

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/21/2017 8:59 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/21/2017 Time: 8:59 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by 'MERCY HOSPITAL - ST. LOUIS (26-0020) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	325,800	-145,908	0	0	1.00
2.00 Subprovider - IPF	0	18,795	77		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	344,595	-145,831	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 7:45 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: MO		4.00 Zip Code: 63141- County: ST. LOUIS					
1.00 Street: 615 S. NEW BALLAS ROAD		2.00 City: ST. LOUIS									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	'MERCY HOSPITAL - ST. LOUIS		260020	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MERCY ST. LOUIS PSYCH CENTER		26S020	41180	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00
				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.			13,414	8,852	252	992	27,372	132		
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	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 7:45 am			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06	
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00	
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.34	33.87	0.009939	64.00	
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350		0.25	16.52	0.014908	65.00
65.01		INTERNAL MEDICINE	1400		0.25	21.92	0.011276	65.01
65.02		OB/GYN	1750		0.00	20.51	0.000000	65.02

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	38.59	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	1.80	14.90	0.107784	
67.01		INTERNAL MEDICINE	1400	0.50	22.14	0.022085	
67.02		OB/GYN	1750	0.00	23.00	0.000000	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y	N	0	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			0
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	
						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	
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	
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	
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.						
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 7:45 am	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	0		118.01
					1.00 2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 7:45 am			
			1.00	2.00			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	269034	140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: MERCY HEALTH EAST COMMUNITIES	Contractor's Name: WISCONSIN PHYSICIAN SERVICE	Contractor's Number: 05301		141.00		
142.00	Street: 645 MARYVILLE CENTRE DRIVE, STE. 100	PO Box: BOX 1602			142.00		
143.00	City: ST. LOUIS, MO 63141	State: WI	Zip Code: OMAHA		143.00		
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
			1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
158.01		N	N	N	N	158.01	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 7:45 am
				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)	10/01/2012	06/30/2017	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/21/2017 7:45 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/21/2017	Y	08/21/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/21/2017 7:45 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 relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	WILLIAM		COLLETTA	41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 364-3525		645 MARYVILLE CENTRE DRIVE ST. LOUIS	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/21/2017 7:45 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.	REGIONAL DIRECTOR, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0020

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2017 7:45 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	630	229,950	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)		630	229,950	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	63	22,995	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	19	6,935	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	9	3,285	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	98	35,770	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		819	298,935	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	40	14,600		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		859				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0020

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	35,308	7,031	131,750			1.00
2.00 HMO and other (see instructions)	19,276	36,856				2.00
3.00 HMO IPF Subprovider	1,211	1,933				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)	35,308	7,031	131,750			7.00
8.00 INTENSIVE CARE UNIT	5,515	1,659	16,763			8.00
9.00 CORONARY CARE UNIT	1,595	303	6,898			9.00
10.00 BURN INTENSIVE CARE UNIT	547	583	2,950			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	2,789	29,075			12.00
13.00 NURSERY		819	19,421			13.00
14.00 Total (see instructions)	42,965	13,184	206,857	99.24	4,760.71	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,418	2,088	11,790	0.64	104.39	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	14			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				99.88	4,865.10	27.00
28.00 Observation Bed Days		903	17,081			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	974	3,060			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0020

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,466	1,868	37,728	1.00
2.00 HMO and other (see instructions)			3,496	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	8,466	1,868	37,728	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	573	439	2,385	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet S-3 Part II Date/Time Prepared: 11/21/2017 7:45 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	317,780,624	26,672	317,807,296	10,053,073.00	31.61	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		4,370,921	0	4,370,921	29,277.00	149.30	4.00
4.01	Physicians - Part A - Teaching		2,107,008	0	2,107,008	18,525.00	113.74	4.01
5.00	Physician and Non-Physician-Part B		31,821,722	0	31,821,722	260,312.00	122.24	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	5,112,609	26,672	5,139,281	192,553.00	26.69	7.00
7.01	Contracted interns and residents (in an approved programs)		944,620	0	944,620	24,706.00	38.23	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		28,768,731	-1,611,533	27,157,198	564,814.00	48.08	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		4,789,474	0	4,789,474	69,304.00	69.11	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		882,845	0	882,845	4,865.00	181.47	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		102,455,247	0	102,455,247	2,365,151.00	43.32	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		64,677,151	0	64,677,151			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		7,575,319	0	7,575,319			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		1,151,043	0	1,151,043			22.00
22.01	Physician Part A - Teaching		554,862	0	554,862			22.01
23.00	Physician Part B		8,379,968	0	8,379,968			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,346,360	0	1,346,360			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	22,456,994	-3,795,795	18,661,199	530,548.00	35.17	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

