOUS THERAPY	64.00	0	10,689	12.00
13.00		0.00	0	0	0 RESPIRATORY THERAPY	65.00	0	9,045	13.00
14.00		0.00	0	0	0 SLEEP MEDICINE CLINIC	70.01	0	274	14.00
15.00		0.00	0	0	0 EMERGENCY	91.00	0	58,804	15.00
16.00		0.00	0	0	0 HOSPICE	116.00	0	146,885	16.00
17.00		0.00	0	0	0 PHYSICIANS' PRIVATE OFFICES	192.00	0	3,610	17.00
18.00		0.00	0	0	0 DEVELOPMENT	194.01	0	560	18.00
19.00		0.00	0	0	0 FOUNTAIN CAFE	194.03	0	2,377	19.00
20.00		0.00	0	0	0 RETAIL PHARMACY	194.14	0	311	20.00
0			0	713,591	0		0	713,591	
F - INSURANCE AND FEES									
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	7,462,070	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,462,070	1.00
0			0	7,462,070	0		0	7,462,070	
G - TELEPHONE EXPENSE									
1.00	NONPATIENT TELEPHONES	5.01	0	396,988	ADMIN & GENERAL - HOSPITAL	5.06	0	396,988	1.00
2.00	NONPATIENT TELEPHONES	5.03	0	16,023	ADMIN & GENERAL - SURREY	5.05	0	16,023	2.00
0			0	413,011	0		0	413,011	
H - MOB DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,549,955	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,274,387	1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	23,193		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	299		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	345,858		0.00	0	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,354,975		0.00	0	0	6.00
0			0	12,274,387	0		0	12,274,387	
I - INTEREST ON BONDS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,350,879	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,550,405	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	38,200		0.00	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	161,326		0.00	0	0	3.00
0			0	1,550,405	0		0	1,550,405	
K - CLINICAL PASTORAL EDUCATION									
1.00	CLINICAL PASTORAL EDUCATION	23.01	82,922	102,891	ADMIN & GENERAL - HOSPITAL	5.06	82,922	102,891	1.00
0			82,922	102,891	0		82,922	102,891	
L - ALLOCATION OF SECURITY									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	128,264	0	ADMIN & GENERAL - HOSPITAL	5.06	128,264	0	1.00
0			128,264	0	0		128,264	0	
M - MAINT AND HOUSEKEEPING RECLASS									
1.00	MAINTENANCE & REPAIRS	6.00	0	40,037	PHYSICIANS' PRIVATE OFFICES	192.00	164,250	67,928	1.00
2.00	HOUSEKEEPING	9.00	164,250	27,891		0.00	0	0	2.00
0			164,250	67,928	0		164,250	67,928	
N - MOB PROPERTY TAX									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,130,004	ADMIN & GENERAL - HOSPITAL	5.06	0	1,130,004	1.00
0			0	1,130,004	0		0	1,130,004	
O - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	394,824	ADMIN & GENERAL - SURREY	5.05	0	11,596	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	11,596	ADMIN & GENERAL - HOSPITAL	5.06	0	510,187	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	115,363		0.00	0	0	3.00
0			0	521,783	0		0	521,783	
P - WORKMENS COMPENSATION EXPENSE									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,435,696	ADMIN & GENERAL - HOSPITAL	5.06	0	1,435,696	1.00
0			0	1,435,696	0		0	1,435,696	

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	
	R - CAFETERIA RECLASS								
1.00	DIETARY	10.00	0	943,108	CAFETERIA	11.00	0	913,043	1.00
2.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	30,065	2.00
	0		0	943,108	0		0	943,108	
	T - LOAN FORGIVENESS								
1.00	EMPLOYEE BENEFITS	4.00	450,850	0	EMPLOYEE BENEFITS	4.00	0	450,850	1.00
	DEPARTMENT				DEPARTMENT				
	0		450,850	0	0		0	450,850	
	U - AUDIO/VISUAL								
1.00	PHYSICIANS' PRIVATE	192.00	11,871	474	ADMIN & GENERAL -	5.06	46,571	1,860	1.00
	OFFICES				HOSPITAL				
2.00	COMMUNITY OUTREACH	194.02	34,700	1,386		0.00	0	0	2.00
	0		46,571	1,860	0		46,571	1,860	
	V - PHARMACY EDUCATION								
1.00	PHARMACY EDUCATION	23.02	355,534	92,439	DRUGS CHARGED TO	73.00	355,534	92,439	1.00
					PATIENTS				
	0		355,534	92,439	0		355,534	92,439	
	W - LDRP ROUTINE EXPENSE								
1.00	NURSERY	43.00	2,335,801	300,147	ADULTS & PEDIATRICS	30.00	3,402,051	437,159	1.00
2.00	DELIVERY ROOM & LABOR	52.00	1,066,250	137,012		0.00	0	0	2.00
	ROOM								
	0		3,402,051	437,159	0		3,402,051	437,159	
	X - PHYSICIAN RECLASSIFICATION								
1.00	ADULTS & PEDIATRICS	30.00	709,050	59,069	ADMIN & GENERAL -	5.06	236	69	1.00
					HOSPITAL				
2.00	ELECTROCARDIOLOGY	69.00	6,857	2,321	I&R SERVICES-OTHER	22.00	411,396	3,653	2.00
					PRGM COSTS APPRVD				
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	202,641	31,609	3.00
4.00		0.00	0	0	CORONARY CARE UNIT	32.00	4,349	450	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	31,634	2,796	5.00
6.00		0.00	0	0	CARDIAC	59.00	36,842	9,644	6.00
					CATHETERIZATION				
7.00		0.00	0	0	LABORATORY	60.00	0	6,541	7.00
8.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	20,045	5,458	8.00
9.00		0.00	0	0	VASCULAR ACCESS	50.01	8,764	1,170	9.00
					CENTER				
	0		715,907	61,390	0		715,907	61,390	
	Y - SUPERVISOR RECLASSIFICATION								
1.00	TDOC RADIOLOGY	54.01	36,132	0	RADIOLOGY-DIAGNOSTIC	54.00	109,044	0	1.00
2.00	CT SCAN	57.00	60,526	0	CT SCAN	57.00	40,282	0	2.00
3.00	TDOC CT SCAN	57.01	13,058	0	ELECTROCARDIOLOGY	69.00	31,733	0	3.00
4.00	MAGNETIC RESONANCE	58.00	26,674	0	DRUGS CHARGED TO	73.00	69,798	0	4.00
	IMAGING (MRI)				PATIENTS				
5.00	TDOC - MRI	58.01	12,935	0	CARDIAC REHAB	76.02	89,733	0	5.00
6.00	CARDIAC	59.00	75,314	0		0.00	0	0	6.00
	CATHETERIZATION								
7.00	ELECTROCARDIOLOGY	69.00	10,174	0		0.00	0	0	7.00
8.00	TDOC -	69.01	35,979	0		0.00	0	0	8.00
	ELECTROCARDIOLOGY								
9.00	RETAIL PHARMACY	194.14	69,798	0		0.00	0	0	9.00
	0		340,590	0	0		340,590	0	
	Z - VALET RECLASSIFICATION								
1.00	VALET SERVICES	194.17	155,913	0	ADMIN & GENERAL -	5.06	155,913	0	1.00
					HOSPITAL				
	0		155,913	0	0		155,913	0	
	AA - PATIENT BILLING RECLASSIFICATION								
1.00	ADMIN & GENERAL -	5.06	44,609	67,627	CDI RADIOLOGY	54.02	0	67,627	1.00
	HOSPITAL								
2.00		0.00	0	0	HOME HEALTH AGENCY	101.00	35,215	0	2.00
3.00		0.00	0	0	HOSPICE	116.00	9,394	0	3.00
	0		44,609	67,627	0		44,609	67,627	
	AB - MERCY CLINICAL ENGINEERING RECLASS								
1.00	PHYSICIANS' PRIVATE	192.00	0	12,860	MAINTENANCE & REPAIRS	6.00	0	13,228	1.00
	OFFICES								
2.00	COMMUNITY OUTREACH	194.02	0	368		0.00	0	0	2.00
	0		0	13,228	0		0	13,228	
	AC - IMPLANT RECLASSIFICATION								
1.00	MEDICAL SUPPLIES	71.00	0	10,699,550	ADULTS & PEDIATRICS	30.00	0	1,224,783	1.00
	CHARGED TO PATIENTS								
2.00	IMPL. DEV. CHARGED TO	72.00	0	36,565,851	INTENSIVE CARE UNIT	31.00	0	212,917	2.00
	PATIENTS								
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	177,187	3.00
4.00		0.00	0	0	NURSERY	43.00	0	13,389	4.00
5.00		0.00	0	0	SKILLED NURSING	44.00	0	63,887	5.00
					FACILITY				

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet 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	
6.00	0.00	0	0	0	OTHER LONG TERM CARE	46.00	0	10,187	6.00
7.00	0.00	0	0	0	OPERATING ROOM	50.00	0	26,179,848	7.00
8.00	0.00	0	0	0	VASCULAR ACCESS CENTER	50.01	0	2,555,714	8.00
9.00	0.00	0	0	0	PAIN MGMT - BRAIN & SPINE	50.02	0	33,711	9.00
10.00	0.00	0	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	626,505	10.00
11.00	0.00	0	0	0	RECOVERY ROOM	51.00	0	27,532	11.00
12.00	0.00	0	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	16,677	12.00
13.00	0.00	0	0	0	ANESTHESIOLOGY	53.00	0	586,078	13.00
14.00	0.00	0	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,568,222	14.00
15.00	0.00	0	0	0	TDOC RADIOLOGY	54.01	0	99,166	15.00
16.00	0.00	0	0	0	CDI RADIOLOGY	54.02	0	47,545	16.00
17.00	0.00	0	0	0	CT SCAN	57.00	0	210,998	17.00
18.00	0.00	0	0	0	TDOC CT SCAN	57.01	0	42,199	18.00
19.00	0.00	0	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	69,123	19.00
20.00	0.00	0	0	0	TDOC - MRI	58.01	0	40,033	20.00
21.00	0.00	0	0	0	CARDIAC CATHETERIZATION	59.00	0	12,247,208	21.00
22.00	0.00	0	0	0	LABORATORY	60.00	0	58,666	22.00
23.00	0.00	0	0	0	INTRAVENOUS THERAPY	64.00	0	390,687	23.00
24.00	0.00	0	0	0	BRAIN & SPINE INFUSION CENTER	64.01	0	2,204	24.00
25.00	0.00	0	0	0	RESPIRATORY THERAPY	65.00	0	34,496	25.00
26.00	0.00	0	0	0	PHYSICAL THERAPY	66.00	0	13,229	26.00
27.00	0.00	0	0	0	PHYSICAL THERAPY - SURREY	66.01	0	1,292	27.00
28.00	0.00	0	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	34	28.00
29.00	0.00	0	0	0	OCCUPATIONAL THERAPY	67.00	0	232	29.00
30.00	0.00	0	0	0	SPEECH PATHOLOGY	68.00	0	156	30.00
31.00	0.00	0	0	0	ELECTROCARDIOLOGY	69.00	0	32,258	31.00
32.00	0.00	0	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	2,720	32.00
33.00	0.00	0	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	985	33.00
34.00	0.00	0	0	0	SLEEP MEDICINE CLINIC	70.01	0	21,028	34.00
35.00	0.00	0	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	214,356	35.00
36.00	0.00	0	0	0	NUTRITION/DIABETES EDUCATION	76.01	0	15	36.00
37.00	0.00	0	0	0	CARDIAC REHAB	76.02	0	6,083	37.00
38.00	0.00	0	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	235,983	38.00
39.00	0.00	0	0	0	CLINIC	90.00	0	78	39.00
40.00	0.00	0	0	0	EMERGENCY	91.00	0	147,096	40.00
41.00	0.00	0	0	0	URGENT CARE CENTERS	91.01	0	50,878	41.00
42.00	0.00	0	0	0	ADULT DOWN SYNDROME CENTER	91.02	0	16	42.00
0		0	47,265,401	0			0	47,265,401	
AD - EMPLOYEE HOLIDAY GIFT CARDS									
1.00	4.00	1,802	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	166,250	1.00
2.00	5.01	776	0	0	NONPATIENT TELEPHONES	0.00	0	0	2.00
3.00	5.04	2,128	0	0	ADMITTING	0.00	0	0	3.00
4.00	5.05	417	0	0	ADMIN & GENERAL - SURREY	0.00	0	0	4.00
5.00	5.06	20,611	0	0	ADMIN & GENERAL - HOSPITAL	0.00	0	0	5.00
6.00	6.00	2,244	0	0	MAINTENANCE & REPAIRS	0.00	0	0	6.00
7.00	6.01	818	0	0	PURCHASING	0.00	0	0	7.00
8.00	6.02	192	0	0	MAINTENANCE & REPAIRS - SURREY	0.00	0	0	8.00
9.00	8.00	161	0	0	LAUNDRY & LINEN SERVICE	0.00	0	0	9.00
10.00	8.01	61	0	0	LAUNDRY & LINEN SERVICE - SURREY	0.00	0	0	10.00
11.00	9.00	5,960	0	0	HOUSEKEEPING	0.00	0	0	11.00
12.00	9.01	431	0	0	HOUSEKEEPING - SURREY	0.00	0	0	12.00
13.00	10.00	3,698	0	0	DIETARY	0.00	0	0	13.00
14.00	10.01	1,529	0	0	DIETARY - SURREY	0.00	0	0	14.00
15.00	11.00	900	0	0	CAFETERIA	0.00	0	0	15.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/30/2020 9:30 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	
16.00	NURSING	13.00	1,121	0		0.00	0	0	16.00
17.00	ADMINISTRATION	13.01	133	0		0.00	0	0	17.00
18.00	NURSING								
	ADMINISTRATION -								
	SURREY								
18.00	CENTRAL SERVICES &	14.00	2,406	0		0.00	0	0	18.00
	SUPPLY								
19.00	MEDICAL RECORDS &	16.00	4,856	0		0.00	0	0	19.00
	LIBRARY								
20.00	MEDICAL RECORDS &	16.01	419	0		0.00	0	0	20.00
	LIBRARY - SURREY								
21.00	SOCIAL SERVICE -	17.01	257	0		0.00	0	0	21.00
	SURREY								
22.00	I&R SERVICES-OTHER	22.00	2,934	0		0.00	0	0	22.00
	PRGM COSTS APPRVD								
23.00	CLINICAL PASTORAL	23.01	129	0		0.00	0	0	23.00
	EDUCATION								
24.00	PHARMACY EDUCATION	23.02	316	0		0.00	0	0	24.00
25.00	ADULTS & PEDIATRICS	30.00	26,744	0		0.00	0	0	25.00
26.00	INTENSIVE CARE UNIT	31.00	2,744	0		0.00	0	0	26.00
27.00	CORONARY CARE UNIT	32.00	2,958	0		0.00	0	0	27.00
28.00	NURSERY	43.00	3,007	0		0.00	0	0	28.00
29.00	SKILLED NURSING	44.00	2,660	0		0.00	0	0	29.00
	FACILITY								
30.00	OTHER LONG TERM CARE	46.00	3,032	0		0.00	0	0	30.00
31.00	OPERATING ROOM	50.00	10,024	0		0.00	0	0	31.00
32.00	VASCULAR ACCESS	50.01	327	0		0.00	0	0	32.00
	CENTER								
33.00	PAIN MGMT - BRAIN &	50.02	529	0		0.00	0	0	33.00
	SPINE								
34.00	WOMEN'S DIAGNOSTIC	50.04	1,101	0		0.00	0	0	34.00
	SVCS/GI SVCS								
35.00	RECOVERY ROOM	51.00	1,061	0		0.00	0	0	35.00
36.00	DELIVERY ROOM & LABOR	52.00	914	0		0.00	0	0	36.00
	ROOM								
37.00	ANESTHESIOLOGY	53.00	372	0		0.00	0	0	37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	5,172	0		0.00	0	0	38.00
39.00	TDOC RADIOLOGY	54.01	335	0		0.00	0	0	39.00
40.00	CDI RADIOLOGY	54.02	1,512	0		0.00	0	0	40.00
41.00	CT SCAN	57.00	805	0		0.00	0	0	41.00
42.00	TDOC CT SCAN	57.01	115	0		0.00	0	0	42.00
43.00	MAGNETIC RESONANCE	58.00	292	0		0.00	0	0	43.00
	IMAGING (MRI)								
44.00	TDOC - MRI	58.01	142	0		0.00	0	0	44.00
45.00	CARDIAC	59.00	1,290	0		0.00	0	0	45.00
	CATHETERIZATION								
46.00	LABORATORY	60.00	5,129	0		0.00	0	0	46.00
47.00	INTRAVENOUS THERAPY	64.00	2,094	0		0.00	0	0	47.00
48.00	BRAIN & SPINE	64.01	112	0		0.00	0	0	48.00
	INFUSION CENTER								
49.00	RESPIRATORY THERAPY	65.00	1,951	0		0.00	0	0	49.00
50.00	PHYSICAL THERAPY	66.00	4,635	0		0.00	0	0	50.00
51.00	PHYSICAL THERAPY -	66.01	1,245	0		0.00	0	0	51.00
	SURREY								
52.00	THERAPY SVCS - BRAIN	66.02	115	0		0.00	0	0	52.00
	& SPINE								
53.00	OCCUPATIONAL THERAPY	67.00	859	0		0.00	0	0	53.00
54.00	SPEECH PATHOLOGY	68.00	156	0		0.00	0	0	54.00
55.00	ELECTROCARDIOLOGY	69.00	1,358	0		0.00	0	0	55.00
56.00	TDOC -	69.01	643	0		0.00	0	0	56.00
	ELECTROCARDIOLOGY								
57.00	ELECTROENCEPHALOGRAPH	70.00	270	0		0.00	0	0	57.00
	Y								
58.00	SLEEP MEDICINE CLINIC	70.01	1,694	0		0.00	0	0	58.00
59.00	DRUGS CHARGED TO	73.00	2,689	0		0.00	0	0	59.00
	PATIENTS								
60.00	NUTRITION/DIABETES	76.01	757	0		0.00	0	0	60.00
	EDUCATION								
61.00	CARDIAC REHAB	76.02	1,578	0		0.00	0	0	61.00
62.00	HYPERBARIC OXYGEN	76.03	480	0		0.00	0	0	62.00
	THERAPY								
63.00	CLINIC	90.00	53	0		0.00	0	0	63.00
64.00	EMERGENCY	91.00	4,047	0		0.00	0	0	64.00
65.00	URGENT CARE CENTERS	91.01	5,740	0		0.00	0	0	65.00

RECLASSIFICATIONS

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Period:
From 07/01/2019
To 06/30/2020Worksheet 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	
66.00	ADULT DOWN SYNDROME CENTER	91.02	63	0		0.00	0	0	66.00
67.00	HOME HEALTH AGENCY	101.00	3,115	0		0.00	0	0	67.00
68.00	HOSPICE	116.00	1,353	0		0.00	0	0	68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,045	0		0.00	0	0	69.00
70.00	DEVELOPMENT	194.01	362	0		0.00	0	0	70.00
71.00	COMMUNITY OUTREACH	194.02	400	0		0.00	0	0	71.00
72.00	FOUNTAIN CAFE	194.03	46	0		0.00	0	0	72.00
73.00	SLEEP RESEARCH	194.04	159	0		0.00	0	0	73.00
74.00	PHYSICIAN REFERRAL	194.07	185	0		0.00	0	0	74.00
75.00	MARKETING	194.11	749	0		0.00	0	0	75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	46	0		0.00	0	0	76.00
77.00	VOLUNTEERS	194.13	354	0		0.00	0	0	77.00
78.00	RETAIL PHARMACY	194.14	697	0		0.00	0	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	81	0		0.00	0	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	123	0		0.00	0	0	80.00
81.00	VALET SERVICES	194.17	432	0		0.00	0	0	81.00
	0		166,250	0			0	166,250	
500.00	Grand Total: Increases		6,364,475	77,514,052	Grand Total: Decreases		5,747,375	78,131,152	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/30/2020 9:30 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	17,267,851	0	0	0	0	1.00	
2.00	Land Improvements	13,273,726	51,212	0	51,212	0	2.00	
3.00	Buildings and Fixtures	374,168,402	12,442,573	0	12,442,573	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	259,988,565	6,012,162	0	6,012,162	168,385	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	664,698,544	18,505,947	0	18,505,947	168,385	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	664,698,544	18,505,947	0	18,505,947	168,385	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	17,267,851	0					1.00
2.00	Land Improvements	13,324,938	0					
3.00	Buildings and Fixtures	386,610,975	0					
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	265,832,342	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	683,036,106	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	683,036,106	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description		SUMMARY OF CAPITAL						
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
		9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	25,128,054	0	2,867,313	7,462,070	0	2.00	
2.01	CAP REL COSTS-MVBLE EQUIP	439,774	0	55,590	0	0	2.01	
3.00	Total (sum of lines 1-2)	25,567,828	0	2,922,903	7,462,070	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	35,457,437				2.00	
2.01	CAP REL COSTS-MVBLE EQUIP	0	495,364				2.01	
3.00	Total (sum of lines 1-2)	0	35,952,801				3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	417,203,765	0	417,203,765	0.610808	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	265,832,342	0	265,832,342	0.389192	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)	683,036,107	0	683,036,107	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	8,544,480	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,853,667	687,418	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	439,774	20,483	2.01
3.00	Total (sum of lines 1-2)	0	0	0	21,837,921	707,901	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	1,696,092	394,824	0	0	10,635,396	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,844	0	0	0	13,556,929	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	23,141	11,596	0	0	494,994	2.01
3.00	Total (sum of lines 1-2)	1,735,077	406,420	0	0	24,687,319	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/30/2020 9:30 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	-788,536	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-BLDG & FIXT (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	-32,449	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	-206,497	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	-27,462,627			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	-6,160,671			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,520,130	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	-46,905	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 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/30/2020 9:30 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		11/30/2020 9:30 am	
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-94,169	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.00
33.01	NON-ALLOWABLE INTEREST OFFSET	A	-1,301,064	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	TELEPHONE BENEFITS	A	-28,559	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	GUEST MEALS	B	-56,660	DIETARY	10.00	0	33.03
33.04	CHAPLAIN INCOME	B	-2,322	ADMIN & GENERAL - HOSPITAL	5.06	0	33.04
33.05	MEALS ON WHEELS	B	-50,116	DIETARY	10.00	0	33.05
33.06	TDOC CORNER GOURMET INCOME	B	-243,447	DIETARY	10.00	0	33.06
33.07	SNF CAFETERIA MEALS	B	-19,744	DIETARY - SURREY	10.01	0	33.07
33.08	LACTATION INCOME	B	-3,805	ADULTS & PEDIATRICS	30.00	0	33.08
33.09	PHYSICAL THERAPY INCOME	B	-15,340	PHYSICAL THERAPY	66.00	0	33.09
33.10	SPORTS MEDICINE INCOME	B	-23,475	PHYSICAL THERAPY	66.00	0	33.10
33.11	SPORTS MEDICINE INCOME	B	-25,850	PHYSICAL THERAPY	66.00	0	33.11
33.12	MASSAGE THERAPY	B	-128,511	PHYSICAL THERAPY	66.00	0	33.12
33.13	SPORTS MEDICINE INCOME	B	-11,250	PHYSICAL THERAPY	66.00	0	33.13
33.14	SPORTS MEDICINE INCOME	B	-4,240	PHYSICAL THERAPY	66.00	0	33.14
33.15	THERAPY SERVICESWINGHAVEN	B	-527	PHYSICAL THERAPY	66.00	0	33.15
33.16	NUTRITION REFERENCE BOOKS	B	190	NUTRITION/DIABETES EDUCATION	76.01	0	33.16
33.17	MISCELLANEOUS INCOME	B	-35,093	ADMIN & GENERAL - HOSPITAL	5.06	0	33.17
33.18	MOONLIGHTERS SALARIES	A	-21,845	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.18
33.19	MOONLIGHTERS BENEFITS	A	-5,680	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	ADVERTISING	A	-928	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	ADVERTISING	A	-74	ADMIN & GENERAL - SURREY	5.05	0	33.21
33.22	ADVERTISING	A	-7,984	ADMIN & GENERAL - HOSPITAL	5.06	0	33.22
33.23	ADVERTISING	A	-7,491	ADULTS & PEDIATRICS	30.00	0	33.23
33.24	ADVERTISING	A	-1,555	VASCULAR ACCESS CENTER	50.01	0	33.24
33.25	ADVERTISING	A	-1,711	RADIOLOGY-DIAGNOSTIC	54.00	0	33.25
33.26	ADVERTISING	A	-4,705	PHYSICAL THERAPY	66.00	0	33.26
33.27	ADVERTISING	A	-18,705	URGENT CARE CENTERS	91.01	0	33.27
33.28	ASSET LIVES	A	51,753	CAP REL COSTS-BLDG & FIXT	1.00	9	33.28
33.29	ASSET LIVES	A	14,850	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.29
33.30	FRA TAX	A	7,409,818	ADMIN & GENERAL - HOSPITAL	5.06	0	33.30
33.31	RENT EXPENSE PAID FOR MOB SPACE	A	-3,673	EXECUTIVE HEALTH PROGRAM	194.16	0	33.31
33.32	RENT EXPENSE PAID FOR MOB SPACE	A	-479,146	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.32
33.33	RENT EXPENSE PAID FOR MOB SPACE	A	-9,198	NONPATIENT TELEPHONES	5.01	0	33.33
33.34	RENT EXPENSE PAID FOR MOB SPACE	A	-283,260	ADMIN & GENERAL - HOSPITAL	5.06	0	33.34
33.35	RENT EXPENSE PAID FOR MOB SPACE	A	-11,970	MEDICAL RECORDS & LIBRARY	16.00	0	33.35
33.36	RENT EXPENSE PAID FOR MOB SPACE	A	-119,214	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.36
33.37	RENT EXPENSE PAID FOR MOB SPACE	A	-50,538	ADULTS & PEDIATRICS	30.00	0	33.37
33.38	RENT EXPENSE PAID FOR MOB SPACE	A	-89,910	OPERATING ROOM	50.00	0	33.38
33.39	RENT EXPENSE PAID FOR MOB SPACE	A	-41,780	PAIN MGMT - BRAIN & SPINE	50.02	0	33.39
33.40	RENT EXPENSE PAID FOR MOB SPACE	A	-244,380	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.40
33.41	RENT EXPENSE PAID FOR MOB SPACE	A	-442,674	RADIOLOGY-DIAGNOSTIC	54.00	0	33.41
33.42	RENT EXPENSE PAID FOR MOB SPACE	A	-29,460	CT SCAN	57.00	0	33.42
33.43	RENT EXPENSE PAID FOR MOB SPACE	A	-516,023	LABORATORY	60.00	0	33.43
33.44	RENT EXPENSE PAID FOR MOB SPACE	A	-159,973	INTRAVENOUS THERAPY	64.00	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-42,255	BRAIN & SPINE INFUSION CENTER	64.01	0	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-11,909	PHYSICAL THERAPY	66.00	0	33.46