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

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2017 7:45 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati 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	
28.00	Administrative & General under contract (see inst.)		4,429	0	4,429	202.00	21.93	28.00
29.00	Maintenance & Repairs	6.00	3,083,462	0	3,083,462	119,986.00	25.70	29.00
30.00	Operation of Plant	7.00	1,472,984	0	1,472,984	76,729.00	19.20	30.00
31.00	Laundry & Linen Service	8.00	541,737	0	541,737	38,261.00	14.16	31.00
32.00	Housekeeping	9.00	5,766,865	0	5,766,865	406,905.00	14.17	32.00
33.00	Housekeeping under contract (see instructions)		36,871	0	36,871	2,969.00	12.42	33.00
34.00	Dietary	10.00	7,476,174	-113,778	7,362,396	443,837.00	16.59	34.00
35.00	Dietary under contract (see instructions)		153,320	0	153,320	10,230.00	14.99	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,484,872	-722,693	4,762,179	122,510.00	38.87	38.00
39.00	Central Services and Supply	14.00	3,298,559	0	3,298,559	200,172.00	16.48	39.00
40.00	Pharmacy	15.00	10,719,246	0	10,719,246	265,574.00	40.36	40.00
41.00	Medical Records & Medical Records Library	16.00	643,177	0	643,177	27,470.00	23.41	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

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

Worksheet S-3
Part III
Date/Time Prepared:
11/21/2017 7:45 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati 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)	277,989,285	0	277,989,285	9,570,378.00	29.05	1.00
2.00	Excluded area salaries (see instructions)	28,768,731	-1,611,533	27,157,198	564,814.00	48.08	2.00
3.00	Subtotal salaries (line 1 minus line 2)	249,220,554	1,611,533	250,832,087	9,005,564.00	27.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	108,127,566	0	108,127,566	2,439,320.00	44.33	4.00
5.00	Subtotal wage-related costs (see inst.)	65,828,194	0	65,828,194	0.00	26.24	5.00
6.00	Total (sum of lines 3 thru 5)	423,176,314	1,611,533	424,787,847	11,444,884.00	37.12	6.00
7.00	Total overhead cost (see instructions)	61,138,690	-4,632,266	56,506,424	2,245,393.00	25.17	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/21/2017 7:45 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		14,433,069	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		33,994,300	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,483,367	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		286,171	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)		762,251	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		6,822,585	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		17,038,955	17.00
18.00	Medicare Taxes - Employers Portion Only		4,353,051	18.00
19.00	Unemployment Insurance		-66,651	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		1,419,743	22.00
23.00	Tuition Reimbursement		3,157,862	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		83,684,703	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/21/2017 7:45 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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 26-0020

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

Worksheet S-7

Date/Time Prepared:
11/21/2017 7:45 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-7 Date/Time Prepared: 11/21/2017 7:45 am
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		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
		1.00	2.00

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/21/2017 7:45 am
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			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)		0.248071	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		95,912,709	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		7,990,816	5.00
6.00	Medicaid charges		351,872,077	6.00
7.00	Medicaid cost (line 1 times line 6)		87,289,258	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		533,339	9.00
10.00	Stand-alone CHIP charges		1,884,777	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		467,559	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)		50,077	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		366,095	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		90,818	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)		40,741	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		40,741	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)	55,449,013	7,562,810	63,011,823
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,755,292	7,562,810	21,318,102
22.00	Payments received from patients for amounts previously written off as charity care	479,654	487,272	966,926
23.00	Cost of charity care (line 21 minus line 22)	13,275,638	7,075,538	20,351,176
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		108,713,379	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,678,453	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,582,236	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		106,131,143	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		27,231,842	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		47,583,018	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		47,623,759	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/21/2017 7:45 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	25,202,966	25,202,966	1.00	
1.01 00101	OTHER BUILDING-MOB	0	0	2,675,695	2,675,695	1.01	
1.02 00102	OTHER BUILDING-CANCER CENTER	0	0	621,371	621,371	1.02	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	18,214,980	18,214,980	2.00	
2.01 00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	688,008	688,008	2.01	
2.02 00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	1,203,684	1,203,684	2.02	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	68,851,210	68,851,210	-7,299,539	61,551,671	4.00
5.02 00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03 00550	ADMINISTRATIVE	4,395,930	247,057	4,642,987	-48,975	4,594,012	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	18,061,064	190,453,511	208,514,575	2,503,229	211,017,804	5.04
6.00 00600	MAINTENANCE & REPAIRS	3,083,462	19,018,800	22,102,262	-5,452,820	16,649,442	6.00
7.00 00700	OPERATION OF PLANT	1,472,984	3,667,553	5,140,537	-2,417,391	2,723,146	7.00
7.01 00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02 00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03 00703	HEART HOSPITAL	0	2,501,700	2,501,700	-2,501,700	0	7.03
8.00 00800	LAUNDRY & LINEN SERVICE	541,737	366,801	908,538	3,278,145	4,186,683	8.00
9.00 00900	HOUSEKEEPING	5,766,865	65,052	5,831,917	-53,793	5,778,124	9.00
9.01 00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02 00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03 00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00 01000	DIETARY	7,476,174	6,952,998	14,429,172	-483,917	13,945,255	10.00
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,484,872	1,532,858	7,017,730	-1,963,447	5,054,283	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,298,559	1,366,431	4,664,990	-669,983	3,995,007	14.00
15.00 01500	PHARMACY	10,719,246	95,583,796	106,303,042	-93,494,968	12,808,074	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	643,177	323,331	966,508	0	966,508	16.00
17.00 01700	SOCIAL SERVICE	0	808,710	808,710	-8,890	799,820	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,112,609	1,452,578	6,565,187	-110,985	6,454,202	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,569,414	4,242,713	13,812,127	-7,669,106	6,143,021	22.00
23.00 02300	PARAMED ED PRGM	206,577	10,000	216,577	0	216,577	23.00
23.01 02301	RADIOLOGY SCHOOL	191,281	6,616	197,897	-606	197,291	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	50,742,583	16,145,913	66,888,496	-7,765,867	59,122,629	30.00
31.00 03100	INTENSIVE CARE UNIT	10,558,732	3,896,946	14,455,678	2,705,675	17,161,353	31.00
32.00 03200	CORONARY CARE UNIT	3,572,882	1,047,857	4,620,739	-219,247	4,401,492	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	1,729,080	556,501	2,285,581	-148,814	2,136,767	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	13,532,951	3,763,226	17,296,177	-1,640,960	15,655,217	35.00
40.00 04000	SUBPROVIDER - I PF	5,671,129	740,299	6,411,428	-3,154,589	3,256,839	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	103,684	109,470	213,154	5,235,272	5,448,426	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	14,787,679	65,130,855	79,918,534	-58,995,275	20,923,259	50.00
51.00 05100	RECOVERY ROOM	2,067,373	174,725	2,242,098	-114,416	2,127,682	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	10,562,536	4,953,839	15,516,375	-3,842,436	11,673,939	52.00
53.00 05300	ANESTHESIOLOGY	516,834	4,971,395	5,488,229	-3,837,457	1,650,772	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,548,869	9,170,966	17,719,835	-6,507,155	11,212,680	54.00
54.01 05401	ULTRASOUND	1,803,128	1,357,707	3,160,835	-731,749	2,429,086	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	2,380,737	5,188,258	7,568,995	-1,202,659	6,366,336	55.00
56.00 05600	RADIOISOTOPE	1,063,331	3,040,511	4,103,842	-1,860,050	2,243,792	56.00
56.01 05601	ONCOLOGY	0	0	0	0	0	56.01
57.00 05700	CT SCAN	1,048,287	1,449,321	2,497,608	-1,187,655	1,309,953	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	623,230	667,201	1,290,431	-643,732	646,699	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,492,388	4,285,272	6,777,660	-4,505,079	2,272,581	59.00
60.00 06000	LABORATORY	10,731,939	19,890,657	30,622,596	-1,139,104	29,483,492	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,615,525	2,920,237	5,535,762	-181,555	5,354,207	62.00
65.00 06500	RESPIRATORY THERAPY	8,123,287	3,327,667	11,450,954	-4,397,481	7,053,473	65.00
66.00 06600	PHYSICAL THERAPY	12,594,029	5,685,342	18,279,371	-1,193,484	17,085,887	66.00
69.00 06900	ELECTROCARDIOLOGY	6,340,833	15,606,520	21,947,353	-14,962,917	6,984,436	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	44,718,249	44,718,249	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	50,700,572	50,700,572	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,115,192	102,115,192	73.00
74.00 07400	RENAL DIALYSIS	737,387	394,564	1,131,951	-312,135	819,816	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,649,422	6,882,304	11,531,726	-4,904,513	6,627,213	75.00
76.00 03020	CARDIAC REHAB	874,394	60,750	935,144	-22,898	912,246	76.00
76.01 03030	GI LAB	3,692,498	4,350,346	8,042,844	-3,453,221	4,589,623	76.01
76.02 03040	ECT	167,707	41,750	209,457	-75,227	134,230	76.02
76.03 03050	OP PSYCH	746,576	572,736	1,319,312	-38,594	1,280,718	76.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 26-0020 Period: From 07/01/2016 To 06/30/2017 Worksheet A
 Date/Time Prepared: 11/21/2017 7:45 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	5,844,784	5,167,316	11,012,100	-3,523,494	7,488,606
90.01	09001	HYPERBARIC/OP WOUND	1,054,755	564,010	1,618,765	-279,877	1,338,888
91.00	09100	EMERGENCY	27,544,544	7,710,406	35,254,950	-3,957,171	31,297,779
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	1,533,816	415,484	1,949,300	-801,679	1,147,621
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	42,795	42,795	-43,051	-256
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	295,080,880	597,734,861	892,815,741	2,043,377	894,859,118
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	313,425	1,391,867	1,705,292	-76,181	1,629,111
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	581,821	370,051	951,872	-122,993	828,879
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,654,805	6,224,281	26,879,086	-2,921,357	23,957,729
193.00	19300	NONPAID WORKERS	104,753	89,188	193,941	-57,264	136,677
193.01	19301	MEALS ON WHEELS	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	291,571	89,037	380,608	-742	379,866
194.01	07951	HOSPICE	30,697	129,362	160,059	-7,946	152,113
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	722,672	632,651	1,355,323	1,148,582	2,503,905
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	59,806	59,806	-5,476	54,330
194.09	07960	MERCY SAFEWATCH	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118-199)	317,780,624	606,721,104	924,501,728	0	924,501,728