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/30/2020 9:30 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	
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-97,821	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	A	-101,270	ELECTROCARDIOLOGY	69.00	0	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-62,723	ELECTROENCEPHALOGRAPHY	70.00	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-227,498	SLEEP MEDICINE CLINIC	70.01	0	33.50
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-75,668	DRUGS CHARGED TO PATIENTS	73.00	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-44,526	NUTRITION/DIABETES EDUCATION	76.01	0	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-51,372	CARDIAC REHAB	76.02	0	33.53
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-116,684	URGENT CARE CENTERS	91.01	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-43,407	ADULT DOWN SYNDROME CENTER	91.02	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-51,888	HOME HEALTH AGENCY	101.00	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-49,128	HOSPICE	116.00	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-59,430	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-5,724	FOUNTAIN CAFE	194.03	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-8,343	PHYSICIAN REFERRAL	194.07	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-25,083	RETAIL PHARMACY	194.14	0	33.61
33.62	NON-ALLOWABLE	A	-652,939	ADMIN & GENERAL - HOSPITAL	5.06	0	33.62
33.63	NON-ALLOWABLE	A	-109,288	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.63
33.64	NON-ALLOWABLE	A	-851	NONPATIENT TELEPHONES	5.01	0	33.64
33.65	NON-ALLOWABLE	A	-6,369	ADMIN & GENERAL - SURREY	5.05	0	33.65
33.66	NON-ALLOWABLE	A	-141,998	ADMIN & GENERAL - HOSPITAL	5.06	0	33.66
33.67	NON-ALLOWABLE	A	-7,652	MAINTENANCE & REPAIRS	6.00	0	33.67
33.68	NON-ALLOWABLE	A	-2,072	PURCHASING	6.01	0	33.68
33.69	NON-ALLOWABLE	A	-8,579	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.69
33.70	NON-ALLOWABLE	A	-441	HOUSEKEEPING	9.00	0	33.70
33.71	NON-ALLOWABLE	A	-892	DIETARY	10.00	0	33.71
33.72	NON-ALLOWABLE	A	-2,553	CAFETERIA	11.00	0	33.72
33.73	NON-ALLOWABLE	A	-10,634	NURSING ADMINISTRATION	13.00	0	33.73
33.74	NON-ALLOWABLE	A	-3,622	CENTRAL SERVICES & SUPPLY	14.00	0	33.74
33.75	NON-ALLOWABLE	A	-510	MEDICAL RECORDS & LIBRARY	16.00	0	33.75
33.76	NON-ALLOWABLE	A	-15,353	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.76
33.77	NON-ALLOWABLE	A	-11,061	ADULTS & PEDIATRICS	30.00	0	33.77
33.78	NON-ALLOWABLE	A	-42,456	INTENSIVE CARE UNIT	31.00	0	33.78
33.79	NON-ALLOWABLE	A	-940	CORONARY CARE UNIT	32.00	0	33.79
33.80	NON-ALLOWABLE	A	-279	RECOVERY ROOM	51.00	0	33.80
33.81	NON-ALLOWABLE	A	-690	SKILLED NURSING FACILITY	44.00	0	33.81
33.82	NON-ALLOWABLE	A	-278	NURSERY	43.00	0	33.82
33.83	NON-ALLOWABLE	A	-6,603	OPERATING ROOM	50.00	0	33.83
33.84	NON-ALLOWABLE	A	-3,039	VASCULAR ACCESS CENTER	50.01	0	33.84
33.85	NON-ALLOWABLE	A	-818	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.85
33.86	NON-ALLOWABLE	A	-21,491	RADIOLOGY-DIAGNOSTIC	54.00	0	33.86
33.87	NON-ALLOWABLE	A	-20	CDI RADIOLOGY	54.02	0	33.87
33.88	NON-ALLOWABLE	A	-169	CARDIAC CATHETERIZATION	59.00	0	33.88
33.89	NON-ALLOWABLE	A	-5,029	LABORATORY	60.00	0	33.89
34.00	NON-ALLOWABLE	A	-743	INTRAVENOUS THERAPY	64.00	0	34.00
34.01	NON-ALLOWABLE	A	-14	BRAIN & SPINE INFUSION CENTER	64.01	0	34.01
34.02	NON-ALLOWABLE	A	-1,227	PHYSICAL THERAPY	66.00	0	34.02
34.03	NON-ALLOWABLE	A	-5,584	ELECTROCARDIOLOGY	69.00	0	34.03
34.04	NON-ALLOWABLE	A	-632	SLEEP MEDICINE CLINIC	70.01	0	34.04
34.05	NON-ALLOWABLE	A	-499	NUTRITION/DIABETES EDUCATION	76.01	0	34.05
34.06	NON-ALLOWABLE	A	-9,530	CARDIAC REHAB	76.02	0	34.06
34.07	NON-ALLOWABLE	A	-14	HYPERBARIC OXYGEN THERAPY	76.03	0	34.07

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/30/2020 9:30 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	
34.08	NON-ALLOWABLE	A	-14	CLINIC	90.00	0	34.08
34.09	NON-ALLOWABLE	A	-44,854	EMERGENCY	91.00	0	34.09
34.10	NON-ALLOWABLE	A	-25,739	URGENT CARE CENTERS	91.01	0	34.10
34.11	NON-ALLOWABLE	A	-7,275	ADULT DOWN SYNDROME CENTER	91.02	0	34.11
34.12	NON-ALLOWABLE	A	-1,000	HOME HEALTH AGENCY	101.00	0	34.12
34.13	NON-ALLOWABLE	A	-12,340	HOSPICE	116.00	0	34.13
34.14	LOBBYING	A	-52,930	ADMIN & GENERAL - HOSPITAL	5.06	0	34.14
34.15	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-575,074	ADMIN & GENERAL - HOSPITAL	5.06	0	34.15
34.16	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-149,519	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.16
34.17	REVENUE ADD BACK	A	37,749	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.17
34.18	REVENUE ADD BACK	A	616,911	ADMIN & GENERAL - HOSPITAL	5.06	0	34.18
34.19	REVENUE ADD BACK	A	1,243,699	INTRAVENOUS THERAPY	64.00	0	34.19
34.20	REVENUE ADD BACK	A	392,876	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.20
34.21	REVENUE ADD BACK	A	44,193	COMMUNITY OUTREACH	194.02	0	34.21
34.22	SLEEP RESEARCH	A	219,432	SLEEP RESEARCH	194.04	0	34.22
34.23	REHAB HOSPITAL	A	64,050	REHAB HOSPITAL COVERAGE	194.15	0	34.23
34.24	CHAPLAIN INCOME	B	-4,433	CLINICAL PASTORAL EDUCATION	23.01	0	34.24
34.25	EDUCATION CENTER DEPRECIATION	A	-57,228	CAP REL COSTS-BLDG & FIXT	1.00	9	34.25
34.26	RCE	A	-360,789	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.26
34.27	LOSS ON REFINANCING	A	1,133,749	CAP REL COSTS-BLDG & FIXT	1.00	11	34.27
34.28	LOSS ON REFINANCING	A	1,252,979	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.28
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,772,408				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 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/30/2020 9:30 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	4,740,314	9,515,102	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	1,012,052	992,856	2.00
3.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	686,821	919,802	3.00
4.00	5.06	ADMIN & GENERAL - HOSPITAL	NETWORK ALLOCATION	0	1,172,098	4.00
5.00	0		0	6,439,187	12,599,858	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 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/30/2020 9:30 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	-4,774,788	0		1.00
2.00	19,196	0		2.00
3.00	-232,981	0		3.00
4.00	-1,172,098	0		4.00
5.00	-6,160,671			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 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/30/2020 9:30 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	130,200	130,200	0	211,500	0	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	71,158	47,728	23,430	211,500	183	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	330,687	0	330,687	211,500	3,588	3.00
4.00	30.00	ADULTS & PEDIATRICS	10,973,820	9,358,805	1,615,015	211,500	8,501	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,955,925	1,881,056	74,869	211,500	181	5.00
6.00	32.00	CORONARY CARE UNIT	1,592,138	1,587,339	4,799	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	1,560,735	1,041,287	519,448	246,400	1,641	8.00
9.00	50.01	VASCULAR ACCESS CENTER	757,157	300,000	457,157	246,400	1,143	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	26,000	26,000	0	239,400	0	10.00
11.00	53.00	ANESTHESIOLOGY	560,000	560,000	0	239,400	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	118,719	118,719	0	271,900	0	12.00
13.00	57.01	TDCC CT SCAN	49,010	49,010	0	271,900	0	13.00
14.00	60.00	LABORATORY	183,459	0	183,459	260,300	1,685	14.00
15.00	64.00	INTRAVENOUS THERAPY	85,529	0	85,529	271,900	365	15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	91,997	91,997	0	211,500	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	9,178	0	9,178	211,500	93	17.00
18.00	59.00	CARDIAC CATHETERIZATION	17,564	0	17,564	211,500	485	18.00
19.00	70.01	SLEEP MEDICINE CLINIC	1,152,414	1,145,075	7,339	211,500	61	19.00
20.00	76.02	CARDIAC REHAB	147,227	147,227	0	211,500	0	20.00
21.00	76.03	HYPERBARIC OXYGEN THERAPY	226,912	226,912	0	211,500	0	21.00
22.00	91.00	EMERGENCY	6,084,776	5,413,007	671,769	211,500	2,444	22.00
23.00	91.01	URGENT CARE CENTERS	3,468,161	3,468,161	0	211,500	0	23.00
200.00			29,642,766	25,642,523	4,000,243		20,405	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	3,043	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	18,608	930	0	0	1,336	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	364,838	18,242	0	0	3,593	3.00
4.00	30.00	ADULTS & PEDIATRICS	864,405	43,220	0	0	353,006	4.00
5.00	31.00	INTENSIVE CARE UNIT	18,405	920	0	0	41,507	5.00
6.00	32.00	CORONARY CARE UNIT	3,559	178	0	0	40,837	6.00
7.00	43.00	NURSERY	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	194,395	9,720	0	0	61,889	8.00
9.00	50.01	VASCULAR ACCESS CENTER	135,401	6,770	0	0	5,393	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,556	12.00
13.00	57.01	TDCC CT SCAN	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	210,868	10,543	0	0	0	14.00
15.00	64.00	INTRAVENOUS THERAPY	47,713	2,386	0	0	1,070	15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	1,664	16.00
17.00	69.00	ELECTROCARDIOLOGY	9,457	473	0	0	325	17.00
18.00	59.00	CARDIAC CATHETERIZATION	49,316	2,466	0	0	472	18.00
19.00	70.01	SLEEP MEDICINE CLINIC	6,203	310	0	0	15,271	19.00
20.00	76.02	CARDIAC REHAB	0	0	0	0	0	20.00
21.00	76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	5,281	21.00
22.00	91.00	EMERGENCY	248,513	12,426	0	0	207,644	22.00
23.00	91.01	URGENT CARE CENTERS	0	0	0	0	87,932	23.00
200.00			2,171,681	108,584	0	0	831,819	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	130,200		1.00
2.00	5.05	ADMIN & GENERAL - SURREY	440	19,048	4,382	52,110		2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	3,593	368,431	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	51,952	916,357	698,658	10,057,463		4.00
5.00	31.00	INTENSIVE CARE UNIT	1,589	19,994	54,875	1,935,931		5.00
6.00	32.00	CORONARY CARE UNIT	123	3,682	1,117	1,588,456		6.00
7.00	43.00	NURSERY	0	0	0	50,000		7.00
8.00	50.00	OPERATING ROOM	20,598	214,993	304,455	1,345,742		8.00
9.00	50.01	VASCULAR ACCESS CENTER	3,256	138,657	318,500	618,500		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	26,000		10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	560,000		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	118,719		12.00
13.00	57.01	TDCC CT SCAN	0	0	0	49,010		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
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	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		
14.00	60.00	LABORATORY	0	210,868	0	0		14.00
15.00	64.00	INTRAVENOUS THERAPY	1,070	48,783	36,746	36,746		15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	91,997		16.00
17.00	69.00	ELECTROCARDIOLOGY	325	9,782	0	0		17.00
18.00	59.00	CARDIAC CATHETERIZATION	472	49,788	0	0		18.00
19.00	70.01	SLEEP MEDICINE CLINIC	97	6,300	1,039	1,146,114		19.00
20.00	76.02	CARDIAC REHAB	0	0	0	147,227		20.00
21.00	76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	226,912		21.00
22.00	91.00	EMERGENCY	22,924	271,437	400,332	5,813,339		22.00
23.00	91.01	URGENT CARE CENTERS	0	0	0	3,468,161		23.00
200.00			106,439	2,278,120	1,820,104	27,462,627		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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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	10,635,396	10,635,396			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,556,929	13,556,929			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	494,994	0	494,994		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	53,999,658	147,221	187,662	0	54,334,541
5.01	00591	NONPATIENT TELEPHONES	693,509	20,753	26,453	0	134,636
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0
5.03	00592	NONPATIENT TELEPHONES	16,023	0	0	0	0
5.04	00540	ADMITTING	1,256,170	23,055	29,388	0	348,867
5.05	00593	ADMIN & GENERAL - SURREY	688,097	0	0	24,718	136,998
5.06	00594	ADMIN & GENERAL - HOSPITAL	53,446,678	980,131	1,249,372	0	7,880,153
6.00	00600	MAINTENANCE & REPAIRS	12,193,091	1,160,203	1,478,910	0	579,529
6.01	00601	PURCHASING	1,433,996	33,121	42,220	0	226,777
6.02	00602	MAINTENANCE & REPAIRS - SURREY	568,867	0	0	16,035	47,815
8.00	00800	LAUNDRY & LINEN SERVICE	1,194,489	55,414	70,636	0	24,459
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	115,090	0	0	8,228	6,279
9.00	00900	HOUSEKEEPING	3,618,901	60,273	76,830	0	797,431
9.01	00901	HOUSEKEEPING - SURREY	229,218	0	0	0	51,365
10.00	01000	DIETARY	1,650,767	215,829	275,117	0	592,249
10.01	01001	DIETARY - SURREY	1,350,867	0	0	18,451	210,791
11.00	01100	CAFETERIA	490,214	201,110	256,355	0	130,823
11.01	01101	CAFETERIA - SURREY	0	0	0	34,110	0
13.00	01300	NURSING ADMINISTRATION	2,839,108	25,389	32,363	0	416,001
13.01	01301	NURSING ADMINISTRATION - SURREY	182,054	0	0	1,611	49,977
14.00	01400	CENTRAL SERVICES & SUPPLY	3,177,606	246,410	314,099	0	455,232
16.00	01600	MEDICAL RECORDS & LIBRARY	4,842,313	91,187	116,236	0	1,136,182
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	237,518	0	0	0	65,887
17.00	01700	SOCIAL SERVICE	9	27,659	35,257	0	0
17.01	01701	SOCIAL SERVICE - SURREY	276,515	0	0	1,155	76,847
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,616,608	0	0	0	727,192
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,280,839	5,224	6,659	0	394,962
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	CLINICAL PASTORAL EDUCATION	181,509	25,437	32,424	0	0
23.02	02302	PHARMACY EDUCATION	448,289	5,541	7,064	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,478,357	2,057,022	2,622,082	0	9,782,163
31.00	03100	INTENSIVE CARE UNIT	3,228,802	133,962	170,762	0	1,351,912
32.00	03200	CORONARY CARE UNIT	3,743,629	195,045	248,624	0	1,366,391
43.00	04300	NURSERY	4,424,476	313,653	399,814	0	1,129,641
44.00	04400	SKILLED NURSING FACILITY	2,411,902	0	0	134,410	643,216
46.00	04600	OTHER LONG TERM CARE	2,424,136	0	0	236,249	649,694
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,791,612	985,371	1,256,051	0	3,831,517
50.01	03650	VASCULAR ACCESS CENTER	334,757	0	0	0	282,562
50.02	05001	PAIN MGMT - BRAIN & SPINE	372,072	60,590	77,234	0	82,791
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,807,332	129,342	164,872	0	327,337
51.00	05100	RECOVERY ROOM	1,438,991	74,182	94,560	0	393,353
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,233,995	188,344	240,082	0	296,580
53.00	05300	ANESTHESIOLOGY	428,270	2,302	2,935	0	65,763
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,565,377	707,046	901,271	0	1,492,149
54.01	05401	TDOC RADIOLOGY	418,968	42,061	53,615	0	101,534
54.02	05402	CDI RADIOLOGY	9,602,231	0	0	0	560,273
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,740,686	58,256	74,259	0	237,448
57.01	05701	TDOC CT SCAN	165,610	20,451	26,069	0	37,795
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	441,184	65,417	83,387	0	101,258
58.01	05801	TDOC - MRI	207,080	35,535	45,296	0	45,525
59.00	05900	CARDIAC CATHETERIZATION	1,204,081	149,348	190,374	0	470,814
60.00	06000	LABORATORY	11,453,418	296,759	378,279	0	1,271,847
64.00	06400	INTRAVENOUS THERAPY	32,804,725	85,296	108,727	0	657,334
64.01	06401	BRAIN & SPINE INFUSION CENTER	95,621	17,879	22,790	0	48,447
65.00	06500	RESPIRATORY THERAPY	2,159,759	26,596	33,901	0	545,191
65.01	06501	RESPIRATORY THERAPY - SURREY	137	0	0	420	0
66.00	06600	PHYSICAL THERAPY	4,772,531	329,865	420,478	0	1,277,131
66.01	06601	PHYSICAL THERAPY - SURREY	1,373,452	0	0	18,031	381,732
66.02	06602	THERAPY SVCS - BRAIN & SPINE	514,837	57,526	73,328	0	17,379

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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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		
				1.00	2.00	2.01		
67.00	06700	OCCUPATIONAL THERAPY	894,768	0	0	0	247,551	67.00
68.00	06800	SPEECH PATHOLOGY	204,707	1,191	1,518	0	56,869	68.00
69.00	06900	ELECTROCARDIOLOGY	1,825,321	57,923	73,834	0	430,313	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	773,909	70,451	89,803	0	185,021	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	271,018	29,041	37,018	0	66,861	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,550,783	130,437	166,269	0	720,708	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,913,507	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,565,851	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,630,013	97,713	124,555	0	1,194,521	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	744,541	16,005	20,402	0	205,833	76.01
76.02	03952	CARDIAC REHAB	2,250,108	168,005	214,156	0	524,298	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	631,264	107,573	137,123	0	169,466	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,345	0	0	0	9,392	90.00
91.00	09100	EMERGENCY	3,994,018	152,635	194,564	0	2,565,881	91.00
91.01	09101	URGENT CARE CENTERS	9,520,687	87,773	111,885	0	2,786,204	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	59,236	20,641	26,312	0	16,194	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,313,776	21,324	27,182	0	1,059,148	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,391,576	7,510	9,573	0	432,522	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	410,925,778	10,324,027	13,160,029	493,418	52,610,011	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,389	31,088	1,576	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,828,304	84,201	107,331	0	727,368	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	412,795	25,437	32,424	0	89,173	194.01
194.02	07952	COMMUNITY OUTREACH	858,088	19,435	24,773	0	136,853	194.02
194.03	07953	FOUNTAIN CAFE	21,831	3,414	4,352	0	4,804	194.03
194.04	07954	SLEEP RESEARCH	219,591	0	0	0	44	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	147,681	3,430	4,372	0	41,232	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	82,153	104,720	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,407,315	24,563	31,311	0	245,383	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	51,633	0	0	0	10,358	194.12
194.13	07963	VOLUNTEERS	287,210	20,959	26,716	0	74,418	194.13
194.14	07964	RETAIL PHARMACY	7,678,456	15,989	20,381	0	217,409	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	328,297	0	0	0	73,438	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	193,957	7,399	9,432	0	50,410	194.16
194.17	07967	VALET SERVICES	193,078	0	0	0	53,640	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)	435,554,014	10,635,396	13,556,929	494,994	54,334,541	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet 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	875,351					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	20,694	36,717	0	36,717		5.03
5.04	00540	ADMITTING	15,313	1,672,793	0	0	1,672,793	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	849,813	0	6,212	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	131,199	63,687,533	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,072	15,425,805	0	0	0	6.00
6.01	00601	PURCHASING	5,380	1,741,494	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	632,717	0	2,260	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	414	1,345,412	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	129,597	0	565	0	8.01
9.00	00900	HOUSEKEEPING	15,727	4,569,162	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	280,583	0	3,954	0	9.01
10.00	01000	DIETARY	12,002	2,745,964	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,580,109	0	3,954	0	10.01
11.00	01100	CAFETERIA	2,483	1,080,985	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	34,110	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	10,761	3,323,622	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	233,642	0	2,260	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	9,105	4,202,452	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,866	6,205,784	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	303,405	0	2,824	0	16.01
17.00	01700	SOCIAL SERVICE	0	62,925	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	354,517	0	1,130	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	3,343,800	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,725	1,691,409	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	828	240,198	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	828	461,722	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	144,859	42,084,483	0	0	167,009	30.00
31.00	03100	INTENSIVE CARE UNIT	7,036	4,892,474	0	0	19,467	31.00
32.00	03200	CORONARY CARE UNIT	11,589	5,565,278	0	0	23,094	32.00
43.00	04300	NURSERY	24,833	6,292,417	0	0	9,922	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,189,528	0	6,214	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	3,310,079	0	5,649	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,565	28,929,116	0	0	105,658	50.00
50.01	03650	VASCULAR ACCESS CENTER	828	618,147	0	0	11,948	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	4,139	596,826	0	0	4,942	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	9,105	2,437,988	0	0	17,033	50.04
51.00	05100	RECOVERY ROOM	8,691	2,009,777	0	0	9,844	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,691	1,967,692	0	0	5,347	52.00
53.00	05300	ANESTHESIOLOGY	2,483	501,753	0	0	20,789	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,904	9,704,747	0	0	90,492	54.00
54.01	05401	TDOC RADIOLOGY	2,483	618,661	0	0	11,541	54.01
54.02	05402	CDI RADIOLOGY	0	10,162,504	0	0	70,243	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,725	2,114,374	0	0	82,996	57.00
57.01	05701	TDOC CT SCAN	414	250,339	0	0	12,113	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,242	692,488	0	0	15,275	58.00
58.01	05801	TDOC - MRI	414	333,850	0	0	11,715	58.01
59.00	05900	CARDIAC CATHETERIZATION	12,416	2,027,033	0	0	62,845	59.00
60.00	06000	LABORATORY	30,627	13,430,930	0	0	180,631	60.00
64.00	06400	INTRAVENOUS THERAPY	3,311	33,659,393	0	0	204,774	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	828	185,565	0	0	848	64.01
65.00	06500	RESPIRATORY THERAPY	8,691	2,774,138	0	0	17,537	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	557	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	17,797	6,817,802	0	0	23,297	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,773,215	0	1,695	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,311	666,381	0	0	2,056	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,622	1,148,941	0	0	4,976	67.00
68.00	06800	SPEECH PATHOLOGY	1,242	265,527	0	0	1,148	68.00
69.00	06900	ELECTROCARDIOLOGY	9,933	2,397,324	0	0	40,039	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	6,622	1,125,806	0	0	27,872	69.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	4,553	408,491	0	0	3,772	70.00
70.01	07001	SLEEP MEDICINE CLINIC	14,072	2,582,269	0	0	5,639	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,913,507	0	0	51,258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,565,851	0	0	98,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,658	16,060,460	0	0	138,461	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	3,311	990,092	0	0	3,315	76.01
76.02	03952	CARDIAC REHAB	10,347	3,166,914	0	0	8,342	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	5,380	1,050,806	0	0	3,390	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	46,737	0	0	124	90.00
91.00	09100	EMERGENCY	22,349	6,929,447	0	0	68,713	91.00
91.01	09101	URGENT CARE CENTERS	0	12,506,549	0	0	35,581	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	828	123,211	0	0	5	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	27,316	5,448,746	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	16,141	2,857,322	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	815,753	408,431,805	0	36,717	1,672,748	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,242	58,295	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,385	12,776,589	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	3,725	563,554	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	5,794	1,044,943	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	414	34,815	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1,242	220,877	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	2,069	198,784	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	186,873	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	5,380	2,713,952	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	414	62,405	0	0	0	194.12
194.13	07963	VOLUNTEERS	6,622	415,925	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	2,069	7,934,304	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	401,735	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1,242	262,440	0	0	45	194.16
194.17	07967	VALET SERVICES	0	246,718	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)	875,351	435,554,014	0	36,717	1,672,793	202.00