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

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

Worksheet A
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,181,631	30,384,597	1.00
1.01	00101	OTHER BUILDING-MOB	0	2,675,695	1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	621,371	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	12,738,539	30,953,519	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	688,008	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	1,203,684	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,109,562	85,661,233	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	5.02
5.03	00550	ADMINISTRATIVE	0	4,594,012	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-13,846,538	197,171,266	5.04
6.00	00600	MAINTENANCE & REPAIRS	12,447,019	29,096,461	6.00
7.00	00700	OPERATION OF PLANT	-211,470	2,511,676	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	-16,541	4,170,142	8.00
9.00	00900	HOUSEKEEPING	-50,013	5,728,111	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	9.03
10.00	01000	DIETARY	-5,791,113	8,154,142	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-36,890	5,017,393	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,995,007	14.00
15.00	01500	PHARMACY	-65,235	12,742,839	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,042,723	2,009,231	16.00
17.00	01700	SOCIAL SERVICE	-14,229	785,591	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-4,055	6,450,147	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,278,492	4,864,529	22.00
23.00	02300	PARAMED ED PRGM	-48,200	168,377	23.00
23.01	02301	RADIOLOGY SCHOOL	-76,055	121,236	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,458,638	55,663,991	30.00
31.00	03100	INTENSIVE CARE UNIT	-4,570,313	12,591,040	31.00
32.00	03200	CORONARY CARE UNIT	-1,695	4,399,797	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,136,767	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-134,231	15,520,986	35.00
40.00	04000	SUBPROVIDER - I PF	-115,234	3,141,605	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	5,448,426	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,319,630	18,603,629	50.00
51.00	05100	RECOVERY ROOM	-7,465	2,120,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-276,801	11,397,138	52.00
53.00	05300	ANESTHESIOLOGY	0	1,650,772	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-529,415	10,683,265	54.00
54.01	05401	ULTRASOUND	-282,469	2,146,617	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,373	6,364,963	55.00
56.00	05600	RADIOISOTOPE	0	2,243,792	56.00
56.01	05601	ONCOLOGY	0	0	56.01
57.00	05700	CT SCAN	-21,105	1,288,848	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	646,699	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,454	2,271,127	59.00
60.00	06000	LABORATORY	-118,290	29,365,202	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-44,087	5,310,120	62.00
65.00	06500	RESPIRATORY THERAPY	-28,805	7,024,668	65.00
66.00	06600	PHYSICAL THERAPY	-2,760,357	14,325,530	66.00
69.00	06900	ELECTROCARDIOLOGY	-623,301	6,361,135	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,718,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	50,700,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	102,115,192	73.00
74.00	07400	RENAL DIALYSIS	0	819,816	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-502,674	6,124,539	75.00
76.00	03020	CARDIAC REHAB	-1,880	910,366	76.00
76.01	03030	GI LAB	-19,126	4,570,497	76.01
76.02	03040	ECT	0	134,230	76.02
76.03	03050	OP PSYCH	-3,004	1,277,714	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