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	
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	856,025	856,025				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	63,687,533	125,504	63,813,037	63,813,037		5.06
6.00	00600	MAINTENANCE & REPAIRS	15,425,805	30,373	15,456,178	2,653,208	18,109,386	6.00
6.01	00601	PURCHASING	1,741,494	3,429	1,744,923	299,533	72,231	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	634,977	1,250	636,227	109,215	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,345,412	2,649	1,348,061	231,408	120,847	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	130,162	256	130,418	22,388	0	8.01
9.00	00900	HOUSEKEEPING	4,569,162	8,997	4,578,159	785,887	131,442	9.00
9.01	00901	HOUSEKEEPING - SURREY	284,537	560	285,097	48,940	0	9.01
10.00	01000	DIETARY	2,745,964	5,407	2,751,371	472,300	470,679	10.00
10.01	01001	DIETARY - SURREY	1,584,063	3,119	1,587,182	272,456	0	10.01
11.00	01100	CAFETERIA	1,080,985	2,128	1,083,113	185,927	438,580	11.00
11.01	01101	CAFETERIA - SURREY	34,110	67	34,177	5,867	0	11.01
13.00	01300	NURSING ADMINISTRATION	3,323,622	6,544	3,330,166	571,656	55,368	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	235,902	464	236,366	40,575	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	4,202,452	8,275	4,210,727	722,813	537,370	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,205,784	12,219	6,218,003	1,067,382	198,860	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	306,229	603	306,832	52,671	0	16.01
17.00	01700	SOCIAL SERVICE	62,925	124	63,049	10,823	60,319	17.00
17.01	01701	SOCIAL SERVICE - SURREY	355,647	700	356,347	61,171	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,343,800	6,584	3,350,384	575,127	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,691,409	3,330	1,694,739	290,919	11,392	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	240,198	473	240,671	41,314	55,472	23.01
23.02	02302	PHARMACY EDUCATION	461,722	909	462,631	79,415	12,085	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,251,492	83,193	42,334,685	7,267,150	4,485,943	30.00
31.00	03100	INTENSIVE CARE UNIT	4,911,941	9,672	4,921,613	844,844	292,144	31.00
32.00	03200	CORONARY CARE UNIT	5,588,372	11,004	5,599,376	961,189	425,353	32.00
43.00	04300	NURSERY	6,302,339	12,409	6,314,748	1,083,990	684,013	43.00
44.00	04400	SKILLED NURSING FACILITY	3,195,742	6,292	3,202,034	549,661	0	44.00
46.00	04600	OTHER LONG TERM CARE	3,315,728	6,529	3,322,257	570,299	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,034,774	57,169	29,091,943	4,993,923	2,148,890	50.00
50.01	03650	VASCULAR ACCESS CENTER	630,095	1,241	631,336	108,375	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	601,768	1,185	602,953	103,503	132,135	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,455,021	4,834	2,459,855	422,259	282,068	50.04
51.00	05100	RECOVERY ROOM	2,019,621	3,977	2,023,598	347,371	161,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,973,039	3,885	1,976,924	339,359	410,740	52.00
53.00	05300	ANESTHESIOLOGY	522,542	1,029	523,571	89,876	5,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,795,239	19,287	9,814,526	1,684,762	1,541,921	54.00
54.01	05401	TDOC RADIOLOGY	630,202	1,241	631,443	108,394	91,726	54.01
54.02	05402	CDI RADIOLOGY	10,232,747	20,148	10,252,895	1,760,012	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	2,197,370	4,327	2,201,697	377,943	127,045	57.00
57.01	05701	TDOC CT SCAN	262,452	517	262,969	45,141	44,599	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	707,763	1,394	709,157	121,734	142,661	58.00
58.01	05801	TDOC - MRI	345,565	680	346,245	59,436	77,494	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,089,878	4,115	2,093,993	359,455	325,698	59.00
60.00	06000	LABORATORY	13,611,561	26,801	13,638,362	2,341,161	647,171	60.00
64.00	06400	INTRAVENOUS THERAPY	33,864,167	66,679	33,930,846	5,824,569	186,014	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	186,413	367	186,780	32,063	38,990	64.01
65.00	06500	RESPIRATORY THERAPY	2,791,675	5,497	2,797,172	480,163	58,000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	557	1	558	96	0	65.01
66.00	06600	PHYSICAL THERAPY	6,841,099	13,470	6,854,569	1,176,655	719,367	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,774,910	3,495	1,778,405	305,281	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	668,437	1,316	669,753	114,970	125,452	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,153,917	2,272	1,156,189	198,471	0	67.00
68.00	06800	SPEECH PATHOLOGY	266,675	525	267,200	45,868	2,597	68.00
69.00	06900	ELECTROCARDIOLOGY	2,437,363	4,799	2,442,162	419,222	126,318	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,153,678	2,272	1,155,950	198,430	153,638	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	412,263	812	413,075	70,908	63,332	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,587,908	5,096	2,593,004	445,115	284,457	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,964,765	21,590	10,986,355	1,885,918	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,664,548	72,192	36,736,740	6,306,229	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,198,921	31,896	16,230,817	2,786,182	213,092	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	993,407	1,956	995,363	170,864	34,904	76.01
76.02	03952	CARDIAC REHAB	3,175,256	6,252	3,181,508	546,138	366,384	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,054,196	2,076	1,056,272	181,320	234,595	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	46,861	92	46,953	8,060	0	90.00
91.00	09100	EMERGENCY	6,998,160	13,779	7,011,939	1,203,669	332,865	91.00
91.01	09101	URGENT CARE CENTERS	12,542,130	24,695	12,566,825	2,157,221	191,416	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	123,216	243	123,459	21,193	45,015	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	5,448,746	10,729	5,459,475	937,173	46,503	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,857,322	5,626	2,862,948	491,454	16,378	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	408,431,760	802,620	408,378,355	59,148,064	17,430,359	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,295	115	58,410	10,027	53,186	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,776,589	25,157	12,801,746	2,197,548	183,625	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	563,554	1,110	564,664	96,930	55,472	194.01
194.02	07952	COMMUNITY OUTREACH	1,044,943	2,057	1,047,000	179,728	42,383	194.02
194.03	07953	FOUNTAIN CAFE	34,815	69	34,884	5,988	7,445	194.03
194.04	07954	SLEEP RESEARCH	220,877	435	221,312	37,990	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	198,784	391	199,175	34,190	7,479	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	186,873	368	187,241	32,142	179,158	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,713,952	5,344	2,719,296	466,794	53,567	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	62,405	123	62,528	10,734	0	194.12
194.13	07963	VOLUNTEERS	415,925	819	416,744	71,538	45,707	194.13
194.14	07964	RETAIL PHARMACY	7,934,304	15,623	7,949,927	1,364,684	34,869	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	401,735	791	402,526	69,098	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	262,485	517	263,002	45,147	16,136	194.16
194.17	07967	VALET SERVICES	246,718	486	247,204	42,435	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)	435,554,014	856,025	435,554,014	63,813,037	18,109,386	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet 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	
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	2,116,687					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	704	746,146				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	75	0	1,700,391			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	80	13,515	0	166,401		8.01
9.00	00900	HOUSEKEEPING	10,310	0	0	0	5,505,798	9.00
9.01	00901	HOUSEKEEPING - SURREY	1,033	0	0	0	0	9.01
10.00	01000	DIETARY	17,924	0	0	0	145,712	10.00
10.01	01001	DIETARY - SURREY	18,949	30,308	0	0	0	10.01
11.00	01100	CAFETERIA	36,580	0	0	0	135,775	11.00
11.01	01101	CAFETERIA - SURREY	0	56,030	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	494	0	0	0	17,141	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	27	2,645	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	28,253	0	2,956	0	166,358	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,261	0	0	0	61,563	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	12	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	18,674	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	1,898	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	1,057	0	0	0	3,527	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	17,173	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	3,741	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,498	0	784,181	0	1,388,749	30.00
31.00	03100	INTENSIVE CARE UNIT	8,170	0	48,727	0	90,441	31.00
32.00	03200	CORONARY CARE UNIT	11,495	0	95,852	0	131,680	32.00
43.00	04300	NURSERY	12,319	0	76,490	0	211,755	43.00
44.00	04400	SKILLED NURSING FACILITY	1,934	220,784	0	65,839	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,161	388,070	0	100,562	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	970,784	0	233,708	0	665,249	50.00
50.01	03650	VASCULAR ACCESS CENTER	34,982	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,840	0	0	0	40,906	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	12,822	0	53,179	0	87,322	50.04
51.00	05100	RECOVERY ROOM	1,171	0	28,018	0	50,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,613	0	26,529	0	127,156	52.00
53.00	05300	ANESTHESIOLOGY	16,360	0	0	0	1,554	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,799	0	102,786	0	477,344	54.00
54.01	05401	TDOC RADIOLOGY	407	0	0	0	28,396	54.01
54.02	05402	CDI RADIOLOGY	595	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	2,448	0	0	0	39,330	57.00
57.01	05701	TDOC CT SCAN	301	0	0	0	13,807	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	876	0	27,217	0	44,165	58.00
58.01	05801	TDOC - MRI	301	0	0	0	23,990	58.01
59.00	05900	CARDIAC CATHETERIZATION	311,571	0	33,197	0	100,829	59.00
60.00	06000	LABORATORY	99,190	0	0	0	200,350	60.00
64.00	06400	INTRAVENOUS THERAPY	18,791	0	10,582	0	57,586	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	446	0	0	0	12,070	64.01
65.00	06500	RESPIRATORY THERAPY	4,917	0	0	0	17,955	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	4	690	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,964	0	1,314	0	222,700	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	28	29,618	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	145	0	2,179	0	38,837	66.02
67.00	06700	OCCUPATIONAL THERAPY	69	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20	0	0	0	804	68.00
69.00	06900	ELECTROCARDIOLOGY	1,002	0	12,539	0	39,105	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	692	0	0	0	47,563	69.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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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	688	0	0	0	19,606	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,520	0	0	0	88,062	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	301,603	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,715	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,040	0	0	0	65,969	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	48	0	0	0	10,805	76.01
76.02	03952	CARDIAC REHAB	2,208	0	0	0	113,424	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	11,096	0	0	0	72,625	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	110	0	0	0	0	90.00
91.00	09100	EMERGENCY	19,588	0	156,584	0	103,048	91.00
91.01	09101	URGENT CARE CENTERS	15,587	0	0	0	59,258	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	150	0	0	0	13,935	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,617	0	0	0	14,396	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,281	0	0	0	5,070	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,094,725	743,558	1,696,038	166,401	5,295,587	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,588	0	0	16,465	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,002	0	4,353	0	56,846	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	743	0	0	0	17,173	194.01
194.02	07952	COMMUNITY OUTREACH	3,048	0	0	0	13,121	194.02
194.03	07953	FOUNTAIN CAFE	1,084	0	0	0	2,305	194.03
194.04	07954	SLEEP RESEARCH	8	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	2,315	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	55,463	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,663	0	0	0	16,583	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	241	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	213	0	0	0	14,150	194.13
194.14	07964	RETAIL PHARMACY	1,746	0	0	0	10,795	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	212	0	0	0	4,995	194.16
194.17	07967	VALET SERVICES	2	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)	2,116,687	746,146	1,700,391	166,401	5,505,798	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
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	335,070					9.01
10.00	01000	DIETARY	0	3,857,986				10.00
10.01	01001	DIETARY - SURREY	13,862	0	1,922,757			10.01
11.00	01100	CAFETERIA	0	2,405,012	0	4,284,987		11.00
11.01	01101	CAFETERIA - SURREY	25,625	0	60,283	0	181,982	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	49,928	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	1,210	0	0	0	3,011	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	107,095	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	9,527	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	868	0	0	0	5,833	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	127,613	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	3,021	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	5,757	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	14,078	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,094,015	0	1,190,181	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	72,560	0	122,170	0	31.00
32.00	03200	CORONARY CARE UNIT	0	72,372	0	131,774	0	32.00
43.00	04300	NURSERY	0	0	0	134,111	0	43.00
44.00	04400	SKILLED NURSING FACILITY	100,976	0	545,045	0	61,689	44.00
46.00	04600	OTHER LONG TERM CARE	177,483	0	832,517	0	69,848	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	445,962	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	14,163	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	14,562	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	47,876	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	47,306	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	40,666	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,586	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	221,542	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	14,933	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	35,822	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	5,130	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,967	0	58.00
58.01	05801	TDOC - MRI	0	0	0	6,327	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	57,537	0	59.00
60.00	06000	LABORATORY	0	0	0	210,086	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	93,245	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	4,902	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	87,232	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	316	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	167,852	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	13,546	0	0	0	28,612	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	5,130	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	38,216	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,982	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	56,340	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	28,612	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,026	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	75,633	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	118,494	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	1,818	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	18,495	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	70,162	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	21,174	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,365	0	90.00
91.00	09100	EMERGENCY	0	0	0	180,591	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	2,793	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	333,886	3,643,959	1,437,845	4,067,437	180,338	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,184	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	120,175	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	10,202	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,624	0	194.02
194.03	07953	FOUNTAIN CAFE	0	96,793	0	2,023	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	6,811	0	194.04
194.05	07955	MEALS ON WHEELS	0	59,833	0	0	0	194.05
194.06	07956	GUEST MEALS	0	57,401	33,272	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	8,236	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	2,023	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	15,759	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	31,034	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	451,640	3,619	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	16,044	1,644	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)	335,070	3,857,986	1,922,757	4,284,987	181,982	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION	4,024,753					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	283,834				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,775,572			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,547,069		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	369,042	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	63	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	2,283,595	0	291,643	753,793	0	30.00
31.00	03100	INTENSIVE CARE UNIT	298,823	0	54,755	87,865	0	31.00
32.00	03200	CORONARY CARE UNIT	347,795	0	73,106	104,233	0	32.00
43.00	04300	NURSERY	395,103	0	77,418	44,784	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	112,303	11,651	0	81,807	44.00
46.00	04600	OTHER LONG TERM CARE	0	171,531	12,956	0	112,862	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	306,566	476,886	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	53,928	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	11,138	22,304	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	82,817	76,879	0	50.04
51.00	05100	RECOVERY ROOM	0	0	5,073	44,431	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,947	0	29,931	24,134	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	109,603	93,830	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,150	0	211,749	408,435	1,386	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,517	52,088	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	317,039	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	17,002	374,604	0	57.00
57.01	05701	TDOC CT SCAN	0	0	1,898	54,673	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,469	68,943	0	58.00
58.01	05801	TDOC - MRI	0	0	1,528	52,877	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	151,699	0	1,017,068	283,649	0	59.00
60.00	06000	LABORATORY	0	0	709,174	815,275	10,465	60.00
64.00	06400	INTRAVENOUS THERAPY	41,486	0	122,130	921,180	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	2,821	3,829	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	13,352	79,152	4	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	243	65.01
66.00	06600	PHYSICAL THERAPY	0	0	4,204	105,151	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	64	1	100,998	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	239	9,278	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	156	22,461	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1	5,180	0	68.00
69.00	06900	ELECTROCARDIOLOGY	39,094	0	6,592	180,715	45	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	4,544	125,799	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,891	17,023	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	15,978	25,454	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,330,993	231,352	7,454	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	445,469	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	19,804	624,943	53,496	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	35	14,961	0	76.01
76.02	03952	CARDIAC REHAB	46,997	0	1,980	37,651	5	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	15,302	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	768	561	0	90.00
91.00	09100	EMERGENCY	323,673	0	99,368	310,137	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	58,060	160,596	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	21	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	31,161	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	22,579	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,022,362	283,834	5,770,845	7,546,866	368,766	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,457	0	276	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	974	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	6	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	17	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	2,391	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	11	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	233	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	29	203	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)	4,024,753	283,834	5,775,572	7,547,069	369,042	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			SOCIAL SERVICE		NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
			SOCIAL SERVICE - SURREY	SOCIAL SERVICE - SURREY		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
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	152,865					17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	426,117				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		4,053,124		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			2,004,718	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	134,733	0	0	2,275,291	1,125,383	30.00
31.00	03100	INTENSIVE CARE UNIT	9,078	0	0	358,925	177,528	31.00
32.00	03200	CORONARY CARE UNIT	9,054	0	0	23,089	11,420	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	168,599	0	214,096	105,894	44.00
46.00	04600	OTHER LONG TERM CARE	0	257,518	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	2,099	1,038	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	25,188	12,458	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	73,464	36,336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	73,464	36,336	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	207,799	102,779	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	155,324	76,825	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	149,027	73,711	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			17.00	17.01	19.00	21.00	22.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	92,355	45,680	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	92,355	45,680	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	165,819	82,016	90.00
91.00	09100	EMERGENCY	0	0	0	136,433	67,481	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)	152,865	426,117	0	4,044,728	2,000,565	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	8,396	4,153	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)	152,865	426,117	0	4,053,124	2,004,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION		360,387				23.01
23.02	02302	PHARMACY EDUCATION			571,950			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	208,192	0	65,666,032	-3,400,674	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,087	0	7,401,730	-536,453	31.00
32.00	03200	CORONARY CARE UNIT	0	14,051	0	8,011,839	-34,509	32.00
43.00	04300	NURSERY	0	0	0	9,034,731	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	49,085	0	5,491,397	-319,990	44.00
46.00	04600	OTHER LONG TERM CARE	0	74,972	0	6,093,036	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	39,333,911	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	842,784	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	932,478	-3,137	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	3,562,723	-37,646	50.04
51.00	05100	RECOVERY ROOM	0	0	0	2,708,825	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,064,999	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	966,201	-109,800	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,618,200	-109,800	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	928,904	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	12,330,541	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	3,175,891	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	428,518	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,133,189	0	58.00
58.01	05801	TDOC - MRI	0	0	0	568,198	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,045,274	-310,578	59.00
60.00	06000	LABORATORY	0	0	0	18,671,234	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	41,206,429	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	281,901	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,770,096	-232,149	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	1,907	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	9,253,776	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,256,553	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	965,983	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,415,562	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	328,652	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,545,872	-222,738	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	1,715,228	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	600,549	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	3,668,259	-138,035	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,862,169	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,493,153	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	571,950	20,574,111	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	1,245,475	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	4,366,457	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	1,730,419	-138,035	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	306,652	-247,835	90.00
91.00	09100	EMERGENCY	0	0	0	9,945,376	-203,914	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	15,208,963	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	206,566	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	6,493,325	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	3,401,710	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	360,387	571,950	401,855,778	-6,045,293	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	141,860	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	15,380,028	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	745,184	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,287,878	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	150,528	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	266,121	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	59,833	0	194.05
194.06	07956	GUEST MEALS	0	0	0	90,673	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	251,395	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	12,549	-12,549	194.08
194.09	07959	VACANT SPACE	0	0	0	454,004	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	3,258,920	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	77,917	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	564,122	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	9,393,288	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	926,883	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	329,724	0	194.16
194.17	07967	VALET SERVICES	0	0	0	307,329	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	360,387	571,950	435,554,014	-6,057,842	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00591	NONPATIENT TELEPHONES	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	5.02
5.03	00592	NONPATIENT TELEPHONES	5.03
5.04	00540	ADMITTING	5.04
5.05	00593	ADMIN & GENERAL - SURREY	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	PURCHASING	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	8.01
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING - SURREY	9.01
10.00	01000	DIETARY	10.00
10.01	01001	DIETARY - SURREY	10.01
11.00	01100	CAFETERIA	11.00
11.01	01101	CAFETERIA - SURREY	11.01
13.00	01300	NURSING ADMINISTRATION	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	16.01
17.00	01700	SOCIAL SERVICE	17.00
17.01	01701	SOCIAL SERVICE - SURREY	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	23.01
23.02	02302	PHARMACY EDUCATION	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	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

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			Total	
			26.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,862,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,493,153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,574,111	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	1,245,475	76.01
76.02	03952	CARDIAC REHAB	4,366,457	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,592,384	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	58,817	90.00
91.00	09100	EMERGENCY	9,741,462	91.00
91.01	09101	URGENT CARE CENTERS	15,208,963	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	206,566	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	6,493,325	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	3,401,710	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	395,810,485	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,860	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,380,028	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951	DEVELOPMENT	745,184	194.01
194.02	07952	COMMUNITY OUTREACH	1,287,878	194.02
194.03	07953	FOUNTAIN CAFE	150,528	194.03
194.04	07954	SLEEP RESEARCH	266,121	194.04
194.05	07955	MEALS ON WHEELS	59,833	194.05
194.06	07956	GUEST MEALS	90,673	194.06
194.07	07957	PHYSICIAN REFERRAL	251,395	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	194.08
194.09	07959	VACANT SPACE	454,004	194.09
194.10	07960	TV STORAGE	0	194.10
194.11	07961	MARKETING	3,258,920	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	77,917	194.12
194.13	07963	VOLUNTEERS	564,122	194.13
194.14	07964	RETAIL PHARMACY	9,393,288	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	926,883	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	329,724	194.16
194.17	07967	VALET SERVICES	307,329	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)	429,496,172	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0179

Period:

From 07/01/2019

To 06/30/2020

Worksheet Non-CMS W

Date/Time Prepared:
11/30/2020 9:30 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 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 9:30 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	147,221	187,662	0	334,883	4.00
5.01	00591	NONPATIENT TELEPHONES	0	20,753	26,453	0	47,206	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	0	5.03
5.04	00540	ADMITTING	0	23,055	29,388	0	52,443	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	0	24,718	24,718	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	980,131	1,249,372	0	2,229,503	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,160,203	1,478,910	0	2,639,113	6.00
6.01	00601	PURCHASING	0	33,121	42,220	0	75,341	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	16,035	16,035	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	55,414	70,636	0	126,050	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	8,228	8,228	8.01
9.00	00900	HOUSEKEEPING	0	60,273	76,830	0	137,103	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	215,829	275,117	0	490,946	10.00
10.01	01001	DIETARY - SURREY	0	0	0	18,451	18,451	10.01
11.00	01100	CAFETERIA	0	201,110	256,355	0	457,465	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	34,110	34,110	11.01
13.00	01300	NURSING ADMINISTRATION	0	25,389	32,363	0	57,752	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	1,611	1,611	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	246,410	314,099	0	560,509	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	91,187	116,236	0	207,423	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	27,659	35,257	0	62,916	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	1,155	1,155	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	5,224	6,659	0	11,883	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	25,437	32,424	0	57,861	23.01
23.02	02302	PHARMACY EDUCATION	0	5,541	7,064	0	12,605	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,057,022	2,622,082	0	4,679,104	30.00
31.00	03100	INTENSIVE CARE UNIT	0	133,962	170,762	0	304,724	31.00
32.00	03200	CORONARY CARE UNIT	0	195,045	248,624	0	443,669	32.00
43.00	04300	NURSERY	0	313,653	399,814	0	713,467	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	134,410	134,410	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	236,249	236,249	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	985,371	1,256,051	0	2,241,422	50.00
50.01	03650	VASCULAR ACCESS CENTER	312,120	0	0	0	312,120	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	60,590	77,234	0	137,824	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	81,140	129,342	164,872	0	375,354	50.04
51.00	05100	RECOVERY ROOM	0	74,182	94,560	0	168,742	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	188,344	240,082	0	428,426	52.00
53.00	05300	ANESTHESIOLOGY	0	2,302	2,935	0	5,237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	707,046	901,271	0	1,608,317	54.00
54.01	05401	TDOC RADIOLOGY	0	42,061	53,615	0	95,676	54.01
54.02	05402	CDI RADIOLOGY	2,324,590	0	0	0	2,324,590	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	58,256	74,259	0	132,515	57.00
57.01	05701	TDOC CT SCAN	0	20,451	26,069	0	46,520	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	65,417	83,387	0	148,804	58.00
58.01	05801	TDOC - MRI	0	35,535	45,296	0	80,831	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	149,348	190,374	0	339,722	59.00
60.00	06000	LABORATORY	70,557	296,759	378,279	0	745,595	60.00
64.00	06400	INTRAVENOUS THERAPY	0	85,296	108,727	0	194,023	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	17,879	22,790	0	40,669	64.01
65.00	06500	RESPIRATORY THERAPY	0	26,596	33,901	0	60,497	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	420	420	65.01
66.00	06600	PHYSICAL THERAPY	250,573	329,865	420,478	0	1,000,916	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	18,031	18,031	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	57,526	73,328	0	130,854	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 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
				1.00	2.00	2.01		
			0				2A	
68.00	06800	SPEECH PATHOLOGY	0	1,191	1,518	0	2,709	68.00
69.00	06900	ELECTROCARDIOLOGY	62,759	57,923	73,834	0	194,516	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	70,451	89,803	0	160,254	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,041	37,018	0	66,059	70.00
70.01	07001	SLEEP MEDICINE CLINIC	107	130,437	166,269	0	296,813	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	97,713	124,555	0	222,268	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	16,005	20,402	0	36,407	76.01
76.02	03952	CARDIAC REHAB	0	168,005	214,156	0	382,161	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	107,573	137,123	0	244,696	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	152,635	194,564	0	347,199	91.00
91.01	09101	URGENT CARE CENTERS	1,470,079	87,773	111,885	0	1,669,737	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	20,641	26,312	0	46,953	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	21,324	27,182	0	48,506	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	7,510	9,573	0	17,083	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,571,925	10,324,027	13,160,029	493,418	28,549,399	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,389	31,088	1,576	57,053	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	84,201	107,331	0	191,532	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	25,437	32,424	0	57,861	194.01
194.02	07952	COMMUNITY OUTREACH	0	19,435	24,773	0	44,208	194.02
194.03	07953	FOUNTAIN CAFE	0	3,414	4,352	0	7,766	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	3,430	4,372	0	7,802	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	82,153	104,720	0	186,873	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	24,563	31,311	0	55,874	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	20,959	26,716	0	47,675	194.13
194.14	07964	RETAIL PHARMACY	0	15,989	20,381	0	36,370	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	7,399	9,432	0	16,831	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)	4,571,925	10,635,396	13,556,929	494,994	29,259,244	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet 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	
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	334,883					4.00
5.01	00591	NONPATIENT TELEPHONES	830	48,036				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	0	1,136	0	1,136		5.03
5.04	00540	ADMITTING	2,150	840	0	0	55,433	5.04
5.05	00593	ADMIN & GENERAL - SURREY	844	0	0	194	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	48,572	7,200	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,572	772	0	0	0	6.00
6.01	00601	PURCHASING	1,398	295	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	295	0	0	70	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	151	23	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	39	0	0	17	0	8.01
9.00	00900	HOUSEKEEPING	4,915	863	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	317	0	0	122	0	9.01
10.00	01000	DIETARY	3,650	659	0	0	0	10.00
10.01	01001	DIETARY - SURREY	1,299	0	0	122	0	10.01
11.00	01100	CAFETERIA	806	136	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,564	591	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	308	0	0	70	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,806	500	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,003	1,090	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	406	0	0	87	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	474	0	0	35	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,482	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,434	204	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	60,268	7,951	0	0	5,523	30.00
31.00	03100	INTENSIVE CARE UNIT	8,333	386	0	0	644	31.00
32.00	03200	CORONARY CARE UNIT	8,422	636	0	0	764	32.00
43.00	04300	NURSERY	6,963	1,363	0	0	328	43.00
44.00	04400	SKILLED NURSING FACILITY	3,965	0	0	192	0	44.00
46.00	04600	OTHER LONG TERM CARE	4,005	0	0	175	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,617	3,543	0	0	3,494	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,742	45	0	0	395	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	510	227	0	0	163	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,018	500	0	0	563	50.04
51.00	05100	RECOVERY ROOM	2,425	477	0	0	326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,828	477	0	0	177	52.00
53.00	05300	ANESTHESIOLOGY	405	136	0	0	688	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,197	2,135	0	0	2,993	54.00
54.01	05401	TDOC RADIOLOGY	626	136	0	0	382	54.01
54.02	05402	CDI RADIOLOGY	3,453	0	0	0	2,323	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,464	204	0	0	2,745	57.00
57.01	05701	TDOC CT SCAN	233	23	0	0	401	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	624	68	0	0	505	58.00
58.01	05801	TDOC - MRI	281	23	0	0	387	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,902	681	0	0	2,078	59.00
60.00	06000	LABORATORY	7,839	1,681	0	0	5,974	60.00
64.00	06400	INTRAVENOUS THERAPY	4,052	182	0	0	6,882	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	299	45	0	0	28	64.01
65.00	06500	RESPIRATORY THERAPY	3,360	477	0	0	580	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,872	977	0	0	770	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,353	0	0	52	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	107	182	0	0	68	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,526	363	0	0	165	67.00
68.00	06800	SPEECH PATHOLOGY	351	68	0	0	38	68.00
69.00	06900	ELECTROCARDIOLOGY	2,652	545	0	0	1,324	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,140	363	0	0	922	69.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 9:30 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	
70.00	07000	ELECTROENCEPHALOGRAPHY	412	250	0	0	125	70.00
70.01	07001	SLEEP MEDICINE CLINIC	4,442	772	0	0	187	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,264	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,363	749	0	0	4,579	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	1,269	182	0	0	110	76.01
76.02	03952	CARDIAC REHAB	3,232	568	0	0	276	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,045	295	0	0	112	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	58	0	0	0	4	90.00
91.00	09100	EMERGENCY	15,816	1,226	0	0	2,273	91.00
91.01	09101	URGENT CARE CENTERS	17,174	0	0	0	1,177	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	100	45	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	6,528	1,499	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,666	886	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	324,252	44,765	0	1,136	55,432	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	68	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,483	1,613	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	550	204	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	844	318	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	30	23	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	68	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	254	114	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	1,512	295	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	64	23	0	0	0	194.12
194.13	07963	VOLUNTEERS	459	363	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	1,340	114	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	453	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	311	68	0	0	1	194.16
194.17	07967	VALET SERVICES	331	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)	334,883	48,036	0	1,136	55,433	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 9:30 am

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	25,756					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	3,864	2,289,139				5.06
6.00	00600	MAINTENANCE & REPAIRS	910	95,179	2,739,546			6.00
6.01	00601	PURCHASING	103	10,745	10,927	98,809		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	37	3,918	0	33	20,388	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	79	8,301	18,281	3	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	8	803	0	4	369	8.01
9.00	00900	HOUSEKEEPING	270	28,192	19,884	481	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	17	1,756	0	48	0	9.01
10.00	01000	DIETARY	162	16,943	71,203	837	0	10.00
10.01	01001	DIETARY - SURREY	93	9,774	0	885	828	10.01
11.00	01100	CAFETERIA	64	6,670	66,347	1,708	0	11.00
11.01	01101	CAFETERIA - SURREY	2	210	0	0	1,531	11.01
13.00	01300	NURSING ADMINISTRATION	196	20,507	8,376	23	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	14	1,456	0	1	72	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	248	25,930	81,292	1,319	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	366	38,290	30,083	59	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	18	1,889	0	1	0	16.01
17.00	01700	SOCIAL SERVICE	4	388	9,125	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	21	2,194	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	197	20,632	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	100	10,436	1,723	49	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	14	1,482	8,392	0	0	23.01
23.02	02302	PHARMACY EDUCATION	27	2,849	1,828	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,493	260,660	678,624	2,265	0	30.00
31.00	03100	INTENSIVE CARE UNIT	290	30,307	44,195	382	0	31.00
32.00	03200	CORONARY CARE UNIT	330	34,481	64,346	537	0	32.00
43.00	04300	NURSERY	372	38,886	103,476	575	0	43.00
44.00	04400	SKILLED NURSING FACILITY	189	19,718	0	90	6,033	44.00
46.00	04600	OTHER LONG TERM CARE	196	20,458	0	101	10,604	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,713	179,148	325,079	45,300	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	37	3,888	0	1,634	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	36	3,713	19,989	86	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	145	15,148	42,671	599	0	50.04
51.00	05100	RECOVERY ROOM	119	12,461	24,473	55	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	116	12,174	62,136	215	0	52.00
53.00	05300	ANESTHESIOLOGY	31	3,224	760	764	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	578	60,438	233,258	1,625	0	54.00
54.01	05401	TDOC RADIOLOGY	37	3,888	13,876	19	0	54.01
54.02	05402	CDI RADIOLOGY	604	63,137	0	28	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	130	13,558	19,219	114	0	57.00
57.01	05701	TDOC CT SCAN	15	1,619	6,747	14	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	42	4,367	21,581	41	0	58.00
58.01	05801	TDOC - MRI	20	2,132	11,723	14	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	123	12,895	49,271	14,549	0	59.00
60.00	06000	LABORATORY	803	83,985	97,902	4,632	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,998	208,946	28,140	877	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	11	1,150	5,898	21	0	64.01
65.00	06500	RESPIRATORY THERAPY	165	17,225	8,774	230	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	3	0	0	19	65.01
66.00	06600	PHYSICAL THERAPY	404	42,210	108,824	92	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	105	10,951	0	1	809	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	39	4,124	18,978	7	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	68	7,120	0	3	0	67.00
68.00	06800	SPEECH PATHOLOGY	16	1,645	393	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	144	15,039	19,109	47	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	68	7,118	23,242	32	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

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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	24	2,544	9,581	32	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	153	15,968	43,032	118	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	647	67,654	0	14,084	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,163	226,225	0	220	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	956	99,949	32,236	282	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	59	6,129	5,280	2	0	76.01
76.02	03952	CARDIAC REHAB	187	19,592	55,426	103	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	62	6,505	35,489	518	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3	289	0	5	0	90.00
91.00	09100	EMERGENCY	413	43,180	50,355	915	0	91.00
91.01	09101	URGENT CARE CENTERS	740	77,387	28,957	728	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	7	760	6,810	7	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	321	33,619	7,035	216	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	169	17,630	2,478	153	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,155	2,121,791	2,636,824	97,784	20,317	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	360	8,046	0	71	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	754	78,833	27,778	560	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	33	3,477	8,392	35	0	194.01
194.02	07952	COMMUNITY OUTREACH	62	6,447	6,412	142	0	194.02
194.03	07953	FOUNTAIN CAFE	2	215	1,126	51	0	194.03
194.04	07954	SLEEP RESEARCH	13	1,363	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	12	1,227	1,131	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	11	1,153	27,103	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	160	16,745	8,104	124	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	4	385	0	11	0	194.12
194.13	07963	VOLUNTEERS	25	2,566	6,914	10	0	194.13
194.14	07964	RETAIL PHARMACY	468	48,956	5,275	82	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	24	2,479	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	15	1,620	2,441	10	0	194.16
194.17	07967	VALET SERVICES	15	1,522	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)	25,756	2,289,139	2,739,546	98,809	20,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
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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	152,888					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	9,468				8.01
9.00	00900	HOUSEKEEPING	0	0	191,708			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,260		9.01
10.00	01000	DIETARY	0	0	5,074	0	589,474	10.00
10.01	01001	DIETARY - SURREY	0	0	0	93	0	10.01
11.00	01100	CAFETERIA	0	0	4,728	0	367,470	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	173	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	597	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	8	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	266	0	5,792	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,144	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	650	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	6	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	123	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	598	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	130	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,510	0	48,358	0	167,158	30.00
31.00	03100	INTENSIVE CARE UNIT	4,381	0	3,149	0	11,087	31.00
32.00	03200	CORONARY CARE UNIT	8,618	0	4,585	0	11,058	32.00
43.00	04300	NURSERY	6,877	0	7,373	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,746	0	681	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	5,722	0	1,198	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,014	0	23,163	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	1,424	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	4,782	0	3,040	0	0	50.04
51.00	05100	RECOVERY ROOM	2,519	0	1,744	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,385	0	4,427	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	54	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,242	0	16,621	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	989	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	1,369	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	481	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,447	0	1,538	0	0	58.00
58.01	05801	TDOC - MRI	0	0	835	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,985	0	3,511	0	0	59.00
60.00	06000	LABORATORY	0	0	6,976	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	951	0	2,005	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	420	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	625	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	2	0	65.01
66.00	06600	PHYSICAL THERAPY	118	0	7,754	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	91	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	196	0	1,352	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	28	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,127	0	1,362	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,656	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS

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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	683	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,066	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	2,297	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	376	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	3,949	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,529	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	14,079	0	3,588	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	2,063	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	485	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	501	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	177	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	152,497	9,468	184,389	2,252	556,773	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	573	8	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	391	0	1,979	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	598	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	457	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	80	0	14,789	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	9,142	194.05
194.06	07956	GUEST MEALS	0	0	0	0	8,770	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	81	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	1,931	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	577	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	493	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	376	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	174	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments	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)	152,888	9,468	191,708	2,260	589,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 9:30 am

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	31,545					10.01
11.00	01100	CAFETERIA	0	905,394				11.00
11.01	01101	CAFETERIA - SURREY	989	0	37,015			11.01
13.00	01300	NURSING ADMINISTRATION	0	10,550	0	101,156		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	612	0	4,152	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,629	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	1,938	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,186	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	26,964	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	638	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	1,216	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	2,975	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	251,475	0	57,395	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,814	0	7,510	0	31.00
32.00	03200	CORONARY CARE UNIT	0	27,843	0	8,741	0	32.00
43.00	04300	NURSERY	0	28,337	0	9,930	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,942	0	12,547	0	1,643	44.00
46.00	04600	OTHER LONG TERM CARE	13,658	0	14,208	0	2,509	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94,229	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	2,993	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	3,077	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	10,116	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	9,996	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,593	0	2,135	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,504	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,811	0	230	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,155	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	7,569	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	1,084	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,740	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,337	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	12,157	0	3,813	0	59.00
60.00	06000	LABORATORY	0	44,390	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	19,702	0	1,043	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	1,036	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	18,432	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	35,466	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	5,820	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,084	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	8,075	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,475	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,904	0	983	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	6,046	0	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
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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	2,541	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	15,981	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,037	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	370	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	3,908	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	14,825	0	1,181	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	4,474	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	500	0	0	0	90.00
91.00	09100	EMERGENCY	0	38,158	0	8,135	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	590	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)	23,589	859,426	36,681	101,096	4,152	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	25,392	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	2,156	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	343	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	428	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	1,439	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	546	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	1,740	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	428	0	60	0	194.12
194.13	07963	VOLUNTEERS	0	3,330	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	6,557	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	7,410	765	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	3,390	334	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)	31,545	905,394	37,015	101,156	4,152	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
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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	701,291				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	286,458			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	4,339		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	73,083	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	8	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	35,412	28,634	0	64,414	30.00
31.00	03100	INTENSIVE CARE UNIT	6,649	3,338	0	4,340	31.00
32.00	03200	CORONARY CARE UNIT	8,877	3,959	0	4,329	32.00
43.00	04300	NURSERY	9,400	1,701	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,415	0	963	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,573	0	1,323	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,224	18,115	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	2,049	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,352	847	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	10,056	2,920	0	0	50.04
51.00	05100	RECOVERY ROOM	616	1,688	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,634	917	0	0	52.00
53.00	05300	ANESTHESIOLOGY	13,308	3,564	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,711	15,515	16	0	54.00
54.01	05401	TDOC RADIOLOGY	184	1,979	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	12,043	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	2,064	14,230	0	0	57.00
57.01	05701	TDOC CT SCAN	230	2,077	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	664	2,619	0	0	58.00
58.01	05801	TDOC - MRI	186	2,009	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	123,496	10,775	0	0	59.00
60.00	06000	LABORATORY	86,110	30,970	123	0	60.00
64.00	06400	INTRAVENOUS THERAPY	14,829	34,762	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	343	145	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	1,621	3,007	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	3	0	65.01
66.00	06600	PHYSICAL THERAPY	510	3,994	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	8	0	1,189	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	29	352	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	19	853	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	197	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	800	6,865	1	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	
69.01	06901	TDOC - ELECTROCARDIOLOGY	552	4,779	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	472	647	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,940	967	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	283,041	8,788	88	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,922	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,405	23,740	630	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	4	568	0	0	0	76.01
76.02	03952	CARDIAC REHAB	240	1,430	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	581	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	93	21	0	0	0	90.00
91.00	09100	EMERGENCY	12,066	11,781	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	7,050	6,101	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,784	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	2,742	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	700,717	286,450	4,336	73,083	5,123	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	420	0	3	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	118	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	1	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	2	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	28	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	4	8	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)	701,291	286,458	4,339	73,083	5,123	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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
			23.00	23.01				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00591	NONPATIENT TELEPHONES					5.01	
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00592	NONPATIENT TELEPHONES					5.03	
5.04	00540	ADMITTING					5.04	
5.05	00593	ADMIN & GENERAL - SURREY					5.05	
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	PURCHASING					6.01	
6.02	00602	MAINTENANCE & REPAIRS - SURREY					6.02	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY					8.01	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING - SURREY					9.01	
10.00	01000	DIETARY					10.00	
10.01	01001	DIETARY - SURREY					10.01	
11.00	01100	CAFETERIA					11.00	
11.01	01101	CAFETERIA - SURREY					11.01	
13.00	01300	NURSING ADMINISTRATION					13.00	
13.01	01301	NURSING ADMINISTRATION - SURREY					13.01	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY					16.01	
17.00	01700	SOCIAL SERVICE					17.00	
17.01	01701	SOCIAL SERVICE - SURREY					17.01	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		52,275			21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			27,598		22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0	23.00	
23.01	02301	CLINICAL PASTORAL EDUCATION					69,608	
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 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 9:30 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	52,275	27,598	0	69,608
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	52,275	27,598	0	69,608

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 9:30 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	20,459				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,420,244	0	6,420,244		30.00
31.00	03100	INTENSIVE CARE UNIT	455,529	0	455,529		31.00
32.00	03200	CORONARY CARE UNIT	631,195	0	631,195		32.00
43.00	04300	NURSERY	929,048	0	929,048		43.00
44.00	04400	SKILLED NURSING FACILITY	196,561	0	196,561		44.00
46.00	04600	OTHER LONG TERM CARE	315,075	0	315,075		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,017,061	0	3,017,061		50.00
50.01	03650	VASCULAR ACCESS CENTER	324,903	0	324,903		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	169,248	0	169,248		50.02
50.03	05002	PAIN MGMT CENTER	0	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	467,912	0	467,912		50.04
51.00	05100	RECOVERY ROOM	225,641	0	225,641		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,640	0	527,640		52.00
53.00	05300	ANESTHESIOLOGY	31,675	0	31,675		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,032,687	0	2,032,687		54.00
54.01	05401	TDOC RADIOLOGY	120,947	0	120,947		54.01
54.02	05402	CDI RADIOLOGY	2,406,178	0	2,406,178		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	195,181	0	195,181		57.00
57.01	05701	TDOC CT SCAN	59,444	0	59,444		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	186,040	0	186,040		58.00
58.01	05801	TDOC - MRI	99,778	0	99,778		58.01
59.00	05900	CARDIAC CATHETERIZATION	578,958	0	578,958		59.00
60.00	06000	LABORATORY	1,116,980	0	1,116,980		60.00
64.00	06400	INTRAVENOUS THERAPY	518,392	0	518,392		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	50,065	0	50,065		64.01
65.00	06500	RESPIRATORY THERAPY	114,993	0	114,993		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	447	0	447		65.01
66.00	06600	PHYSICAL THERAPY	1,209,907	0	1,209,907		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	39,410	0	39,410		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	157,372	0	157,372		66.02
67.00	06700	OCCUPATIONAL THERAPY	18,192	0	18,192		67.00
68.00	06800	SPEECH PATHOLOGY	6,921	0	6,921		68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/30/2020 9:30 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		256,418	0	256,418	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		206,172	0	206,172	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		83,370	0	83,370	70.00
70.01	07001	SLEEP MEDICINE CLINIC		383,439	0	383,439	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		401,034	0	401,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		248,794	0	248,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		397,824	0	397,824	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		54,294	0	54,294	76.01
76.02	03952	CARDIAC REHAB		483,170	0	483,170	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		296,306	0	296,306	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		973	0	973	90.00
91.00	09100	EMERGENCY		549,184	0	549,184	91.00
91.01	09101	URGENT CARE CENTERS		1,811,114	0	1,811,114	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		55,758	0	55,758	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		102,009	0	102,009	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
116.00	11600	HOSPICE		43,984	0	43,984	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,997,467	0	27,997,467	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		66,182	0	66,182	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		333,738	0	333,738	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00
194.01	07951	DEVELOPMENT		73,306	0	73,306	194.01
194.02	07952	COMMUNITY OUTREACH		59,351	0	59,351	194.02
194.03	07953	FOUNTAIN CAFE		24,511	0	24,511	194.03
194.04	07954	SLEEP RESEARCH		2,883	0	2,883	194.04
194.05	07955	MEALS ON WHEELS		9,142	0	9,142	194.05
194.06	07956	GUEST MEALS		9,316	0	9,316	194.06
194.07	07957	PHYSICIAN REFERRAL		12,361	0	12,361	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.08
194.09	07959	VACANT SPACE		217,071	0	217,071	194.09
194.10	07960	TV STORAGE		0	0	0	194.10
194.11	07961	MARKETING		83,393	0	83,393	194.11
194.12	07962	CHILDBIRTH INSTRUCTION		975	0	975	194.12
194.13	07963	VOLUNTEERS		61,836	0	61,836	194.13
194.14	07964	RETAIL PHARMACY		99,566	0	99,566	194.14
194.15	07965	REHAB HOSPITAL COVERAGE		11,131	0	11,131	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		21,483	0	21,483	194.16
194.17	07967	VALET SERVICES		5,592	0	5,592	194.17
200.00		Cross Foot Adjustments	20,459	169,940	0	169,940	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,459	29,259,244	0	29,259,244	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	669,821				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		669,821			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	56,552		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,272	9,272	0	195,508,516	4.00
5.01	00591	NONPATIENT TELEPHONES	1,307	1,307	0	484,452	2,115 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	1,255,304	37 5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	2,824	492,950	0 5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	61,729	61,729	0	28,354,646	317 5.06
6.00	00600	MAINTENANCE & REPAIRS	73,070	73,070	0	2,085,283	34 6.00
6.01	00601	PURCHASING	2,086	2,086	0	815,997	13 6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	172,050	0 6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	88,008	1 8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	22,592	0 8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,869,345	38 9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	184,823	0 9.01
10.00	01000	DIETARY	13,593	13,593	0	2,131,051	29 10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	758,477	0 10.01
11.00	01100	CAFETERIA	12,666	12,666	0	470,732	6 11.00
11.01	01101	CAFETERIA - SURREY	0	0	3,897	0	0 11.01
13.00	01300	NURSING ADMINISTRATION	1,599	1,599	0	1,496,871	26 13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	179,829	0 13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,638,033	22 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	4,088,252	48 16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	237,077	0 16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	0	0 17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	276,515	0 17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,616,608	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	329	329	0	1,421,165	9 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,602	1,602	0	0	2 23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	0	2 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	129,552	129,552	0	35,198,588	350 30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	4,864,497	17 31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	4,916,596	28 32.00
43.00	04300	NURSERY	19,754	19,754	0	4,064,714	60 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,356	2,314,442	0 44.00
46.00	04600	OTHER LONG TERM CARE	0	0	26,991	2,337,751	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	62,059	62,059	0	13,786,702	156 50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	1,016,725	2 50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,816	3,816	0	297,903	10 50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0 50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,146	8,146	0	1,177,835	22 50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,415,376	21 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,862	11,862	0	1,067,164	21 52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	236,630	6 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,530	44,530	0	5,369,105	94 54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	365,342	6 54.01
54.02	05402	CDI RADIOLOGY	0	0	0	2,015,993	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	3,669	3,669	0	854,394	9 57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	135,995	1 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	364,349	3 58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	163,809	1 58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	1,694,098	30 59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,576,405	74 60.00
64.00	06400	INTRAVENOUS THERAPY	5,372	5,372	0	2,365,241	8 64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	1,126	1,126	0	174,325	2 64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	1,961,725	21 65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	48	0	0 65.01
66.00	06600	PHYSICAL THERAPY	20,775	20,775	0	4,595,417	43 66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,060	1,373,560	0 66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	62,532	8 66.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	890,745	16	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	204,627	3	68.00
69.00	06900	ELECTROCARDIOLOGY	3,648	3,648	0	1,548,366	24	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	665,749	16	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,829	1,829	0	240,582	11	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,593,277	34	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	4,298,167	33	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	740,634	8	76.01
76.02	03952	CARDIAC REHAB	10,581	10,581	0	1,886,546	25	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	6,775	6,775	0	609,778	13	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	33,793	0	90.00
91.00	09100	EMERGENCY	9,613	9,613	0	9,232,644	54	91.00
91.01	09101	URGENT CARE CENTERS	5,528	5,528	0	10,025,417	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	58,269	2	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	3,811,064	66	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,556,315	39	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	650,211	650,211	56,372	189,303,246	1,971	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	5,303	5,303	0	2,617,242	71	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	320,865	9	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	492,431	14	194.02
194.03	07953	FOUNTAIN CAFE	215	215	0	17,287	1	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	159	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	148,362	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	882,945	13	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	37,269	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	267,775	16	194.13
194.14	07964	RETAIL PHARMACY	1,007	1,007	0	782,290	5	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	264,247	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	181,388	3	194.16
194.17	07967	VALET SERVICES	0	0	0	193,010	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)	10,635,396	13,556,929	494,994	54,334,541	875,351	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.877967	20.239630	8.752900	0.277914	413.877541	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				334,883	48,036	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001713	22.712057	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	435,554,014			5.02
5.03	00592	NONPATIENT TELEPHONES	0	36,717	65		5.03
5.04	00540	ADMITTING	0	1,672,793	0	1,455,405,639	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	849,813	11	0	-856,025 5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	63,687,533	0	0	0 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	15,425,805	0	0	0 6.00
6.01	00601	PURCHASING	0	1,741,494	0	0	0 6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	632,717	4	0	0 6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,345,412	0	0	0 8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	129,597	1	0	0 8.01
9.00	00900	HOUSEKEEPING	0	4,569,162	0	0	0 9.00
9.01	00901	HOUSEKEEPING - SURREY	0	280,583	7	0	0 9.01
10.00	01000	DIETARY	0	2,745,964	0	0	0 10.00
10.01	01001	DIETARY - SURREY	0	1,580,109	7	0	0 10.01
11.00	01100	CAFETERIA	0	1,080,985	0	0	0 11.00
11.01	01101	CAFETERIA - SURREY	0	34,110	0	0	0 11.01
13.00	01300	NURSING ADMINISTRATION	0	3,323,622	0	0	0 13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	233,642	4	0	0 13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,202,452	0	0	0 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,205,784	0	0	0 16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	303,405	5	0	0 16.01
17.00	01700	SOCIAL SERVICE	0	62,925	0	0	0 17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	354,517	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	3,343,800	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,691,409	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	240,198	0	0	0 23.01
23.02	02302	PHARMACY EDUCATION	0	461,722	0	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	42,084,483	0	145,351,511	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,892,474	0	16,942,692	0 31.00
32.00	03200	CORONARY CARE UNIT	0	5,565,278	0	20,098,938	0 32.00
43.00	04300	NURSERY	0	6,292,417	0	8,635,475	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,189,528	11	0	0 44.00
46.00	04600	OTHER LONG TERM CARE	0	3,310,079	10	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	28,929,116	0	91,956,341	0 50.00
50.01	03650	VASCULAR ACCESS CENTER	0	618,147	0	10,398,674	0 50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	596,826	0	4,300,845	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	2,437,988	0	14,824,415	0 50.04
51.00	05100	RECOVERY ROOM	0	2,009,777	0	8,567,457	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,967,692	0	4,653,772	0 52.00
53.00	05300	ANESTHESIOLOGY	0	501,753	0	18,093,030	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,704,747	0	78,757,203	0 54.00
54.01	05401	TDOC RADIOLOGY	0	618,661	0	10,044,054	0 54.01
54.02	05402	CDI RADIOLOGY	0	10,162,504	0	61,133,670	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	2,114,374	0	72,233,638	0 57.00
57.01	05701	TDOC CT SCAN	0	250,339	0	10,542,501	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	692,488	0	13,294,116	0 58.00
58.01	05801	TDOC - MRI	0	333,850	0	10,196,182	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	0	2,027,033	0	54,695,228	0 59.00
60.00	06000	LABORATORY	0	13,430,930	0	157,206,825	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	33,659,393	0	177,755,960	0 64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	185,565	0	738,244	0 64.01
65.00	06500	RESPIRATORY THERAPY	0	2,774,138	0	15,262,724	0 65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	557	0	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0	6,817,802	0	20,275,880	0 66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,773,215	3	165	0 66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	666,381	0	1,789,132	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,148,941	0	4,331,147	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	265,527	0	998,891	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,397,324	0	34,846,714	0 69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	1,125,806	0	24,257,484	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	408,491	0	3,282,501	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	2,582,269	0	4,908,163	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,913,507	0	44,610,906	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,565,851	0	85,898,360	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,060,460	0	120,505,824	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	990,092	0	2,884,946	0	76.01
76.02	03952	CARDIAC REHAB	0	3,166,914	0	7,260,061	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,050,806	0	2,950,697	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	46,737	0	108,255	0	90.00
91.00	09100	EMERGENCY	0	6,929,447	0	59,802,764	0	91.00
91.01	09101	URGENT CARE CENTERS	0	12,506,549	0	30,967,231	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	123,211	0	3,961	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,448,746	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,857,322	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	408,431,805	65	1,455,366,577	-856,025	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,295	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,776,589	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	563,554	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,044,943	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	34,815	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	220,877	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	198,784	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	186,873	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	2,713,952	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	62,405	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	415,925	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	7,934,304	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	401,735	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	262,440	0	39,062	0	194.16
194.17	07967	VALET SERVICES	0	246,718	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	36,717	1,672,793		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.000000	564.876923	0.001149		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	1,136	55,433		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	17.476923	0.000038		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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	434,697,989				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	63,687,533	-63,813,037	371,740,977		5.06
6.00	00600	MAINTENANCE & REPAIRS	15,425,805	0	15,456,178	522,991	6.00
6.01	00601	PURCHASING	1,741,494	0	1,744,923	2,086	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	634,977	0	636,227	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,345,412	0	1,348,061	3,490	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	130,162	0	130,418	0	8.01
9.00	00900	HOUSEKEEPING	4,569,162	0	4,578,159	3,796	9.00
9.01	00901	HOUSEKEEPING - SURREY	284,537	0	285,097	0	9.01
10.00	01000	DIETARY	2,745,964	0	2,751,371	13,593	10.00
10.01	01001	DIETARY - SURREY	1,584,063	0	1,587,182	0	10.01
11.00	01100	CAFETERIA	1,080,985	0	1,083,113	12,666	11.00
11.01	01101	CAFETERIA - SURREY	34,110	0	34,177	0	11.01
13.00	01300	NURSING ADMINISTRATION	3,323,622	0	3,330,166	1,599	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	235,902	0	236,366	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	4,202,452	0	4,210,727	15,519	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,205,784	0	6,218,003	5,743	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	306,229	0	306,832	0	16.01
17.00	01700	SOCIAL SERVICE	62,925	0	63,049	1,742	17.00
17.01	01701	SOCIAL SERVICE - SURREY	355,647	0	356,347	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,343,800	0	3,350,384	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,691,409	0	1,694,739	329	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	240,198	0	240,671	1,602	23.01
23.02	02302	PHARMACY EDUCATION	461,722	0	462,631	349	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,251,492	0	42,334,685	129,552	30.00
31.00	03100	INTENSIVE CARE UNIT	4,911,941	0	4,921,613	8,437	31.00
32.00	03200	CORONARY CARE UNIT	5,588,372	0	5,599,376	12,284	32.00
43.00	04300	NURSERY	6,302,339	0	6,314,748	19,754	43.00
44.00	04400	SKILLED NURSING FACILITY	3,195,742	0	3,202,034	0	44.00
46.00	04600	OTHER LONG TERM CARE	3,315,728	0	3,322,257	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,034,774	0	29,091,943	62,059	50.00
50.01	03650	VASCULAR ACCESS CENTER	630,095	0	631,336	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	601,768	0	602,953	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	2,455,021	0	2,459,855	8,146	50.04
51.00	05100	RECOVERY ROOM	2,019,621	0	2,023,598	4,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,973,039	0	1,976,924	11,862	52.00
53.00	05300	ANESTHESIOLOGY	522,542	0	523,571	145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,795,239	0	9,814,526	44,530	54.00
54.01	05401	TDOC RADIOLOGY	630,202	0	631,443	2,649	54.01
54.02	05402	CDI RADIOLOGY	10,232,747	0	10,252,895	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	2,197,370	0	2,201,697	3,669	57.00
57.01	05701	TDOC CT SCAN	262,452	0	262,969	1,288	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	707,763	0	709,157	4,120	58.00
58.01	05801	TDOC - MRI	345,565	0	346,245	2,238	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,089,878	0	2,093,993	9,406	59.00
60.00	06000	LABORATORY	13,611,561	0	13,638,362	18,690	60.00
64.00	06400	INTRAVENOUS THERAPY	33,864,167	0	33,930,846	5,372	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	186,413	0	186,780	1,126	64.01
65.00	06500	RESPIRATORY THERAPY	2,791,675	0	2,797,172	1,675	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	557	0	558	0	65.01
66.00	06600	PHYSICAL THERAPY	6,841,099	0	6,854,569	20,775	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,774,910	0	1,778,405	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	668,437	0	669,753	3,623	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,153,917	0	1,156,189	0	67.00
68.00	06800	SPEECH PATHOLOGY	266,675	0	267,200	75	68.00
69.00	06900	ELECTROCARDIOLOGY	2,437,363	0	2,442,162	3,648	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:

11/30/2020 9:30 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	1,153,678	0	1,155,950	4,437	22,388	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	412,263	0	413,075	1,829	22,280	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,587,908	0	2,593,004	8,215	81,537	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,964,765	0	10,986,355	0	9,759,970	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,664,548	0	36,736,740	0	152,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,198,921	0	16,230,817	6,154	195,446	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	993,407	0	995,363	1,008	1,538	76.01
76.02	03952	CARDIAC REHAB	3,175,256	0	3,181,508	10,581	71,446	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,054,196	0	1,056,272	6,775	359,076	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	46,861	0	46,953	0	3,553	90.00
91.00	09100	EMERGENCY	6,998,160	0	7,011,939	9,613	633,861	91.00
91.01	09101	URGENT CARE CENTERS	12,542,130	0	12,566,825	5,528	504,417	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	123,216	0	123,459	1,300	4,863	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,448,746	0	5,459,475	1,343	149,412	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,857,322	0	2,862,948	473	106,188	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	407,575,735	-63,813,037	344,565,318	503,381	67,786,101	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,295	0	58,410	1,536	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,776,589	0	12,801,746	5,303	388,373	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	563,554	0	564,664	1,602	24,030	194.01
194.02	07952	COMMUNITY OUTREACH	1,044,943	0	1,047,000	1,224	98,636	194.02
194.03	07953	FOUNTAIN CAFE	34,815	0	34,884	215	35,093	194.03
194.04	07954	SLEEP RESEARCH	220,877	0	221,312	0	270	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	198,784	0	199,175	216	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	186,873	0	187,241	5,174	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,713,952	0	2,719,296	1,547	86,164	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	62,405	0	62,528	0	7,812	194.12
194.13	07963	VOLUNTEERS	415,925	0	416,744	1,320	6,888	194.13
194.14	07964	RETAIL PHARMACY	7,934,304	0	7,949,927	1,007	56,503	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	401,735	0	402,526	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	262,485	0	263,002	466	6,859	194.16
194.17	07967	VALET SERVICES	246,718	0	247,204	0	68	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)	856,025		63,813,037	18,109,386	2,116,687	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001969		0.171660	34.626573	0.030902	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,756		2,289,139	2,739,546	98,809	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000059		0.006158	5.238228	0.001443	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description		MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		6.02	8.00	8.01	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	PURCHASING					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	51,896				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,879,131			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	940	0	31,034		8.01
9.00	00900	HOUSEKEEPING	0	0	0	513,619	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	13,593	10.00
10.01	01001	DIETARY - SURREY	2,108	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	12,666	11.00
11.01	01101	CAFETERIA - SURREY	3,897	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,599	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	184	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,267	0	15,519	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,743	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	1,742	17.00
17.01	01701	SOCIAL SERVICE - SURREY	132	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	0	0	0	329	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	1,602	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	349	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	866,610	0	129,552	30.00
31.00	03100	INTENSIVE CARE UNIT	0	53,849	0	8,437	31.00
32.00	03200	CORONARY CARE UNIT	0	105,928	0	12,284	32.00
43.00	04300	NURSERY	0	84,530	0	19,754	43.00
44.00	04400	SKILLED NURSING FACILITY	15,356	0	12,279	0	44.00
46.00	04600	OTHER LONG TERM CARE	26,991	0	18,755	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	258,275	0	62,059	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	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	0	58,769	0	8,146	50.04
51.00	05100	RECOVERY ROOM	0	30,963	0	4,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,318	0	11,862	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,591	0	44,530	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	2,649	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	3,669	57.00
57.01	05701	TDOC CT SCAN	0	0	0	1,288	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	30,078	0	4,120	58.00
58.01	05801	TDOC - MRI	0	0	0	2,238	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	36,687	0	9,406	59.00
60.00	06000	LABORATORY	0	0	0	18,690	60.00
64.00	06400	INTRAVENOUS THERAPY	0	11,694	0	5,372	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	1,126	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,675	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	48	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,452	0	20,775	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,060	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,408	0	3,623	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	75	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,857	0	3,648	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	173,044	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	1,874,320	31,034	494,009	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	4,811	0	5,303	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)		746,146	1,700,391	166,401	5,505,798	335,070	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		14.377717	0.904882	5.361893	10.719615	6.575673	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		20,388	152,888	9,468	191,708	2,260	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.392863	0.081361	0.305085	0.373249	0.044352	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	720,238					10.00
10.01	01001	DIETARY - SURREY	0	127,135				10.01
11.00	01100	CAFETERIA	448,986	0	150,362			11.00
11.01	01101	CAFETERIA - SURREY	0	3,986	0	12,511		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,752	0	38,709	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	207	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,758	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	655	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	401	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	4,478	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	106	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	202	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	494	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	204,239	0	41,764	0	21,963	30.00
31.00	03100	INTENSIVE CARE UNIT	13,546	0	4,287	0	2,874	31.00
32.00	03200	CORONARY CARE UNIT	13,511	0	4,624	0	3,345	32.00
43.00	04300	NURSERY	0	0	4,706	0	3,800	43.00
44.00	04400	SKILLED NURSING FACILITY	0	36,039	0	4,241	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	55,047	0	4,802	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	15,649	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	497	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	511	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	1,680	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	1,660	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,427	0	817	52.00
53.00	05300	ANESTHESIOLOGY	0	0	582	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,774	0	88	54.00
54.01	05401	TDOC RADIOLOGY	0	0	524	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	1,257	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	180	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	455	0	0	58.00
58.01	05801	TDOC - MRI	0	0	222	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,019	0	1,459	59.00
60.00	06000	LABORATORY	0	0	7,372	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,272	0	399	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	172	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,061	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	5,890	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	1,967	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	180	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,341	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	245	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	1,977	0	376	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,004	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	422	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	2,654	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,158	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	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	649	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	2,462	0	452	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	743	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	83	0	0	90.00
91.00	09100	EMERGENCY	0	0	6,337	0	3,113	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	98	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)	680,282	95,072	142,728	12,398	38,686	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	4,217	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	358	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	57	0	0	194.02
194.03	07953	FOUNTAIN CAFE	18,070	0	71	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	239	0	0	194.04
194.05	07955	MEALS ON WHEELS	11,170	0	0	0	0	194.05
194.06	07956	GUEST MEALS	10,716	2,200	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	289	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	71	0	23	194.12
194.13	07963	VOLUNTEERS	0	0	553	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	1,089	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	29,863	127	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	563	113	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,857,986	1,922,757	4,284,987	181,982	4,024,753	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.356543	15.123742	28.497805	14.545760	103.974605	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	589,474	31,545	905,394	37,015	101,156	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.818443	0.248122	6.021428	2.958596	2.613242	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	31,034	25,730,614				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,455,405,639			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	20,401,545		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	59,344	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	280	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	1,299,290	145,351,511	0	52,305	30.00
31.00	03100	INTENSIVE CARE UNIT	0	243,939	16,942,692	0	3,524	31.00
32.00	03200	CORONARY CARE UNIT	0	325,694	20,098,938	0	3,515	32.00
43.00	04300	NURSERY	0	344,901	8,635,475	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,279	51,907	0	4,522,449	0	44.00
46.00	04600	OTHER LONG TERM CARE	18,755	57,722	0	6,239,443	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,365,773	91,956,341	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	10,398,674	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	49,621	4,300,845	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	368,957	14,824,415	0	0	50.04
51.00	05100	RECOVERY ROOM	0	22,599	8,567,457	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	133,343	4,653,772	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	488,292	18,093,030	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	943,360	78,757,203	76,600	0	54.00
54.01	05401	TDOC RADIOLOGY	0	6,760	10,044,054	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	61,133,670	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	75,744	72,233,638	0	0	57.00
57.01	05701	TDOC CT SCAN	0	8,457	10,542,501	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,367	13,294,116	0	0	58.00
58.01	05801	TDOC - MRI	0	6,808	10,196,182	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	4,531,115	54,695,228	0	0	59.00
60.00	06000	LABORATORY	0	3,159,425	157,206,825	578,530	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	544,098	177,755,960	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	12,568	738,244	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	59,484	15,262,724	212	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	13,443	0	65.01
66.00	06600	PHYSICAL THERAPY	0	18,730	20,275,880	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	284	165	5,583,400	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,065	1,789,132	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	695	4,331,147	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	5	998,891	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,370	34,846,714	2,468	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	20,245	24,257,484	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,336	3,282,501	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	71,185	4,908,163	29	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,384,731	44,610,906	412,068	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	85,898,360	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,227	120,505,824	2,957,401	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	155	2,884,946	0	0	76.01
76.02	03952	CARDIAC REHAB	0	8,822	7,260,061	250	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,950,697	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,421	108,255	0	0	90.00
91.00	09100	EMERGENCY	0	442,694	59,802,764	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	258,664	30,967,231	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1	3,961	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	138,826	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	100,591	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,034	25,709,551	1,455,366,577	20,386,293	59,344	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	15,400	0	15,252	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	1	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	4,339	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	27	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	76	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	51	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	1,038	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	131	39,062	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)	283,834	5,775,572	7,547,069	369,042	152,865	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.145904	0.224463	0.005186	0.018089	2.575913	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,152	701,291	286,458	4,339	73,083	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.133789	0.027255	0.000197	0.000213	1.231515	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
					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						17.00
17.01	01701	SOCIAL SERVICE - SURREY	31,034					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		1,931			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			1,931		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	1,084	1,084	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	171	171	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	11	11	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,279	0	102	102	0	44.00
46.00	04600	OTHER LONG TERM CARE	18,755	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	1	1	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	12	12	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	35	35	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	35	35	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	99	99	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	74	74	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
					21.00	22.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	71	71	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	44	44	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	44	44	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	79	79	0	90.00
91.00	09100	EMERGENCY	0	0	65	65	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)	31,034	100	1,927	1,927	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	4	4	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)	426,117	0	4,053,124	2,004,718	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.730650	0.000000	2,098.976696	1,038.176075	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,123	0	52,275	27,598	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.165077	0.000000	27.071466	14.292077	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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	90,154	23.01
23.02	02302	PHARMACY EDUCATION		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	52,081	30.00
31.00	03100	INTENSIVE CARE UNIT	3,524	31.00
32.00	03200	CORONARY CARE UNIT	3,515	32.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,279	44.00
46.00	04600	OTHER LONG TERM CARE	18,755	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	50.02
50.03	05002	PAIN MGMT CENTER	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	50.04
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	TDOC RADIOLOGY	0	54.01
54.02	05402	CDI RADIOLOGY	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
57.01	05701	TDOC CT SCAN	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
58.01	05801	TDOC - MRI	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/30/2020 9:30 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)	90,154	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)	360,387	571,950	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.997460	5,719.500000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	69,608	20,459	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.772101	204.590000	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 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 9:30 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	62,265,358		62,265,358		698,658	62,964,016	30.00
31.00	03100	INTENSIVE CARE UNIT	6,865,277		6,865,277		54,875	6,920,152	31.00
32.00	03200	CORONARY CARE UNIT	7,977,330		7,977,330		1,117	7,978,447	32.00
43.00	04300	NURSERY	9,034,731		9,034,731		0	9,034,731	43.00
44.00	04400	SKILLED NURSING FACILITY	5,171,407		5,171,407		0	5,171,407	44.00
46.00	04600	OTHER LONG TERM CARE	6,093,036		6,093,036		0	6,093,036	46.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,333,911		39,333,911		304,455	39,638,366	50.00
50.01	03650	VASCULAR ACCESS CENTER	842,784		842,784		318,500	1,161,284	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	929,341		929,341		0	929,341	50.02
50.03	05002	PAIN MGMT CENTER	0		0		0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,525,077		3,525,077		0	3,525,077	50.04
51.00	05100	RECOVERY ROOM	2,708,825		2,708,825		0	2,708,825	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,064,999		3,064,999		0	3,064,999	52.00
53.00	05300	ANESTHESIOLOGY	856,401		856,401		0	856,401	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,508,400		14,508,400		0	14,508,400	54.00
54.01	05401	TD0C RADIOLOGY	928,904		928,904		0	928,904	54.01
54.02	05402	CDI RADIOLOGY	12,330,541		12,330,541		0	12,330,541	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	3,175,891		3,175,891		0	3,175,891	57.00
57.01	05701	TD0C CT SCAN	428,518		428,518		0	428,518	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,133,189		1,133,189		0	1,133,189	58.00
58.01	05801	TD0C - MRI	568,198		568,198		0	568,198	58.01
59.00	05900	CARDIAC CATHETERIZATION	4,734,696		4,734,696		0	4,734,696	59.00
60.00	06000	LABORATORY	18,671,234		18,671,234		0	18,671,234	60.00
64.00	06400	INTRAVENOUS THERAPY	41,206,429		41,206,429		36,746	41,243,175	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	281,901		281,901		0	281,901	64.01
65.00	06500	RESPIRATORY THERAPY	3,537,947	0	3,537,947		0	3,537,947	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1,907	0	1,907		0	1,907	65.01
66.00	06600	PHYSICAL THERAPY	9,253,776	0	9,253,776		0	9,253,776	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,256,553	0	2,256,553		0	2,256,553	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	965,983	0	965,983		0	965,983	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,415,562	0	1,415,562		0	1,415,562	67.00
68.00	06800	SPEECH PATHOLOGY	328,652	0	328,652		0	328,652	68.00
69.00	06900	ELECTROCARDIOLOGY	3,323,134		3,323,134		0	3,323,134	69.00
69.01	06901	TD0C - ELECTROCARDIOLOGY	1,715,228		1,715,228		0	1,715,228	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	600,549		600,549		0	600,549	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,530,224		3,530,224		1,039	3,531,263	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,862,169		15,862,169		0	15,862,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,493,153		43,493,153		0	43,493,153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,574,111		20,574,111		0	20,574,111	73.00
74.00	07400	RENAL DIALYSIS	0		0		0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0		0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0		0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,245,475		1,245,475		0	1,245,475	76.01
76.02	03952	CARDIAC REHAB	4,366,457		4,366,457		0	4,366,457	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,592,384		1,592,384		0	1,592,384	76.03
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	58,817		58,817		0	58,817	90.00
91.00	09100	EMERGENCY	9,741,462		9,741,462		400,332	10,141,794	91.00
91.01	09101	URGENT CARE CENTERS	15,208,963		15,208,963		0	15,208,963	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	206,566		206,566		0	206,566	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,749,381		5,749,381		0	5,749,381	92.00
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,493,325		6,493,325		0	6,493,325	101.00
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	3,401,710		3,401,710			3,401,710	116.00
200.00		Subtotal (see instructions)	401,559,866	0	401,559,866		1,815,722	403,375,588	200.00
201.00		Less Observation Beds	5,749,381		5,749,381			5,749,381	201.00
202.00		Total (see instructions)	395,810,485	0	395,810,485		1,815,722	397,626,207	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 9:30 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	125,025,450		125,025,450		30.00
31.00	03100	INTENSIVE CARE UNIT	16,871,244		16,871,244		31.00
32.00	03200	CORONARY CARE UNIT	20,074,179		20,074,179		32.00
43.00	04300	NURSERY	8,628,675		8,628,675		43.00
44.00	04400	SKILLED NURSING FACILITY	4,522,449		4,522,449		44.00
46.00	04600	OTHER LONG TERM CARE	6,239,443		6,239,443		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,277,654	52,677,744	91,955,398	0.427750	0.000000
50.01	03650	VASCULAR ACCESS CENTER	34,532	10,360,528	10,395,060	0.081075	0.000000
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,300,845	4,300,845	0.216083	0.000000
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,889,190	11,935,226	14,824,416	0.237789	0.000000
51.00	05100	RECOVERY ROOM	3,178,154	5,389,303	8,567,457	0.316176	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,653,772	1,326,724	5,980,496	0.512499	0.000000
53.00	05300	ANESTHESIOLOGY	7,557,335	10,535,696	18,093,031	0.047333	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,020,693	64,813,109	78,833,802	0.184038	0.000000
54.01	05401	TDOC RADIOLOGY	97,082	9,946,972	10,044,054	0.092483	0.000000
54.02	05402	CDI RADIOLOGY	59,856	61,073,813	61,133,669	0.201698	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	22,461,590	49,772,048	72,233,638	0.043967	0.000000
57.01	05701	TDOC CT SCAN	82,254	10,460,247	10,542,501	0.040647	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,254,495	9,039,622	13,294,117	0.085240	0.000000
58.01	05801	TDOC - MRI	36,129	10,160,053	10,196,182	0.055727	0.000000
59.00	05900	CARDIAC CATHETERIZATION	19,680,099	35,015,128	54,695,227	0.086565	0.000000
60.00	06000	LABORATORY	70,318,172	87,467,183	157,785,355	0.118333	0.000000
64.00	06400	INTRAVENOUS THERAPY	1,757,710	175,998,250	177,755,960	0.231815	0.000000
64.01	06401	BRAIN & SPINE INFUSION CENTER	9,780	728,464	738,244	0.381853	0.000000
65.00	06500	RESPIRATORY THERAPY	14,177,133	1,085,803	15,262,936	0.231800	0.000000
65.01	06501	RESPIRATORY THERAPY - SURREY	13,443	0	13,443	0.141858	0.000000
66.00	06600	PHYSICAL THERAPY	6,019,270	14,256,610	20,275,880	0.456393	0.000000
66.01	06601	PHYSICAL THERAPY - SURREY	5,411,974	171,591	5,583,565	0.404142	0.000000
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,335	1,787,797	1,789,132	0.539917	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,723,828	607,318	4,331,146	0.326833	0.000000
68.00	06800	SPEECH PATHOLOGY	869,880	129,011	998,891	0.329017	0.000000
69.00	06900	ELECTROCARDIOLOGY	18,149,808	16,699,374	34,849,182	0.095358	0.000000
69.01	06901	TDOC - ELECTROCARDIOLOGY	859	24,256,625	24,257,484	0.070709	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	578,763	2,703,738	3,282,501	0.182955	0.000000
70.01	07001	SLEEP MEDICINE CLINIC	9,295	4,898,897	4,908,192	0.719251	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,577,905	18,445,069	45,022,974	0.352313	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,152,602	41,745,758	85,898,360	0.506333	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	87,044,981	36,418,244	123,463,225	0.166642	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	2,204,316	680,630	2,884,946	0.431715	0.000000
76.02	03952	CARDIAC REHAB	1,573,427	5,686,884	7,260,311	0.601415	0.000000
76.03	03950	HYPERBARIC OXYGEN THERAPY	9,827	2,940,870	2,950,697	0.539664	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	150	108,105	108,255	0.543319	0.000000
91.00	09100	EMERGENCY	24,739,888	35,062,876	59,802,764	0.162893	0.000000
91.01	09101	URGENT CARE CENTERS	92	30,967,140	30,967,232	0.491131	0.000000
91.02	04950	ADULT DOWN SYNDROME CENTER	0	3,961	3,961	52.149962	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,903,040	17,203,862	19,106,902	0.300906	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,836,350	5,836,350		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	3,947,392	3,947,392		116.00
200.00		Subtotal (see instructions)	608,891,753	876,644,860	1,485,536,613		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	608,891,753	876,644,860	1,485,536,613		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		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	0.431061		50.00
50.01	03650	VASCULAR ACCESS CENTER	0.111715		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.216083		50.02
50.03	05002	PAIN MGMT CENTER	0.000000		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.237789		50.04
51.00	05100	RECOVERY ROOM	0.316176		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.512499		52.00
53.00	05300	ANESTHESIOLOGY	0.047333		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184038		54.00
54.01	05401	TDOC RADIOLOGY	0.092483		54.01
54.02	05402	CDI RADIOLOGY	0.201698		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.043967		57.00
57.01	05701	TDOC CT SCAN	0.040647		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085240		58.00
58.01	05801	TDOC - MRI	0.055727		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086565		59.00
60.00	06000	LABORATORY	0.118333		60.00
64.00	06400	INTRAVENOUS THERAPY	0.232021		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.381853		64.01
65.00	06500	RESPIRATORY THERAPY	0.231800		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.141858		65.01
66.00	06600	PHYSICAL THERAPY	0.456393		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404142		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.539917		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.326833		67.00
68.00	06800	SPEECH PATHOLOGY	0.329017		68.00
69.00	06900	ELECTROCARDIOLOGY	0.095358		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070709		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182955		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.719463		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352313		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506333		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166642		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	0.431715		76.01
76.02	03952	CARDIAC REHAB	0.601415		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.539664		76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.543319		90.00
91.00	09100	EMERGENCY	0.169587		91.00
91.01	09101	URGENT CARE CENTERS	0.491131		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	52.149962		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300906		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 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 9:30 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,265,358		62,265,358	698,658
31.00	03100	INTENSIVE CARE UNIT	6,865,277		6,865,277	54,875
32.00	03200	CORONARY CARE UNIT	7,977,330		7,977,330	1,117
43.00	04300	NURSERY	9,034,731		9,034,731	0
44.00	04400	SKILLED NURSING FACILITY	5,171,407		5,171,407	0
46.00	04600	OTHER LONG TERM CARE	6,093,036		6,093,036	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,333,911		39,333,911	304,455
50.01	03650	VASCULAR ACCESS CENTER	842,784		842,784	318,500
50.02	05001	PAIN MGMT - BRAIN & SPINE	929,341		929,341	0
50.03	05002	PAIN MGMT CENTER	0		0	0
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,525,077		3,525,077	0
51.00	05100	RECOVERY ROOM	2,708,825		2,708,825	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,064,999		3,064,999	0
53.00	05300	ANESTHESIOLOGY	856,401		856,401	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,508,400		14,508,400	0
54.01	05401	TDOC RADIOLOGY	928,904		928,904	0
54.02	05402	CDI RADIOLOGY	12,330,541		12,330,541	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	0		0	0
57.00	05700	CT SCAN	3,175,891		3,175,891	0
57.01	05701	TDOC CT SCAN	428,518		428,518	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,133,189		1,133,189	0
58.01	05801	TDOC - MRI	568,198		568,198	0
59.00	05900	CARDIAC CATHETERIZATION	4,734,696		4,734,696	0
60.00	06000	LABORATORY	18,671,234		18,671,234	0
64.00	06400	INTRAVENOUS THERAPY	41,206,429		41,206,429	36,746
64.01	06401	BRAIN & SPINE INFUSION CENTER	281,901		281,901	0
65.00	06500	RESPIRATORY THERAPY	3,537,947	0	3,537,947	0
65.01	06501	RESPIRATORY THERAPY - SURREY	1,907	0	1,907	0
66.00	06600	PHYSICAL THERAPY	9,253,776	0	9,253,776	0
66.01	06601	PHYSICAL THERAPY - SURREY	2,256,553	0	2,256,553	0
66.02	06602	THERAPY SVCS - BRAIN & SPINE	965,983	0	965,983	0
67.00	06700	OCCUPATIONAL THERAPY	1,415,562	0	1,415,562	0
68.00	06800	SPEECH PATHOLOGY	328,652	0	328,652	0
69.00	06900	ELECTROCARDIOLOGY	3,323,134		3,323,134	0
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,715,228		1,715,228	0
70.00	07000	ELECTROENCEPHALOGRAPHY	600,549		600,549	0
70.01	07001	SLEEP MEDICINE CLINIC	3,530,224		3,530,224	1,039
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,862,169		15,862,169	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,493,153		43,493,153	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,574,111		20,574,111	0
74.00	07400	RENAL DIALYSIS	0		0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0
76.01	03951	NUTRITION/DIABETES EDUCATION	1,245,475		1,245,475	0
76.02	03952	CARDIAC REHAB	4,366,457		4,366,457	0
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,592,384		1,592,384	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	58,817		58,817	0
91.00	09100	EMERGENCY	9,741,462		9,741,462	400,332
91.01	09101	URGENT CARE CENTERS	15,208,963		15,208,963	0
91.02	04950	ADULT DOWN SYNDROME CENTER	206,566		206,566	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,749,381		5,749,381	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,493,325		6,493,325	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	3,401,710		3,401,710	0
200.00		Subtotal (see instructions)	401,559,866	0	401,559,866	1,815,722
201.00		Less Observation Beds	5,749,381		5,749,381	0
202.00		Total (see instructions)	395,810,485	0	395,810,485	1,815,722