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

Worksheet A
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.00	09000	CLINIC	-1,757,885	5,730,721	90.00
90.01	09001	HYPERBARIC/OP WOUND	-487,767	851,121	90.01
91.00	09100	EMERGENCY	-17,385,288	13,912,491	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	AMBULATORY CARE UNIT	-4,224	1,143,397	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	-256	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,375,868	893,483,250	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,629,111	190.00
190.01	19001	VENDING MACHINES	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	190.02
191.00	19100	RESEARCH	0	828,879	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	23,957,729	192.00
193.00	19300	NONPAID WORKERS	0	136,677	193.00
193.01	19301	MEALS ON WHEELS	0	0	193.01
193.03	19303	CONVENT	0	0	193.03
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	379,866	194.00
194.01	07951	HOSPICE	0	152,113	194.01
194.02	07952	SHARED SERVICES	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	2,503,905	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	54,330	194.08
194.09	07960	MERCY SAFEWATCH	0	0	194.09
200.00		TOTAL (SUM OF LINES 118-199)	-1,375,868	923,125,860	200.00

RECLASSIFICATIONS

Provider CCN: 26-0020

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

Worksheet A-6
Date/Time Prepared:
11/21/2017 7:45 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY COSTS					
1.00	NURSERY	43.00	3,963,103	1,278,251	1.00
	O		3,963,103	1,278,251	
B - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	943,908	0	1.00
	COSTS APPRVD		943,908	0	
	O				
C - CONFIDENTIAL PAYROLL					
1.00	ADULTS & PEDIATRICS	30.00	398,062	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	345,411	1,076,632	2.00
3.00	ADULTS & PEDIATRICS	30.00	1,749,925	532,710	3.00
4.00	ADULTS & PEDIATRICS	30.00	50,000	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	4,235,644	0	5.00
6.00	OPERATING ROOM	50.00	136,969	0	6.00
7.00	RESPIRATORY THERAPY	65.00	7,500	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	177,053	0	8.00
9.00	GI LAB	76.01	5,250	0	9.00
10.00	EMERGENCY	91.00	684,000	0	10.00
	O		7,789,814	1,609,342	
D - BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23,203,119	1.00
2.00	OTHER BUILDING-MOB	1.01	0	2,675,695	2.00
3.00	OTHER BUILDING-CANCER CENTER	1.02	0	621,371	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
	O			26,500,185	
E - HOUSEKEEPING SERVICES					
1.00	OPERATION OF PLANT	7.00	0	234,851	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

RECLASSIFICATIONS

Provider CCN: 26-0020

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

Worksheet A-6

Date/Time Prepared:
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						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
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			
0			0	234,851					
F - COST OF DRUGS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	102,115,192		1.00			
2.00		0.00	0	0		2.00			
3.00		0.00	0	0		3.00			
4.00		0.00	0	0		4.00			
5.00		0.00	0	0		5.00			
6.00		0.00	0	0		6.00			
7.00		0.00	0	0		7.00			
8.00		0.00	0	0		8.00			
9.00		0.00	0	0		9.00			
10.00		0.00	0	0		10.00			
11.00		0.00	0	0		11.00			
12.00		0.00	0	0		12.00			
13.00		0.00	0	0		13.00			
14.00		0.00	0	0		14.00			
15.00		0.00	0	0		15.00			
16.00		0.00	0	0		16.00			
17.00		0.00	0	0		17.00			
18.00		0.00	0	0		18.00			
19.00		0.00	0	0		19.00			
20.00		0.00	0	0		20.00			
21.00		0.00	0	0		21.00			
22.00		0.00	0	0		22.00			
23.00		0.00	0	0		23.00			
24.00		0.00	0	0		24.00			
25.00		0.00	0	0		25.00			
26.00		0.00	0	0		26.00			
27.00		0.00	0	0		27.00			
28.00		0.00	0	0		28.00			
29.00		0.00	0	0		29.00			
30.00		0.00	0	0		30.00			
31.00		0.00	0	0		31.00			
32.00		0.00	0	0		32.00			
33.00		0.00	0	0		33.00			
34.00		0.00	0	0		34.00			
35.00		0.00	0	0		35.00			
36.00		0.00	0	0		36.00			
37.00		0.00	0	0		37.00			
38.00		0.00	0	0		38.00			
39.00		0.00	0	0		39.00			
40.00		0.00	0	0		40.00			
41.00		0.00	0	0		41.00			
42.00		0.00	0	0		42.00			
43.00		0.00	0	0		43.00			
44.00		0.00	0	0		44.00			
0			0	102,115,192					
G - PLANT MAINTENANCE									
1.00	MAINTENANCE & REPAIRS	6.00	0	412,729		1.00			
0			0	412,729					
I - PROPERTY TAX									
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,806,996		1.00			
2.00	PHYSICAL THERAPY	66.00	0	2,941		2.00			
0			0	1,809,937					
J - PENSION RECLASS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	15,047,176		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			