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 9:30 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	125,025,450		125,025,450		30.00
31.00	03100	INTENSIVE CARE UNIT	16,871,244		16,871,244		31.00
32.00	03200	CORONARY CARE UNIT	20,074,179		20,074,179		32.00
43.00	04300	NURSERY	8,628,675		8,628,675		43.00
44.00	04400	SKILLED NURSING FACILITY	4,522,449		4,522,449		44.00
46.00	04600	OTHER LONG TERM CARE	6,239,443		6,239,443		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,277,654	52,677,744	91,955,398	0.427750	0.000000
50.01	03650	VASCULAR ACCESS CENTER	34,532	10,360,528	10,395,060	0.081075	0.000000
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,300,845	4,300,845	0.216083	0.000000
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,889,190	11,935,226	14,824,416	0.237789	0.000000
51.00	05100	RECOVERY ROOM	3,178,154	5,389,303	8,567,457	0.316176	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,653,772	1,326,724	5,980,496	0.512499	0.000000
53.00	05300	ANESTHESIOLOGY	7,557,335	10,535,696	18,093,031	0.047333	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,020,693	64,813,109	78,833,802	0.184038	0.000000
54.01	05401	TDOC RADIOLOGY	97,082	9,946,972	10,044,054	0.092483	0.000000
54.02	05402	CDI RADIOLOGY	59,856	61,073,813	61,133,669	0.201698	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	22,461,590	49,772,048	72,233,638	0.043967	0.000000
57.01	05701	TDOC CT SCAN	82,254	10,460,247	10,542,501	0.040647	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,254,495	9,039,622	13,294,117	0.085240	0.000000
58.01	05801	TDOC - MRI	36,129	10,160,053	10,196,182	0.055727	0.000000
59.00	05900	CARDIAC CATHETERIZATION	19,680,099	35,015,128	54,695,227	0.086565	0.000000
60.00	06000	LABORATORY	70,318,172	87,467,183	157,785,355	0.118333	0.000000
64.00	06400	INTRAVENOUS THERAPY	1,757,710	175,998,250	177,755,960	0.231815	0.000000
64.01	06401	BRAIN & SPINE INFUSION CENTER	9,780	728,464	738,244	0.381853	0.000000
65.00	06500	RESPIRATORY THERAPY	14,177,133	1,085,803	15,262,936	0.231800	0.000000
65.01	06501	RESPIRATORY THERAPY - SURREY	13,443	0	13,443	0.141858	0.000000
66.00	06600	PHYSICAL THERAPY	6,019,270	14,256,610	20,275,880	0.456393	0.000000
66.01	06601	PHYSICAL THERAPY - SURREY	5,411,974	171,591	5,583,565	0.404142	0.000000
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,335	1,787,797	1,789,132	0.539917	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,723,828	607,318	4,331,146	0.326833	0.000000
68.00	06800	SPEECH PATHOLOGY	869,880	129,011	998,891	0.329017	0.000000
69.00	06900	ELECTROCARDIOLOGY	18,149,808	16,699,374	34,849,182	0.095358	0.000000
69.01	06901	TDOC - ELECTROCARDIOLOGY	859	24,256,625	24,257,484	0.070709	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	578,763	2,703,738	3,282,501	0.182955	0.000000
70.01	07001	SLEEP MEDICINE CLINIC	9,295	4,898,897	4,908,192	0.719251	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,577,905	18,445,069	45,022,974	0.352313	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,152,602	41,745,758	85,898,360	0.506333	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	87,044,981	36,418,244	123,463,225	0.166642	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	2,204,316	680,630	2,884,946	0.431715	0.000000
76.02	03952	CARDIAC REHAB	1,573,427	5,686,884	7,260,311	0.601415	0.000000
76.03	03950	HYPERBARIC OXYGEN THERAPY	9,827	2,940,870	2,950,697	0.539664	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	150	108,105	108,255	0.543319	0.000000
91.00	09100	EMERGENCY	24,739,888	35,062,876	59,802,764	0.162893	0.000000
91.01	09101	URGENT CARE CENTERS	92	30,967,140	30,967,232	0.491131	0.000000
91.02	04950	ADULT DOWN SYNDROME CENTER	0	3,961	3,961	52.149962	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,903,040	17,203,862	19,106,902	0.300906	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,836,350	5,836,350		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	3,947,392	3,947,392		116.00
200.00		Subtotal (see instructions)	608,891,753	876,644,860	1,485,536,613		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	608,891,753	876,644,860	1,485,536,613		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
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 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/30/2020 9:30 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	6,420,244	0	6,420,244	57,561	111.54	30.00	
31.00	INTENSIVE CARE UNIT	455,529		455,529	3,524	129.26	31.00	
32.00	CORONARY CARE UNIT	631,195		631,195	3,515	179.57	32.00	
43.00	NURSERY	929,048		929,048	4,059	228.89	43.00	
44.00	SKILLED NURSING FACILITY	196,561		196,561	12,279	16.01	44.00	
200.00	Total (lines 30 through 199)	8,632,577		8,632,577	80,938		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	21,714	2,421,980					30.00
31.00	INTENSIVE CARE UNIT	2,647	342,151					31.00
32.00	CORONARY CARE UNIT	1,358	243,856					32.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	9,070	145,211					44.00
200.00	Total (lines 30 through 199)	34,789	3,153,198					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,017,061	91,955,398	0.032810	22,126,227	725,962	50.00
50.01	03650	VASCULAR ACCESS CENTER	324,903	10,395,060	0.031256	8,153	255	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	169,248	4,300,845	0.039352	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	467,912	14,824,416	0.031564	1,371,387	43,286	50.04
51.00	05100	RECOVERY ROOM	225,641	8,567,457	0.026337	1,432,391	37,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,640	5,980,496	0.088227	401	35	52.00
53.00	05300	ANESTHESIOLOGY	31,675	18,093,031	0.001751	4,566,107	7,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,032,687	78,833,802	0.025784	5,682,020	146,505	54.00
54.01	05401	TDOC RADIOLOGY	120,947	10,044,054	0.012042	49,013	590	54.01
54.02	05402	CDI RADIOLOGY	2,406,178	61,133,669	0.039359	54,052	2,127	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	195,181	72,233,638	0.002702	10,175,065	27,493	57.00
57.01	05701	TDOC CT SCAN	59,444	10,542,501	0.005639	57,162	322	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	186,040	13,294,117	0.013994	1,713,383	23,977	58.00
58.01	05801	TDOC - MRI	99,778	10,196,182	0.009786	20,376	199	58.01
59.00	05900	CARDIAC CATHETERIZATION	578,958	54,695,227	0.010585	9,185,005	97,223	59.00
60.00	06000	LABORATORY	1,116,980	157,785,355	0.007079	29,887,239	211,572	60.00
64.00	06400	INTRAVENOUS THERAPY	518,392	177,755,960	0.002916	744,712	2,172	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	50,065	738,244	0.067816	5,258	357	64.01
65.00	06500	RESPIRATORY THERAPY	114,993	15,262,936	0.007534	6,409,424	48,289	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	447	13,443	0.033252	7,597	253	65.01
66.00	06600	PHYSICAL THERAPY	1,209,907	20,275,880	0.059672	2,082,286	124,254	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	39,410	5,583,565	0.007058	1,685,753	11,898	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	157,372	1,789,132	0.087960	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	18,192	4,331,146	0.004200	1,247,589	5,240	67.00
68.00	06800	SPEECH PATHOLOGY	6,921	998,891	0.006929	267,564	1,854	68.00
69.00	06900	ELECTROCARDIOLOGY	256,418	34,849,182	0.007358	8,595,330	63,244	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	206,172	24,257,484	0.008499	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	83,370	3,282,501	0.025398	277,003	7,035	70.00
70.01	07001	SLEEP MEDICINE CLINIC	383,439	4,908,192	0.078122	5,324	416	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	401,034	45,022,974	0.008907	817,375	7,280	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	248,794	85,898,360	0.002896	19,192,304	55,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	397,824	123,463,225	0.003222	33,456,132	107,796	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	54,294	2,884,946	0.018820	1,279,805	24,086	76.01
76.02	03952	CARDIAC REHAB	483,170	7,260,311	0.066549	612,463	40,759	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	296,306	2,950,697	0.100419	7,897	793	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	973	108,255	0.008988	0	0	90.00
91.00	09100	EMERGENCY	549,184	59,802,764	0.009183	9,613,555	88,281	91.00
91.01	09101	URGENT CARE CENTERS	1,811,114	30,967,232	0.058485	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	55,758	3,961	14.076748	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	586,247	19,106,902	0.030682	0	0	92.00
200.00		Total (lines 50 through 199)	19,490,069	1,294,391,431		172,635,352	1,914,854	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0179		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/30/2020 9:30 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	208,192	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	14,087	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	14,051	0	32.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	0	49,085	0	44.00			
200.00		Total (lines 30 through 199)	0	0	0	285,415	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	208,192	57,561	3.62	21,714	30.00			
31.00	03100	INTENSIVE CARE UNIT		14,087	3,524	4.00	2,647	31.00			
32.00	03200	CORONARY CARE UNIT		14,051	3,515	4.00	1,358	32.00			
43.00	04300	NURSERY		0	4,059	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY		49,085	12,279	4.00	9,070	44.00			
200.00		Total (lines 30 through 199)		285,415	80,938		34,789	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	78,605	0				30.00			
31.00	03100	INTENSIVE CARE UNIT	10,588	0				31.00			
32.00	03200	CORONARY CARE UNIT	5,432	0				32.00			
43.00	04300	NURSERY	0	0				43.00			
44.00	04400	SKILLED NURSING FACILITY	36,280					44.00			
200.00		Total (lines 30 through 199)	130,905	0				200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/30/2020 9:30 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	571,950	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	19,013	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	590,963	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/30/2020 9:30 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	91,955,398	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER		0	0	0	10,395,060	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0	0	0	4,300,845	0.000000	50.02
50.03	05002	PAIN MGMT CENTER		0	0	0	0	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		0	0	0	14,824,416	0.000000	50.04
51.00	05100	RECOVERY ROOM		0	0	0	8,567,457	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,980,496	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,093,031	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	78,833,802	0.000000	54.00
54.01	05401	TDOC RADIOLOGY		0	0	0	10,044,054	0.000000	54.01
54.02	05402	CDI RADIOLOGY		0	0	0	61,133,669	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	72,233,638	0.000000	57.00
57.01	05701	TDOC CT SCAN		0	0	0	10,542,501	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	13,294,117	0.000000	58.00
58.01	05801	TDOC - MRI		0	0	0	10,196,182	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	54,695,227	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	157,785,355	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	177,755,960	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0	0	0	738,244	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	15,262,936	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0	0	0	13,443	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	20,275,880	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0	0	0	5,583,565	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0	0	0	1,789,132	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,331,146	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	998,891	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	34,849,182	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0	0	0	24,257,484	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,282,501	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC		0	0	0	4,908,192	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	45,022,974	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	85,898,360	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	571,950	571,950	123,463,225	0.004633	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	2,884,946	0.000000	76.01
76.02	03952	CARDIAC REHAB		0	0	0	7,260,311	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0	0	0	2,950,697	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	108,255	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	59,802,764	0.000000	91.00
91.01	09101	URGENT CARE CENTERS		0	0	0	30,967,232	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		0	0	0	3,961	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	19,013	19,013	19,106,902	0.000995	92.00
200.00		Total (lines 50 through 199)		0	590,963	590,963	1,294,391,431		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/30/2020 9:30 am