RECLASSIFICATIONS

Provider CCN: 26-0020

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

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00		0.00	0	0	13.00
			0	15,047,176	
K - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	192,851	1.00
			0	192,851	
L - DIETARY TECH SALARY					
1.00	SUBPROVIDER - IPF	40.00	56,842	0	1.00
2.00	CLINIC	90.00	56,936	0	2.00
			113,778	0	
M - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	18,214,980	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	688,008	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0	1,203,684	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
			0	20,106,672	
N - CRITICAL CARE FELLOWSHIP PROGRAM					
1.00	INTENSIVE CARE UNIT	31.00	940,458	4,276	1.00
2.00	CORONARY CARE UNIT	32.00	223,918	1,018	2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	223,918	1,018	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	223,918	1,018	4.00

RECLASSIFICATIONS

Provider CCN: 26-0020

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

Worksheet A-6
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
0			1,612,212	7,330		
Q - UTILITIES - SNF ADMINISTRATION						
1.00	OPERATION OF PLANT	7.00	0	12,101	1.00	
0			0	12,101		
P - STAFF BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,631,458	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	
0			0	2,631,458		
Q - PHYSICIANS' BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,706,413	1.00	
2.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	2,189	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	
0			0	3,708,602		
R - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,284,633	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	

RECLASSIFICATIONS

Provider CCN: 26-0020

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
0			0	3,284,633	
S - PATIENT PLACEMENT					
1.00	NURSING ADMINISTRATION	13.00	889,519	34,946	1.00
0			889,519	34,946	
T - INTERVENTIONAL CARE HH					
1.00	CORONARY CARE UNIT	32.00	92,224	22,592	1.00
0			92,224	22,592	
U - PACU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	9,528	602	1.00
0			9,528	602	
V - EMERGENCY DEPARTMENT ROUTINE REVENUE					
1.00	ADULTS & PEDIATRICS	30.00	658,782	193,046	1.00
0			658,782	193,046	
W - AMBULATORY CARE UNIT					
1.00	ADULTS & PEDIATRICS	30.00	450,802	48,982	1.00
0			450,802	48,982	
X - MOB HEART HOSPITAL					
1.00	OPERATION OF PLANT	7.00	0	495,868	1.00
0			0	495,868	
Y - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44,718,249	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
0			0	44,718,249	
Z - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	50,700,572	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
			0	50,700,572		
AA - CHILD CARE CENTER						
1.00	ST. JOHN'S MERCY HEALTH CARE	194.03	1,120,788	122,738		1.00
			1,120,788	122,738		
BB - BENEFITS/SALARY RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	26,672	0		1.00
			26,672	0		
CC - AMBULANCE SERVICES						
1.00	EMERGENCY	91.00	0	42,795		1.00
			0	42,795		
DD - ED CLINICAL DECISION UNIT						
1.00	ADULTS & PEDIATRICS	30.00	1,608	80		1.00
	TOTALS		1,608	80		
EE - PSYCH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	2,789,163	293,619		1.00
	TOTALS		2,789,163	293,619		
500.00	Grand Total: Increases		20,461,901	275,625,399		500.00