				Title XVIII		Hospital	PPS	
	Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	22,126,227	0	22,216,631	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000	8,153	0	1,411,590	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000	0	0	1,090,619	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	1,371,387	0	3,827,658	0	50.04
51.00	05100	RECOVERY ROOM	0.000000	1,432,391	0	1,363,496	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	401	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	4,566,107	0	3,061,647	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,682,020	0	20,194,109	0	54.00
54.01	05401	TDOC RADIOLOGY	0.000000	49,013	0	4,333,813	0	54.01
54.02	05402	CDI RADIOLOGY	0.000000	54,052	0	12,521,426	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	10,175,065	0	16,997,966	0	57.00
57.01	05701	TDOC CT SCAN	0.000000	57,162	0	3,449,298	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,713,383	0	2,922,093	0	58.00
58.01	05801	TDOC - MRI	0.000000	20,376	0	2,599,643	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,185,005	0	14,723,304	0	59.00
60.00	06000	LABORATORY	0.000000	29,887,239	0	11,153,764	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	744,712	0	68,804,039	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000	5,258	0	125,882	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.000000	6,409,424	0	287,526	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	7,597	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	2,082,286	0	255,016	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000	1,685,753	0	4,742	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000	0	0	28,491	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,247,589	0	20,271	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	267,564	0	18,856	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,595,330	0	6,596,923	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000	0	0	9,216,719	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	277,003	0	797,091	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000	5,324	0	1,299,958	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	817,375	0	48,842	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	19,192,304	0	15,919,417	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004633	33,456,132	155,002	19,828,859	91,867	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	1,279,805	0	169,808	0	76.01
76.02	03952	CARDIAC REHAB	0.000000	612,463	0	2,455,535	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000	7,897	0	782,804	0	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	558	0	90.00
91.00	09100	EMERGENCY	0.000000	9,613,555	0	8,366,165	0	91.00
91.01	09101	URGENT CARE CENTERS	0.000000	0	0	2,043,619	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000	0	0	2,874	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000995	0	0	1,611,175	1,603	92.00
200.00	Total (lines 50 through 199)			172,635,352	155,002	260,552,227	93,470	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/30/2020 9:30 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					
50.01	03650	VASCULAR ACCESS CENTER	0	0					
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0					
50.03	05002	PAIN MGMT CENTER	0	0					
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	05401	TDOC RADIOLOGY	0	0					
54.02	05402	CDI RADIOLOGY	0	0					
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					
56.00	05600	RADIOISOTOPE	0	0					
57.00	05700	CT SCAN	0	0					
57.01	05701	TDOC CT SCAN	0	0					
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					
58.01	05801	TDOC - MRI	0	0					
59.00	05900	CARDIAC CATHETERIZATION	0	0					
60.00	06000	LABORATORY	0	0					
64.00	06400	INTRAVENOUS THERAPY	0	0					
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
66.01	06601	PHYSICAL THERAPY - SURREY	0	0					
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					
70.01	07001	SLEEP MEDICINE CLINIC	0	0					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					
74.00	07400	RENAL DIALYSIS	0	0					
75.00	07500	ASC (NON-DISTINCT PART)	0	0					
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0					
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0					
76.02	03952	CARDIAC REHAB	0	0					
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					
91.00	09100	EMERGENCY	0	0					
91.01	09101	URGENT CARE CENTERS	0	0					
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					
200.00	Total (lines 50 through 199)		0	0					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0179		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/30/2020 9:30 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		0.427750	22,216,631	0	41	9,503,164	50.00
50.01	03650	VASCULAR ACCESS CENTER		0.081075	1,411,590	0	17	114,445	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0.216083	1,090,619	0	0	235,664	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		0.237789	3,827,658	0	0	910,175	50.04
51.00	05100	RECOVERY ROOM		0.316176	1,363,496	0	12	431,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.512499	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.047333	3,061,647	0	0	144,917	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.184038	20,194,109	6	1,728	3,716,483	54.00
54.01	05401	TDOC RADIOLOGY		0.092483	4,333,813	3	943	400,804	54.01
54.02	05402	CDI RADIOLOGY		0.201698	12,521,426	1	357	2,525,547	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		0.043967	16,997,966	3	847	747,350	57.00
57.01	05701	TDOC CT SCAN		0.040647	3,449,298	0	67	140,204	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.085240	2,922,093	0	106	249,079	58.00
58.01	05801	TDOC - MRI		0.055727	2,599,643	0	77	144,870	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.086565	14,723,304	1	291	1,274,523	59.00
60.00	06000	LABORATORY		0.118333	11,153,764	0	6	1,319,858	60.00
64.00	06400	INTRAVENOUS THERAPY		0.231815	68,804,039	214	60,846	15,949,808	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0.381853	125,882	0	0	48,068	64.01
65.00	06500	RESPIRATORY THERAPY		0.231800	287,526	0	0	66,649	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0.141858	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.456393	255,016	0	0	116,388	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0.404142	4,742	0	0	1,916	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0.539917	28,491	0	0	15,383	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.326833	20,271	0	0	6,625	67.00
68.00	06800	SPEECH PATHOLOGY		0.329017	18,856	0	0	6,204	68.00
69.00	06900	ELECTROCARDIOLOGY		0.095358	6,596,923	1	157	629,069	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0.070709	9,216,719	0	116	651,705	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.182955	797,091	0	0	145,832	70.00
70.01	07001	SLEEP MEDICINE CLINIC		0.719251	1,299,958	0	0	934,996	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.352313	48,842	0	37	17,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.506333	15,919,417	0	0	8,060,526	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.166642	19,828,859	53	15,195	3,304,321	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		0.431715	169,808	0	0	73,309	76.01
76.02	03952	CARDIAC REHAB		0.601415	2,455,535	0	0	1,476,796	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0.539664	782,804	1	252	422,451	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.543319	558	0	0	303	90.00
91.00	09100	EMERGENCY		0.162893	8,366,165	0	13	1,362,790	91.00
91.01	09101	URGENT CARE CENTERS		0.491131	2,043,619	0	1	1,003,685	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		52.149962	2,874	0	0	149,879	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.300906	1,611,175	0	0	484,812	92.00
200.00		Subtotal (see instructions)			260,552,227	283	81,109	56,786,911	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			260,552,227	283	81,109	56,786,911	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/30/2020 9:30 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	18	50.00	
50.01	03650	VASCULAR ACCESS CENTER	0	1	50.01	
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02	
50.03	05002	PAIN MGMT CENTER	0	0	50.03	
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04	
51.00	05100	RECOVERY ROOM	0	4	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	1	318	54.00	
54.01	05401	TDOC RADIOLOGY	0	87	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	37	57.00	
57.01	05701	TDOC CT SCAN	0	3	57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9	58.00	
58.01	05801	TDOC - MRI	0	4	58.01	
59.00	05900	CARDIAC CATHETERIZATION	0	25	59.00	
60.00	06000	LABORATORY	0	1	60.00	
64.00	06400	INTRAVENOUS THERAPY	50	14,105	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	15	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	13	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	9	2,532	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00	
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00	
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	76.01	
76.02	03952	CARDIAC REHAB	0	0	76.02	
76.03	03950	HYPERBARIC OXYGEN THERAPY	1	136	76.03	
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	2	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)	61	17,390	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	61	17,390	202.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/30/2020 9:30 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	571,950	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	571,950	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/30/2020 9:30 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) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	91,955,398	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER		0	0	0	10,395,060	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0	0	0	4,300,845	0.000000	50.02
50.03	05002	PAIN MGMT CENTER		0	0	0	0	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		0	0	0	14,824,416	0.000000	50.04
51.00	05100	RECOVERY ROOM		0	0	0	8,567,457	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,980,496	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,093,031	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	78,833,802	0.000000	54.00
54.01	05401	TDOC RADIOLOGY		0	0	0	10,044,054	0.000000	54.01
54.02	05402	CDI RADIOLOGY		0	0	0	61,133,669	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	72,233,638	0.000000	57.00
57.01	05701	TDOC CT SCAN		0	0	0	10,542,501	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	13,294,117	0.000000	58.00
58.01	05801	TDOC - MRI		0	0	0	10,196,182	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	54,695,227	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	157,785,355	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	177,755,960	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0	0	0	738,244	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	15,262,936	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0	0	0	13,443	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	20,275,880	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0	0	0	5,583,565	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0	0	0	1,789,132	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,331,146	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	998,891	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	34,849,182	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0	0	0	24,257,484	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,282,501	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC		0	0	0	4,908,192	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	45,022,974	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	85,898,360	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	571,950	571,950	123,463,225	0.004633	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	2,884,946	0.000000	76.01
76.02	03952	CARDIAC REHAB		0	0	0	7,260,311	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0	0	0	2,950,697	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	108,255	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	59,802,764	0.000000	91.00
91.01	09101	URGENT CARE CENTERS		0	0	0	30,967,232	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		0	0	0	3,961	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	19,106,902	0.000000	92.00
200.00		Total (lines 50 through 199)		0	571,950	571,950	1,294,391,431		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/30/2020 9:30 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	65,591	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER		0.000000	10	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0.000000	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER		0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		0.000000	2,985	0	0	0	50.04
51.00	05100	RECOVERY ROOM		0.000000	6,058	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	42,285	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	46,772	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY		0.000000	201	0	0	0	54.01
54.02	05402	CDI RADIOLOGY		0.000000	13	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	5,395	0	0	0	57.00
57.01	05701	TDOC CT SCAN		0.000000	5	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	9	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	12,022	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	355,716	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	3,093	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0.000000	15	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY		0.000000	15,472	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0.000000	204	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	1,059,584	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0.000000	947,131	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	777,320	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	135,611	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,355	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0.000000	859	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	36	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	20,653	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	19	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.004633	2,206,660	10,223	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	6,255	0	0	0	76.01
76.02	03952	CARDIAC REHAB		0.000000	14	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	171	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS		0.000000	17	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)			5,711,531	10,223	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/30/2020 9:30 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

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/30/2020 9:30 am

			Title XIX		Hospital		11/30/2020 9:30 am 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	0.427750	0	929,166	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.081075	0	270,134	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.216083	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	0.237789	0	17,449	0	0	50.04
51.00	05100	RECOVERY ROOM	0.316176	0	100,348	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.512499	0	179,708	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.047333	0	174,561	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184038	0	433,948	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.092483	0	87,127	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.201698	0	428,698	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	0.043967	0	625,377	0	0	57.00
57.01	05701	TDOC CT SCAN	0.040647	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085240	0	59,225	0	0	58.00
58.01	05801	TDOC - MRI	0.055727	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086565	0	289,616	0	0	59.00
60.00	06000	LABORATORY	0.118333	0	834,800	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.231815	0	1,678,712	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.381853	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.231800	0	26,659	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.141858	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.456393	0	33,072	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404142	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.539917	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.326833	0	3,561	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.329017	0	292	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095358	0	128,730	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070709	0	51,684	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182955	0	1,075	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.719251	0	152,864	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352313	0	376,947	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506333	0	196,565	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166642	0	354,783	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	0.431715	0	2,133	0	0	76.01
76.02	03952	CARDIAC REHAB	0.601415	0	23,243	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.539664	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.543319	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.162893	0	1,505,963	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.491131	0	1,797,553	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	52.149962	0	796	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300906	0	253,425	0	0	92.00
200.00		Subtotal (see instructions)		0	11,018,214	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	11,018,214	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0179		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/30/2020 9:30 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	397,451	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	21,901	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	4,149	0		50.04
51.00	05100	RECOVERY ROOM	31,728	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,100	0		52.00
53.00	05300	ANESTHESIOLOGY	8,262	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,863	0		54.00
54.01	05401	TDOC RADIOLOGY	8,058	0		54.01
54.02	05402	CDI RADIOLOGY	86,468	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	27,496	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,048	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	25,071	0		59.00
60.00	06000	LABORATORY	98,784	0		60.00
64.00	06400	INTRAVENOUS THERAPY	389,151	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	6,180	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	15,094	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	1,164	0		67.00
68.00	06800	SPEECH PATHOLOGY	96	0		68.00
69.00	06900	ELECTROCARDIOLOGY	12,275	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	3,655	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	197	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	109,948	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	132,803	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99,527	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,122	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	921	0		76.01
76.02	03952	CARDIAC REHAB	13,979	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	245,311	0		91.00
91.01	09101	URGENT CARE CENTERS	882,834	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	41,511	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	76,257	0		92.00
200.00		Subtotal (see instructions)	2,976,404	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,976,404	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/30/2020 9:30 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,561	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,561	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.		84,979	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		-32,674	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) (see instructions)		21,714	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)		62,964,016	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)		62,964,016	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		120,615,893	28.00
29.00	Private room charges (excluding swing-bed charges)		66,000,365	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		54,615,528	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.522021	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		776.67	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		-1,671.53	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		2,448.20	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		1,278.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		108,604,012	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		-45,639,996	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,093.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,752,293	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		23,752,293	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/30/2020 9:30 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,920,152	3,524	1,963.72	2,647	5,197,967
44.00	CORONARY CARE UNIT	7,978,447	3,515	2,269.83	1,358	3,082,429
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					39,323,201
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					71,355,890
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,102,612
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,069,856
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,172,468
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,183,422
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					5,256
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,093.87
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,749,381

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/30/2020 9:30 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	6,420,244	62,964,016	0.101967	5,749,381	586,247	90.00
91.00 Nursing School cost	0	62,964,016	0.000000	5,749,381	0	91.00
92.00 Allied health cost	208,192	62,964,016	0.003307	5,749,381	19,013	92.00
93.00 All other Medical Education	0	62,964,016	0.000000	5,749,381	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/30/2020 9:30 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)		12,279	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,279	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)		12,279	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) (see instructions)		9,070	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)		5,171,407	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)		5,171,407	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)		5,171,407	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 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/30/2020 9:30 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)				5,171,407	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				421.16	71.00
72.00 Program routine service cost (line 9 x line 71)				3,819,921	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)				3,819,921	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)				3,819,921	83.00
84.00 Program inpatient ancillary services (see instructions)				1,632,226	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)				5,452,147	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 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/30/2020 9:30 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 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/30/2020 9:30 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)			57,561 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			57,561 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.			84,979 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			-32,674 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) (see instructions)			679 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)			4,059 15.00
16.00	Nursery days (title V or XIX only)			42 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)			62,265,358 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)			62,265,358 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			120,615,893 28.00
29.00	Private room charges (excluding swing-bed charges)			66,000,365 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			54,615,528 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.516228 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			776.67 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			-1,671.53 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			2,448.20 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			1,263.83 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			107,399,010 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			-45,133,652 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)			-784.10 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			-532,404 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)			-532,404 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/30/2020 9:30 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)	9,034,731	4,059	2,225.85	42	93,486	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,865,277	3,524	1,948.15	91	177,282	43.00
44.00	CORONARY CARE UNIT	7,977,330	3,515	2,269.51	2	4,539	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)					1,506,260	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,249,163	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)					5,256	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,081.73	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,685,573	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/30/2020 9:30 am

		Title XIX		Hospital	Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,420,244	62,265,358	0.103111	5,685,573	586,245
91.00	Nursing School cost	0	62,265,358	0.000000	5,685,573	0
92.00	Allied health cost	0	62,265,358	0.000000	5,685,573	0
93.00	All other Medical Education	0	62,265,358	0.000000	5,685,573	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/30/2020 9:30 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		54,290,871		30.00
31.00	03100	INTENSIVE CARE UNIT		13,202,139		31.00
32.00	03200	CORONARY CARE UNIT		916,961		32.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.431061	22,126,227	9,537,754	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.111715	8,153	911	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.216083	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	0.237789	1,371,387	326,101	50.04
51.00	05100	RECOVERY ROOM	0.316176	1,432,391	452,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.512499	401	206	52.00
53.00	05300	ANESTHESIOLOGY	0.047333	4,566,107	216,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184038	5,682,020	1,045,708	54.00
54.01	05401	TDOC RADIOLOGY	0.092483	49,013	4,533	54.01
54.02	05402	CDI RADIOLOGY	0.201698	54,052	10,902	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	0.043967	10,175,065	447,367	57.00
57.01	05701	TDOC CT SCAN	0.040647	57,162	2,323	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085240	1,713,383	146,049	58.00
58.01	05801	TDOC - MRI	0.055727	20,376	1,135	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086565	9,185,005	795,100	59.00
60.00	06000	LABORATORY	0.118333	29,887,239	3,536,647	60.00
64.00	06400	INTRAVENOUS THERAPY	0.232021	744,712	172,789	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.381853	5,258	2,008	64.01
65.00	06500	RESPIRATORY THERAPY	0.231800	6,409,424	1,485,704	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.141858	7,597	1,078	65.01
66.00	06600	PHYSICAL THERAPY	0.456393	2,082,286	950,341	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404142	1,685,753	681,284	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.539917	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.326833	1,247,589	407,753	67.00
68.00	06800	SPEECH PATHOLOGY	0.329017	267,564	88,033	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095358	8,595,330	819,633	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070709	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182955	277,003	50,679	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.719463	5,324	3,830	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352313	817,375	287,972	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506333	19,192,304	9,717,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166642	33,456,132	5,575,197	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	0.431715	1,279,805	552,511	76.01
76.02	03952	CARDIAC REHAB	0.601415	612,463	368,344	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.539664	7,897	4,262	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.543319	0	0	90.00
91.00	09100	EMERGENCY	0.169587	9,613,555	1,630,334	91.00
91.01	09101	URGENT CARE CENTERS	0.491131	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	52.149962	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300906	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		172,635,352	39,323,201	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)		172,635,352		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/30/2020 9:30 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		41,246		30.00
31.00	03100 INTENSIVE CARE UNIT		4,246		31.00
32.00	03200 CORONARY CARE UNIT		1,596		32.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.431061	65,591	28,274	50.00
50.01	03650 VASCULAR ACCESS CENTER	0.111715	10	1	50.01
50.02	05001 PAIN MGMT - BRAIN & SPINE	0.216083	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	0.237789	2,985	710	50.04
51.00	05100 RECOVERY ROOM	0.316176	6,058	1,915	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.512499	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.047333	42,285	2,001	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.184038	46,772	8,608	54.00
54.01	05401 TDOC RADIOLOGY	0.092483	201	19	54.01
54.02	05402 CDI RADIOLOGY	0.201698	13	3	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.043967	5,395	237	57.00
57.01	05701 TDOC CT SCAN	0.040647	5	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085240	9	1	58.00
58.01	05801 TDOC - MRI	0.055727	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.086565	12,022	1,041	59.00
60.00	06000 LABORATORY	0.118333	355,716	42,093	60.00
64.00	06400 INTRAVENOUS THERAPY	0.232021	3,093	718	64.00
64.01	06401 BRAIN & SPINE INFUSION CENTER	0.381853	15	6	64.01
65.00	06500 RESPIRATORY THERAPY	0.231800	15,472	3,586	65.00
65.01	06501 RESPIRATORY THERAPY - SURREY	0.141858	204	29	65.01
66.00	06600 PHYSICAL THERAPY	0.456393	1,059,584	483,587	66.00
66.01	06601 PHYSICAL THERAPY - SURREY	0.404142	947,131	382,775	66.01
66.02	06602 THERAPY SVCS - BRAIN & SPINE	0.539917	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.326833	777,320	254,054	67.00
68.00	06800 SPEECH PATHOLOGY	0.329017	135,611	44,618	68.00
69.00	06900 ELECTROCARDIOLOGY	0.095358	1,355	129	69.00
69.01	06901 TDOC - ELECTROCARDIOLOGY	0.070709	859	61	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182955	36	7	70.00
70.01	07001 SLEEP MEDICINE CLINIC	0.719463	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352313	20,653	7,276	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.506333	19	10	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166642	2,206,660	367,722	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	0.431715	6,255	2,700	76.01
76.02	03952 CARDIAC REHAB	0.601415	14	8	76.02
76.03	03950 HYPERBARIC OXYGEN THERAPY	0.539664	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.543319	0	0	90.00
91.00	09100 EMERGENCY	0.169587	171	29	91.00
91.01	09101 URGENT CARE CENTERS	0.491131	17	8	91.01
91.02	04950 ADULT DOWN SYNDROME CENTER	52.149962	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.300906	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,711,531	1,632,226	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)		5,711,531		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/30/2020 9:30 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		2,446,256	30.00
31.00	03100	INTENSIVE CARE UNIT		464,854	31.00
32.00	03200	CORONARY CARE UNIT		318,889	32.00
43.00	04300	NURSERY		1,063,821	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.427750	349,010	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.081075	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.216083	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.237789	19,427	50.04
51.00	05100	RECOVERY ROOM	0.316176	19,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.512499	551,681	52.00
53.00	05300	ANESTHESIOLOGY	0.047333	69,057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184038	202,498	54.00
54.01	05401	TDOC RADIOLOGY	0.092483	0	54.01
54.02	05402	CDI RADIOLOGY	0.201698	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	0.043967	344,773	57.00
57.01	05701	TDOC CT SCAN	0.040647	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085240	61,287	58.00
58.01	05801	TDOC - MRI	0.055727	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086565	176,964	59.00
60.00	06000	LABORATORY	0.118333	1,668,912	60.00
64.00	06400	INTRAVENOUS THERAPY	0.231815	29,274	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.381853	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.231800	348,702	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.141858	0	65.01
66.00	06600	PHYSICAL THERAPY	0.456393	57,529	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.404142	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.539917	1,259	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.326833	36,036	67.00
68.00	06800	SPEECH PATHOLOGY	0.329017	14,764	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095358	260,746	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.070709	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182955	20,827	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.719251	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352313	449,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506333	241,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166642	1,919,720	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	0.431715	43,743	76.01
76.02	03952	CARDIAC REHAB	0.601415	17,334	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.539664	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.543319	0	90.00
91.00	09100	EMERGENCY	0.162893	0	91.00
91.01	09101	URGENT CARE CENTERS	0.491131	75	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	52.149962	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300906	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,903,843	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)		6,903,843	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/30/2020 9:30 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)		13,641,100	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		40,923,300	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		307,108	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		921,323	2.04
3.00	Managed Care Simulated Payments		30,838,323	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		366.55	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)		2.23	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).		2.00	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)		39.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		39.68	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)		39.68	12.00
13.00	Total allowable FTE count for the prior year.		38.71	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.		38.70	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		38.70	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.105579	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.105374	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.105374	21.00
22.00	IME payment adjustment (see instructions)		3,050,259	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,723,924	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)		-0.13	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)		3,050,259	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,723,924	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)		2.73	31.00
32.00	Sum of lines 30 and 31		3.85	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 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/30/2020 9:30 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)	58,843,090			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0		48.00
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		60,567,014		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,767,722		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).		1,830,028		52.00
53.00	Nursing and Allied Health Managed Care payment		72,857		53.00
54.00	Special add-on payments for new technologies		18,281		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).		94,625		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		155,002		58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,505,529		59.00
60.00	Primary payer payments		146,172		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,359,357		61.00
62.00	Deductibles billed to program beneficiaries		5,473,644		62.00
63.00	Coinsurance billed to program beneficiaries		79,772		63.00
64.00	Allowable bad debts (see instructions)		421,742		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		274,132		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,105		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,080,073		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)		485,358		70.93
70.94	HRR adjustment amount (see instructions)		-3,978		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/30/2020 9:30 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)		62,561,453	71.00
71.01	Sequestration adjustment (see instructions)		1,044,776	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		61,397,906	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		118,771	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		538,447	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)	1.0098649883	1.0098121275	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	0.9999	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 07/01/2019
To 06/30/2020

Worksheet DSH

Date/Time Prepared:
11/30/2020 9:30 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)	1.12	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	2.73	0.00			2.73	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	3.85	0.00			2.73	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)	366.55	0.00			366.55	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)	1.12	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)	794	0			794	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)	20	0			20	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)	938	0			938	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)	1,752	0			1,752	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	63,403	0			63,403	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	829	0			829	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	64,232	0			64,232	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	2.73	0.00			2.73	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE				Provider CCN: 26-0179		Period: From 07/01/2019 To 06/30/2020		Worksheet DSH Date/Time Prepared: 11/30/2020 9:30 am	
				Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised			
		Condition	Percentage	Condition	Percentage	Condition			
		1.00	2.00	3.00	4.00	5.00			
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE									
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00		
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	0.00		0.00	True	29.00		
30.00	Line 28 or 29 as applicable		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		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 07/01/2019 To 06/30/2020	Worksheet DSH Date/Time Prepared: 11/30/2020 9:30 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 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/30/2020 9:30 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,451	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		56,693,441	2.00
3.00	OPPS payments		54,936,165	3.00
4.00	Outlier payment (see instructions)		19,546	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		93,470	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,451	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		81,392	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)		81,392	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)		81,392	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		63,941	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)		17,451	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)		55,049,181	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		9	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		9,443,132	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)		45,623,491	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,303,003	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)		46,926,494	30.00
31.00	Primary payer payments		57,623	31.00
32.00	Subtotal (line 30 minus line 31)		46,868,871	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)		324,206	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		210,734	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		40,089	36.00
37.00	Subtotal (see instructions)		47,079,605	37.00
38.00	MSP-LCC reconciliation amount from PS&R		25,040	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)		47,054,565	40.00
40.01	Sequestration adjustment (see instructions)		785,811	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		46,185,639	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		83,115	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
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 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/30/2020 9:30 am	
		Title XVIII	Hospital	PPS	
				Overrides	
				1.00	
WORKSHEET OVERRIDE VALUES					
112.00	Override of Ancillary service charges (line 12)				0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/30/2020 9:30 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		61,397,906		46,185,639	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		61,397,906		46,185,639	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		118,771		83,115	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		61,516,677		46,268,754	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

Period:

Worksheet E-1

Component CCN: 26-5414

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/30/2020 9:30 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				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		3,871,429		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,871,429		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		49,074		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,920,503		0	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 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/30/2020 9:30 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 07/01/2019 To 06/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 11/30/2020 9:30 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)			4,622,812 1.00
2.00	Routine service other pass through costs			36,280 2.00
3.00	Ancillary service other pass through costs			10,223 3.00
4.00	Subtotal (sum of lines 1 through 3)			4,669,315 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			684,052 7.00
8.00	Allowable bad debts (see instructions)			21,561 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			14,015 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)			3,999,278 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)			3,999,278 15.00
15.01	Sequestration adjustment (see instructions)			78,775 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			234 15.75
16.00	Interim payments			3,871,429 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, 15.75, 16, and 17)			48,840 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 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2020 9:30 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		1,249,163		1.00
2.00	Medical and other services			2,976,404	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,249,163	2,976,404	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)		1,249,163	2,976,404	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		6,903,843	11,018,214	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)		6,903,843	11,018,214	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)		6,903,843	11,018,214	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,654,680	8,041,810	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)		1,249,163	2,976,404	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	0	24.00
25.00	Capital exception payments (see instructions)		0	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)		1,249,163	2,976,404	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)		1,249,163	2,976,404	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,249,163	2,976,404	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,249,163	2,976,404	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		129,396		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,378,559	2,976,404	40.00
41.00	Interim payments		1,911,169	2,146,830	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-532,610	829,574	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 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2020 9:30 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	0	24.00
25.00	Capital exception payments (see instructions)		0	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	0	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	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	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	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	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 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 11/30/2020 9:30 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))					2.00	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)					39.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					39.68	6.00
7.00	Enter the lesser of line 5 or line 6					39.52	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.	39.67		0.00		39.67	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.	39.51		0.00		39.51	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	39.51		0.00			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	38.51		0.00			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.52		0.00			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	38.51		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	38.51		0.00			17.00
18.00	Per resident amount	121,118.80		114,688.82			18.00
19.00	Approved amount for resident costs	4,664,285		0		4,664,285	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)					0.16	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)					110,462.94	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)					4,664,285	25.00
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	25,719		15,806		0	
27.00	Total Inpatient Days (see instructions)	60,173		60,173		60,173	
28.00	Ratio of inpatient days to total inpatient days	0.427418		0.262676		0.000000	
29.00	Program direct GME amount	1,993,599		1,225,196		0	
29.01	Percent reduction for MA DGME			7.00		7.00	
30.00	Reduction for direct GME payments for Medicare Advantage			85,764		0	
31.00	Net Program direct GME amount					3,133,031	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/30/2020 9:30 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)			79,845,126	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)			146,172	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			79,698,954	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			56,804,362	42.00
43.00	Primary payer payments (see instructions)			57,623	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			56,746,739	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			136,445,693	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.584108	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.415892	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			3,133,031	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,830,028	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,303,003	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/30/2020 9:30 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))			2.00	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)			39.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			39.68	6.00
7.00	Enter the lesser of line 5 or line 6			39.52	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.	39.67	0.00	39.67	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.	39.51	0.00	39.51	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	39.51	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	38.51	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.52	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	38.51	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	38.51	0.00		17.00
18.00	Per resident amount	121,118.80	114,688.82		18.00
19.00	Approved amount for resident costs	4,664,285	0	4,664,285	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)			0.16	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)			110,462.94	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)			4,664,285	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	797	938		26.00
27.00	Total Inpatient Days (see instructions)	60,173	60,173		27.00
28.00	Ratio of inpatient days to total inpatient days	0.013245	0.015588		28.00
29.00	Program direct GME amount	61,778	72,707	134,485	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		5,089	5,089	30.00
31.00	Net Program direct GME amount			129,396	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/30/2020 9:30 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)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		129,396	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			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 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/30/2020 9:30 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	78,970,828	0	0	0	1.00
2.00 Temporary investments	755,000	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	173,304,490	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-108,207,975	0	0	0	6.00
7.00 Inventory	8,433,646	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	42,429,619	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)	195,685,608	0	0	0	11.00
FIXED ASSETS					
12.00 Land	17,267,851	0	0	0	12.00
13.00 Land improvements	13,324,938	0	0	0	13.00
14.00 Accumulated depreciation	-8,809,133	0	0	0	14.00
15.00 Buildings	374,320,872	0	0	0	15.00
16.00 Accumulated depreciation	-239,310,140	0	0	0	16.00
17.00 Leasehold improvements	12,323,179	0	0	0	17.00
18.00 Accumulated depreciation	-7,447,871	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	271,184,553	0	0	0	23.00
24.00 Accumulated depreciation	-217,990,349	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)	214,928,548	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	328,667,326	6,256,939	19,857,490	29,240	34.00
35.00 Total other assets (sum of lines 31-34)	328,667,326	6,256,939	19,857,490	29,240	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	739,281,482	6,256,939	19,857,490	29,240	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	15,920,752	0	0	0	37.00
38.00 Salaries, wages, and fees payable	33,128,035	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	7,454,256	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	66,329,992	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	122,833,035	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	128,807,270	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	33,433,072	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	162,240,342	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	285,073,377	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	454,208,105				52.00
53.00 Specific purpose fund		6,256,939			53.00
54.00 Donor created - endowment fund balance - restricted			19,857,490		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)	454,208,105	6,256,939	19,857,490	29,240	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	739,281,482	6,256,939	19,857,490	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/30/2020 9:30 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		7,937,978		19,993,999		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,534,458				2.00
3.00	Total (sum of line 1 and line 2)		9,472,436		19,993,999		3.00
4.00	ADDITIONS	26,150,235		935,783		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)		26,150,235		935,783		10.00
11.00	Subtotal (line 3 plus line 10)		35,622,671		20,929,782		11.00
12.00	DEDUCTIONS	2,616,822		0		136,509	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)		2,616,822		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		33,005,849		20,929,782		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)	136,509		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	-107,269		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	133,654,125		133,654,125	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	4,522,449		4,522,449	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	6,239,443		6,239,443	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	144,416,017		144,416,017	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,871,244		16,871,244	11.00
12.00	CORONARY CARE UNIT	20,074,179		20,074,179	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)	36,945,423		36,945,423	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	181,361,440		181,361,440	17.00
18.00	Ancillary services	427,463,507	866,927,924	1,294,391,431	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		5,836,350	5,836,350	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	3,947,392	3,947,392	26.00
27.00	MEDICAL GROUP	0	156,704,106	156,704,106	27.00
27.01	NON-REIMB/PRO FEES	0	18,661,281	18,661,281	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	608,824,947	1,052,077,053	1,660,902,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		467,326,422		29.00
30.00	MEDICAL GROUP EXPENSE	109,814,436			30.00
31.00	FRA EXPENSE	22,979,616			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)		132,794,052		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		600,120,474		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/30/2020 9:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,660,902,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,127,358,495	2.00
3.00	Net patient revenues (line 1 minus line 2)	533,543,505	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	600,120,474	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-66,576,969	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	4,622,280	6.00
7.00	Income from investments	30,281,723	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	1,850,117	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.)	4,050	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	211,288	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	11,557,469	22.00
23.00	Governmental appropriations	0	23.00
24.00	JOINT VENTURE REVENUE	3,527,444	24.00
24.01	OTHER OPERATING	1,342,353	24.01
24.02	RETAIL PHARMACY	7,839,920	24.02
24.03	MEDICAL GROUP OTHER INCOME	11,505,878	24.03
24.04	ASSETS RELEASED FROM RESTRICTIONS	499,996	24.04
24.05	GAIN ON SALE OF ASSETS, NET	1,905	24.05
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	73,244,423	25.00
26.00	Total (line 5 plus line 25)	6,667,454	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
27.01	LOSS ON EARLY RETIREMENT OF DEBT	1,133,000	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	5,132,996	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,534,458	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0179

Period:

Worksheet H

HHA CCN: 26-7561

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

11/30/2020 9:30 am

Home 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	957,006	248,822	2,822	0	259,375	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,356,013	352,564	94,524	0	1,803,101	6.00
7.00	Physical Therapy	970,352	252,292	54,033	0	1,276,677	7.00
8.00	Occupational Therapy	392,355	102,012	28,689	0	523,056	8.00
9.00	Speech Pathology	31,862	8,284	3,090	0	43,236	9.00
10.00	Medical Social Services	122,914	31,958	999	0	155,871	10.00
11.00	Home Health Aide	12,662	3,292	3,135	0	19,089	11.00
12.00	Supplies (see instructions)	0	0	0	0	105,095	12.00
13.00	Drugs	0	0	0	0	3,836	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)	3,843,164	999,224	187,292	0	368,306	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	-280,920	1,187,105	-52,888	1,134,217		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-352,564	1,450,537	0	1,450,537		6.00
7.00	Physical Therapy	-252,292	1,024,385	0	1,024,385		7.00
8.00	Occupational Therapy	-102,012	421,044	0	421,044		8.00
9.00	Speech Pathology	-8,284	34,952	0	34,952		9.00
10.00	Medical Social Services	-31,958	123,913	0	123,913		10.00
11.00	Home Health Aide	-3,292	15,797	0	15,797		11.00
12.00	Supplies (see instructions)	0	105,095	0	105,095		12.00
13.00	Drugs	0	3,836	0	3,836		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)	-1,031,322	4,366,664	-52,888	4,313,776		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST					Provider CCN: 26-0179 HHA CCN: 26-7561		Period: From 07/01/2019 To 06/30/2020		Worksheet H-1 Part I Date/Time Prepared: 11/30/2020 9:30 am	
							Home Health Agency I		PPS	
		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	0	4.00		
5.00	Administrative and General	1,134,217	0	0	0	0	1,134,217	5.00		
HHA REIMBURSABLE SERVICES										
6.00	Skilled Nursing Care	1,450,537	0	0	0	0	1,450,537	6.00		
7.00	Physical Therapy	1,024,385	0	0	0	0	1,024,385	7.00		
8.00	Occupational Therapy	421,044	0	0	0	0	421,044	8.00		
9.00	Speech Pathology	34,952	0	0	0	0	34,952	9.00		
10.00	Medical Social Services	123,913	0	0	0	0	123,913	10.00		
11.00	Home Health Aide	15,797	0	0	0	0	15,797	11.00		
12.00	Supplies (see instructions)	105,095	0	0	0	0	105,095	12.00		
13.00	Drugs	3,836	0	0	0	0	3,836	13.00		
14.00	DME	0	0	0	0	0	0	14.00		
HHA NONREIMBURSABLE SERVICES										
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00		
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00		
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00		
18.00	Clinic	0	0	0	0	0	0	18.00		
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00		
20.00	Day Care Program	0	0	0	0	0	0	20.00		
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00		
22.00	Homemaker Service	0	0	0	0	0	0	22.00		
23.00	All Others (specify)	0	0	0	0	0	0	23.00		
23.50	Telemedicine	0	0	0	0	0	0	23.50		
24.00	Total (sum of lines 1-23)	4,313,776	0	0	0	0	4,313,776	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	1,134,217						5.00		
HHA REIMBURSABLE SERVICES										
6.00	Skilled Nursing Care	517,439	1,967,976					6.00		
7.00	Physical Therapy	365,420	1,389,805					7.00		
8.00	Occupational Therapy	150,195	571,239					8.00		
9.00	Speech Pathology	12,468	47,420					9.00		
10.00	Medical Social Services	44,202	168,115					10.00		
11.00	Home Health Aide	5,635	21,432					11.00		
12.00	Supplies (see instructions)	37,490	142,585					12.00		
13.00	Drugs	1,368	5,204					13.00		
14.00	DME	0	0					14.00		
HHA NONREIMBURSABLE SERVICES										
15.00	Home Dialysis Aide Services	0	0					15.00		
16.00	Respiratory Therapy	0	0					16.00		
17.00	Private Duty Nursing	0	0					17.00		
18.00	Clinic	0	0					18.00		
19.00	Health Promotion Activities	0	0					19.00		
20.00	Day Care Program	0	0					20.00		
21.00	Home Delivered Meals Program	0	0					21.00		
22.00	Homemaker Service	0	0					22.00		
23.00	All Others (specify)	0	0					23.00		
23.50	Telemedicine	0	0					23.50		
24.00	Total (sum of lines 1-23)		4,313,776					24.00		

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-1

HHA CCN: 26-7561

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/30/2020 9:30 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	-1,134,217	3,179,559
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	279	279	279	0	0	1,450,537
7.00	Physical Therapy	153	153	153	0	0	1,024,385
8.00	Occupational Therapy	66	66	66	0	0	421,044
9.00	Speech Pathology	5	5	5	0	0	34,952
10.00	Medical Social Services	30	30	30	0	0	123,913
11.00	Home Health Aide	6	6	6	0	0	15,797
12.00	Supplies (see instructions)	0	0	0	0	0	105,095
13.00	Drugs	0	0	0	0	0	3,836
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,343	1,343	1,343	0	-1,134,217	3,179,559
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,134,217
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.356721

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/30/2020 9:30 amHome Health
Agency I

PPS

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				4.00	5.01	
1.00	Administrative and General	0	12,767	16,273	0	257,044	6,622	1.00
2.00	Skilled Nursing Care	1,967,976	4,430	5,647	0	376,855	10,347	2.00
3.00	Physical Therapy	1,389,805	2,429	3,097	0	269,674	5,794	3.00
4.00	Occupational Therapy	571,239	1,048	1,336	0	109,041	2,483	4.00
5.00	Speech Pathology	47,420	79	101	0	8,855	414	5.00
6.00	Medical Social Services	168,115	476	607	0	34,160	1,242	6.00
7.00	Home Health Aide	21,432	95	121	0	3,519	414	7.00
8.00	Supplies (see instructions)	142,585	0	0	0	0	0	8.00
9.00	Drugs	5,204	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,313,776	21,324	27,182	0	1,059,148	27,316	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	292,706	0	0	0	292,706	576	1.00
2.00	Skilled Nursing Care	2,365,255	0	0	0	2,365,255	4,658	2.00
3.00	Physical Therapy	1,670,799	0	0	0	1,670,799	3,290	3.00
4.00	Occupational Therapy	685,147	0	0	0	685,147	1,349	4.00
5.00	Speech Pathology	56,869	0	0	0	56,869	112	5.00
6.00	Medical Social Services	204,600	0	0	0	204,600	403	6.00
7.00	Home Health Aide	25,581	0	0	0	25,581	50	7.00
8.00	Supplies (see instructions)	142,585	0	0	0	142,585	281	8.00
9.00	Drugs	5,204	0	0	0	5,204	10	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)	5,448,746	0	0	0	5,448,746	10,729	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 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/30/2020 9:30 amHome Health
Agency I

PPS

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	293,282	50,345	27,839	1,369	0	0	1.00
2.00	Skilled Nursing Care	2,369,913	406,819	9,661	0	0	0	2.00
3.00	Physical Therapy	1,674,089	287,374	5,298	0	0	0	3.00
4.00	Occupational Therapy	686,496	117,844	2,285	0	0	0	4.00
5.00	Speech Pathology	56,981	9,781	173	0	0	0	5.00
6.00	Medical Social Services	205,003	35,191	1,039	0	0	0	6.00
7.00	Home Health Aide	25,631	4,400	208	0	0	0	7.00
8.00	Supplies (see instructions)	142,866	24,524	0	3,248	0	0	8.00
9.00	Drugs	5,214	895	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)	5,459,475	937,173	46,503	4,617	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	8,618	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,991	0	0	0	0	2.00
3.00	Physical Therapy	0	1,640	0	0	0	0	3.00
4.00	Occupational Therapy	0	707	0	0	0	0	4.00
5.00	Speech Pathology	0	54	0	0	0	0	5.00
6.00	Medical Social Services	0	322	0	0	0	0	6.00
7.00	Home Health Aide	0	64	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	14,396	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 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/30/2020 9:30 am

Cost Center Description		CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	Home Health Agency I MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	PPS
		11.01	13.00	13.01	14.00	16.00	16.01	
1.00	Administrative and General	0	0	0	7,571	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	23,590	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	31,161	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-SALARIES & 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 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/30/2020 9:30 amHome Health
Agency I

PPS

Cost Center Description		CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	389,024	0	389,024		1.00
2.00	Skilled Nursing Care	0	0	2,789,384	0	2,789,384	177,769	2.00
3.00	Physical Therapy	0	0	1,968,401	0	1,968,401	125,444	3.00
4.00	Occupational Therapy	0	0	807,332	0	807,332	51,450	4.00
5.00	Speech Pathology	0	0	66,989	0	66,989	4,269	5.00
6.00	Medical Social Services	0	0	241,555	0	241,555	15,394	6.00
7.00	Home Health Aide	0	0	30,303	0	30,303	1,931	7.00
8.00	Supplies (see instructions)	0	0	194,228	0	194,228	12,378	8.00
9.00	Drugs	0	0	6,109	0	6,109	389	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	6,493,325	0	6,493,325	389,024	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.						0.063729	21.00
Cost Center Description		Total HHA Costs 28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	2,967,153						2.00
3.00	Physical Therapy	2,093,845						3.00
4.00	Occupational Therapy	858,782						4.00
5.00	Speech Pathology	71,258						5.00
6.00	Medical Social Services	256,949						6.00
7.00	Home Health Aide	32,234						7.00
8.00	Supplies (see instructions)	206,606						8.00
9.00	Drugs	6,498						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)	6,493,325						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 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/30/2020 9:30 amHome Health
Agency I

PPS

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	924,906	16	-292,706	1.00
2.00	Skilled Nursing Care	279	279	0	1,356,013	25	-2,365,255	2.00
3.00	Physical Therapy	153	153	0	970,352	14	-1,670,799	3.00
4.00	Occupational Therapy	66	66	0	392,355	6	-685,147	4.00
5.00	Speech Pathology	5	5	0	31,862	1	-56,869	5.00
6.00	Medical Social Services	30	30	0	122,914	3	-204,600	6.00
7.00	Home Health Aide	6	6	0	12,662	1	-25,581	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	-142,585	8.00
9.00	Drugs	0	0	0	0	0	-5,204	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	3,811,064	66		20.00
21.00	Total cost to be allocated	21,324	27,182	0	1,059,148	27,316		21.00
22.00	Unit cost multiplier	15.877885	20.239762	0.000000	0.277914	413.878788		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	292,706	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,365,255	0	2.00
3.00	Physical Therapy	0	0	0	0	1,670,799	0	3.00
4.00	Occupational Therapy	0	0	0	0	685,147	0	4.00
5.00	Speech Pathology	0	0	0	0	56,869	0	5.00
6.00	Medical Social Services	0	0	0	0	204,600	0	6.00
7.00	Home Health Aide	0	0	0	0	25,581	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	142,585	0	8.00
9.00	Drugs	0	0	0	0	5,204	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		5,448,746		20.00
21.00	Total cost to be allocated	0	0	0		10,729		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.001969		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

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HHA CCN: 26-7561

From 07/01/2019

Part II

To 06/30/2020

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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	293,282	804	44,316	0	0	0	1.00
2.00	Skilled Nursing Care	2,369,913	279	0	0	0	0	2.00
3.00	Physical Therapy	1,674,089	153	0	0	0	0	3.00
4.00	Occupational Therapy	686,496	66	0	0	0	0	4.00
5.00	Speech Pathology	56,981	5	0	0	0	0	5.00
6.00	Medical Social Services	205,003	30	0	0	0	0	6.00
7.00	Home Health Aide	25,631	6	0	0	0	0	7.00
8.00	Supplies (see instructions)	142,866	0	105,096	0	0	0	8.00
9.00	Drugs	5,214	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)	5,459,475	1,343	149,412	0	0	0	20.00
21.00	Total cost to be allocated	937,173	46,503	4,617	0	0	0	21.00
22.00	Unit cost multiplier	0.171660	34.626210	0.030901	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	279	0	0	0	0	0	2.00
3.00	Physical Therapy	153	0	0	0	0	0	3.00
4.00	Occupational Therapy	66	0	0	0	0	0	4.00
5.00	Speech Pathology	5	0	0	0	0	0	5.00
6.00	Medical Social Services	30	0	0	0	0	0	6.00
7.00	Home Health Aide	6	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	14,396	0	0	0	0	0	21.00
22.00	Unit cost multiplier	10.719285	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 07/01/2019

Part II

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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	33,730	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	105,096	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	138,826	0	0	0	20.00
21.00	Total cost to be allocated	0	0	31,161	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.224461	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 07/01/2019
To 06/30/2020Part II
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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 07/01/2019
To 06/30/2020Part I
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Home Health
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Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Agency 1 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	2,967,153		2,967,153	17,231	172.20	1.00
2.00	Physical Therapy	3.00	2,093,845	0	2,093,845	11,342	184.61	2.00
3.00	Occupational Therapy	4.00	858,782	0	858,782	4,734	181.41	3.00
4.00	Speech Pathology	5.00	71,258	0	71,258	376	189.52	4.00
5.00	Medical Social Services	6.00	256,949		256,949	157	1,636.62	5.00
6.00	Home Health Aide	7.00	32,234		32,234	519	62.11	6.00
7.00	Total (sum of lines 1-6)		6,280,221	0	6,280,221	34,359		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	8,319			8.00
9.00	Physical Therapy		41180	0	5,537			9.00
10.00	Occupational Therapy		41180	0	2,485			10.00
11.00	Speech Pathology		41180	0	181			11.00
12.00	Medical Social Services		41180	0	70			12.00
13.00	Home Health Aide		41180	0	305			13.00
14.00	Total (sum of lines 8-13)			0	16,897			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	206,606	0	206,606	40,556	5.094339	15.00
16.00	Cost of Drugs	9.00	6,498	0	6,498	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	Part B		
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	8,319		0	1,432,532		1.00
2.00	Physical Therapy	0	5,537		0	1,022,186		2.00
3.00	Occupational Therapy	0	2,485		0	450,804		3.00
4.00	Speech Pathology	0	181		0	34,303		4.00
5.00	Medical Social Services	0	70		0	114,563		5.00
6.00	Home Health Aide	0	305		0	18,944		6.00
7.00	Total (sum of lines 1-6)	0	16,897		0	3,073,332		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

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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	40,556	0	0	206,606	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	1,432,532							1.00
2.00	Physical Therapy	1,022,186							2.00
3.00	Occupational Therapy	450,804							3.00
4.00	Speech Pathology	34,303							4.00
5.00	Medical Social Services	114,563							5.00
6.00	Home Health Aide	18,944							6.00
7.00	Total (sum of lines 1-6)	3,073,332							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:

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HHA CCN: 26-7561

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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	0.456393	0	0	0col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.404142	0	0	0col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.539917	0	0	0col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.326833	0	0	0col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.329017	0	0	0col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.352313	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.166642	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 11/30/2020 9:30 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	2,966,931	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	2,966,931	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	2,966,931	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	3,170,710
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	220,195
13.00	Total PPS Reimbursement - LUPA Episodes		0	133,092
14.00	Total PPS Reimbursement - PEP Episodes		0	53,182
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	57,176
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,331
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	3,635,686
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,635,686
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,635,686
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	3,635,686
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	3,635,686
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	3,575,169
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	60,517
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 07/01/2019
To 06/30/2020Date/Time Prepared:
11/30/2020 9:30 amHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,575,169	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,575,169	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		60,517	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,635,686	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 07/01/2019
To 06/30/2020Date/Time Prepared:
11/30/2020 9:30 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	529,612	982,416	1,512,028	-154,926	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	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	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	774,718	33,738	808,456	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	973	0	973	0	30.00
31.00	OCCUPATIONAL THERAPY**	270	0	270	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	51	0	51	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	118,729	7,310	126,039	0	33.00
34.00	SPIRITUAL COUNSELING**	56,608	4,815	61,423	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	83,395	15,335	98,730	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,564,356	1,043,614	2,607,970	-154,926	2,453,044

* 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 07/01/2019
To 06/30/2020Date/Time Prepared:
11/30/2020 9:30 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		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	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-61,468	1,295,634	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	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	0	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
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	808,456	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	973	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	126,039	33.00
34.00	SPIRITUAL COUNSELING**	0	61,423	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	98,730	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
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	-61,468	2,391,576	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 07/01/2019
To 06/30/2020Date/Time Prepared:
11/30/2020 9:30 am

				Hospice I		11/30/2023 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 07/01/2019
To 06/30/2020Date/Time Prepared:
11/30/2020 9:30 am

					Hospice I	11/30/2023 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	774,718	33,738	808,456	0	808,456	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	973	0	973	0	973	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	118,729	7,310	126,039	0	126,039	33.00
34.00	SPIRITUAL COUNSELING	56,608	4,815	61,423	0	61,423	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	83,395	15,335	98,730	0	98,730	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 *	1,034,744	61,198	1,095,942	0	1,095,942	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	808,456	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	973	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	126,039	33.00
34.00	SPIRITUAL COUNSELING	0	61,423	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	98,730	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	1,095,942	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 07/01/2019
To 06/30/2020Date/Time Prepared:
11/30/2020 9:30 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	7,510	7,510	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,573	9,573	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	432,522	432,522	3.00
4.00	ADMINISTRATIVE & GENERAL	1,295,634	532,880	1,828,514	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	5,070	5,070	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	22,579	22,579	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	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,095,942	0	1,095,942	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	2,391,576	1,010,134	3,401,710	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2019
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Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	7,510	7,510					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,573		9,573				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	432,522	0	0	432,522			3.00
4.00	ADMINISTRATIVE & GENERAL	1,828,514	7,510	9,573	78,811	1,924,408		4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	5,070	0	0	0	0	5,070	7.00
8.00	DIETARY	0	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	22,579	0	0	0	0	22,579	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,095,942			353,711	1,449,653		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	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	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	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00
100.00	TOTAL	3,401,710	7,510	9,573	432,522	3,401,710		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	1,924,408						4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	6,604	0			11,674		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	29,413	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	1,888,391						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	7,205	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	4,469	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	1,924,408	0	0	0	11,674	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	51,992				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0				0	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	51,992	0	0	0	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	51,992	0	0	0	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	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				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		3,390,036	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	7,205	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	4,469	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	0	0	0	0	3,401,710	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	1,265,296			3.00
4.00	ADMINISTRATIVE & GENERAL	473	473	230,552	-1,924,408	1,477,302	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	5,070	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	22,579	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	0	13.00
14.00	PHARMACY	0	0	0	0	0	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			1,034,744		1,449,653	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)	7,510	9,573	432,522		1,924,408	100.00
101.00	UNIT COST MULTIPLIER	15.877378	20.238901	0.341835		1.302650	101.00

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		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)	0	0	11,674	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	55.856459	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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Cost Center Descriptions		Hospice I				
		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	21,653				10.00
11.00	MEDICAL RECORDS		21,653			11.00
12.00	STAFF TRANSPORTATION			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	21,653	13.00
14.00	PHARMACY			0	0	21,653 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 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	21,653	21,653	0	21,653	21,653 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	51,992	0	0	0	0 100.00
101.00	UNIT COST MULTIPLIER	2.401145	0.000000	0.000000	0.000000	0.000000 101.00

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

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2019
To 06/30/2020

Part II
Date/Time Prepared:
11/30/2020 9:30 am

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 07/01/2019
To 06/30/2020

Date/Time Prepared:
11/30/2020 9:30 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	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.456393	0	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.404142	0	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.539917	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.326833	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.329017	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.166642	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.118333	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.352313	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	0.431715	0	0	0	10.01
10.02	CARDIAC REHAB	76.02	0.601415	0	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.539664	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 07/01/2019
To 06/30/2020Date/Time Prepared:
11/30/2020 9:30 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)			3,390,036 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			21,653 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			156.56 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	19,304	135	9.00
10.00	Program cost (line 8 times line 9)	3,022,234	21,136	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)			7,205 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)			4,469 16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0 17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00 18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0	19.00
20.00	Program cost (line 18 times line 19)	0	0	20.00
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,401,710 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			21,653 22.00
23.00	Average cost per diem (line 21 divided by line 22)			157.10 23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0179	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/30/2020 9:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,336,103	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		99,907	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)		164.41	3.00
4.00	Number of interns & residents (see instructions)		38.70	4.00
5.00	Indirect medical education percentage (see instructions)		6.87	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)		297,890	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		2.73	8.00
9.00	Sum of lines 7 and 8		3.85	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.78	10.00
11.00	Disproportionate share adjustment (see instructions)		33,822	11.00
12.00	Total prospective capital payments (see instructions)		4,767,722	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