RECLASSIFICATIONS

Provider CCN: 26-0020

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NURSERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	3,963,103	1,278,251	0		1.00
	O		3,963,103	1,278,251			
B - INTERNS AND RESIDENTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	943,908	0	0		1.00
	O		943,908	0			
C - CONFIDENTIAL PAYROLL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,731,099	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	6,058,715	1,609,342	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	O		7,789,814	1,609,342			
D - BUILDING DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	675	9		1.00
2.00	ADMINISTRATIVE	5.03	0	37,918	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,764,502	9		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	5,597,674	9		4.00
5.00	OPERATION OF PLANT	7.00	0	2,974,974	9		5.00
6.00	HEART HOSPITAL	7.03	0	1,973,854	9		6.00
7.00	HOUSEKEEPING	9.00	0	4,291	9		7.00
8.00	DIETARY	10.00	0	111,739	9		8.00
9.00	NURSING ADMINISTRATION	13.00	0	148,715	9		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	313,445	9		10.00
11.00	PHARMACY	15.00	0	211,798	9		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	65,494	9		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	4,156,505	9		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	299,342	9		14.00
15.00	CORONARY CARE UNIT	32.00	0	12,746	9		15.00
16.00	BURN INTENSIVE CARE UNIT	33.00	0	28,075	9		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	657,362	9		17.00
18.00	SUBPROVIDER - IPF	40.00	0	54,199	9		18.00
19.00	OPERATING ROOM	50.00	0	601,210	9		19.00
20.00	RECOVERY ROOM	51.00	0	340	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,022,911	9		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	458,662	9		22.00
23.00	ULTRASOUND	54.01	0	316,410	9		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	207,627	9		24.00
25.00	RADIOISOTOPE	56.00	0	99,195	9		25.00
26.00	CT SCAN	57.00	0	71,615	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	105,739	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	53,272	9		28.00
29.00	LABORATORY	60.00	0	224,058	9		29.00
30.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	92,354	9		30.00
31.00	RESPIRATORY THERAPY	65.00	0	164,173	9		31.00
32.00	PHYSICAL THERAPY	66.00	0	435,594	9		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	50,156	9		33.00
34.00	RENAL DIALYSIS	74.00	0	5,568	9		34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	492,713	9		35.00
36.00	GI LAB	76.01	0	621,660	9		36.00
37.00	OP PSYCH	76.03	0	30,619	9		37.00
38.00	CLINIC	90.00	0	225,270	9		38.00
39.00	HYPERBARIC/OP WOUND	90.01	0	3,193	9		39.00
40.00	EMERGENCY	91.00	0	541,536	9		40.00
41.00	AMBULATORY CARE UNIT	92.01	0	17,476	9		41.00
42.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	71,564	9		42.00
43.00	RESEARCH	191.00	0	117,638	9		43.00
44.00	NONPAID WORKERS	193.00	0	49,051	9		44.00
45.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	7,273	9		45.00
	O		0	26,500,185			

RECLASSIFICATIONS

Provider CCN: 26-0020

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
E - HOUSEKEEPING SERVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	159,288	0	1.00	
2.00	DIETARY	10.00	0	400	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,503	0	3.00	
4.00	ULTRASOUND	54.01	0	5,281	0	4.00	
5.00	LABORATORY	60.00	0	7,642	0	5.00	
6.00	RESPIRATORY THERAPY	65.00	0	228	0	6.00	
7.00	PHYSICAL THERAPY	66.00	0	12,110	0	7.00	
8.00	ASC (NON-DISTINCT PART)	75.00	0	3,704	0	8.00	
9.00	GI LAB	76.01	0	35,968	0	9.00	
10.00	EMERGENCY	91.00	0	7,401	0	10.00	
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,326	0	11.00	
	O			234,851			
F - COST OF DRUGS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	541	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	9	0	2.00	
3.00	DIETARY	10.00	0	136	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	372	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,519	0	5.00	
6.00	PHARMACY	15.00	0	92,734,106	0	6.00	
7.00	SOCIAL SERVICE	17.00	0	8,890	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	462,286	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	156,291	0	9.00	
10.00	CORONARY CARE UNIT	32.00	0	44,527	0	10.00	
11.00	BURN INTENSIVE CARE UNIT	33.00	0	36,876	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	42,759	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	1,146	0	13.00	
14.00	OPERATING ROOM	50.00	0	208,624	0	14.00	
15.00	RECOVERY ROOM	51.00	0	22,319	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	121,834	0	16.00	
17.00	ANESTHESIOLOGY	53.00	0	1,369,983	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	389,975	0	18.00	
19.00	ULTRASOUND	54.01	0	723	0	19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	134	0	20.00	
21.00	RADIOISOTOPE	56.00	0	1,375,725	0	21.00	
22.00	CT SCAN	57.00	0	457,285	0	22.00	
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	214,431	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	93,668	0	24.00	
25.00	LABORATORY	60.00	0	834	0	25.00	
26.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	16,135	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	483,356	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	2,329	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	627,779	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	2,256	0	30.00	
31.00	ASC (NON-DISTINCT PART)	75.00	0	47,387	0	31.00	
32.00	CARDIAC REHAB	76.00	0	84	0	32.00	
33.00	GI LAB	76.01	0	90,708	0	33.00	
34.00	ECT	76.02	0	1,289	0	34.00	
35.00	OP PSYCH	76.03	0	1,286	0	35.00	
36.00	CLINIC	90.00	0	2,804,554	0	36.00	
37.00	HYPERBARIC/OP WOUND	90.01	0	13,805	0	37.00	
38.00	EMERGENCY	91.00	0	230,167	0	38.00	
39.00	AMBULATORY CARE UNIT	92.01	0	19,083	0	39.00	
40.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,265	0	40.00	
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,415	0	41.00	
42.00	NEIGHBORHOOD MINISTRIES	194.00	0	69	0	42.00	
43.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	22,756	0	43.00	
44.00	REHAB HOSPITAL	194.08	0	476	0	44.00	
	O			102,115,192			
G - PLANT MAINTENANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	412,729	0	1.00	
	O			412,729			
I - PROPERTY TAX							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,809,828	13	1.00	
2.00	HOUSEKEEPING	9.00	0	109	13	2.00	
	O			1,809,937			

RECLASSIFICATIONS

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

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - PENSION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,623,782	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	81,550	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,457	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	167,338	0		4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	51,246	0		5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8,672	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	6,112	0		7.00
8.00	CLINIC	90.00	0	7,013	0		8.00
9.00	HYPERBARIC/OP WOUND	90.01	0	14,793	0		9.00
10.00	EMERGENCY	91.00	0	302,513	0		10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	46,622	0		11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	206,713	0		12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	524,365	0		13.00
	0		0	15,047,176			
K - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	192,851	11		1.00
	0		0	192,851			
L - DIETARY TECH SALARY							
1.00	DIETARY	10.00	113,778	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		113,778	0			
M - EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,325	9		1.00
2.00	ADMINITING	5.03	0	11,057	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,119,407	9		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	267,866	9		4.00
5.00	OPERATION OF PLANT	7.00	0	185,237	9		5.00
6.00	HEART HOSPITAL	7.03	0	31,978	9		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	6,488	9		7.00
8.00	HOUSEKEEPING	9.00	0	49,000	9		8.00
9.00	DIETARY	10.00	0	167,137	9		9.00
10.00	NURSING ADMINISTRATION	13.00	0	230,113	9		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	354,798	9		11.00
12.00	PHARMACY	15.00	0	537,990	9		12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	32,296	9		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	22,289	9		14.00
15.00	RADIOLOGY SCHOOL	23.01	0	606	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	2,175,951	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	539,027	9		17.00
18.00	CORONARY CARE UNIT	32.00	0	99,696	9		18.00
19.00	BURN INTENSIVE CARE UNIT	33.00	0	68,830	9		19.00
20.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	562,763	9		20.00
21.00	SUBPROVIDER - IPF	40.00	0	31,031	9		21.00
22.00	NURSERY	43.00	0	6,082	9		22.00
23.00	OPERATING ROOM	50.00	0	3,657,490	9		23.00
24.00	RECOVERY ROOM	51.00	0	27,969	9		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,197,466	9		25.00
26.00	ANESTHESIOLOGY	53.00	0	244,714	9		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,529,177	9		27.00
28.00	ULTRASOUND	54.01	0	375,743	9		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	751,132	9		29.00
30.00	RADIOISOTOPE	56.00	0	357,723	9		30.00
31.00	CT SCAN	57.00	0	334,664	9		31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	242,668	9		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	462,046	9		33.00
34.00	LABORATORY	60.00	0	903,451	9		34.00
35.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	63,929	9		35.00
36.00	RESPIRATORY THERAPY	65.00	0	616,129	9		36.00
37.00	PHYSICAL THERAPY	66.00	0	199,452	9		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	797,324	9		38.00
39.00	RENAL DIALYSIS	74.00	0	43,725	9		39.00
40.00	ASC (NON-DI STINCT PART)	75.00	0	565,433	9		40.00

RECLASSIFICATIONS

Provider CCN: 26-0020

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
41.00	CARDIAC REHAB	76.00	0	19,650	9	41.00	
42.00	GI LAB	76.01	0	587,674	9	42.00	
43.00	ECT	76.02	0	2,783	9	43.00	
44.00	OP PSYCH	76.03	0	6,689	9	44.00	
45.00	CLINIC	90.00	0	131,453	9	45.00	
46.00	HYPERBARIC/OP WOUND	90.01	0	32,821	9	46.00	
47.00	EMERGENCY	91.00	0	297,256	9	47.00	
48.00	AMBULATORY CARE UNIT	92.01	0	133,408	9	48.00	
49.00	AMBULANCE SERVICES	95.00	0	256	9	49.00	
50.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	352	9	50.00	
51.00	RESEARCH	191.00	0	5,355	9	51.00	
52.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,296	9	52.00	
53.00	NONPAID WORKERS	193.00	0	8,213	9	53.00	
54.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	264	9	54.00	
0			0	20,106,672			
N - CRITICAL CARE FELLOWSHIP PROGRAM							
1.00	NURSING ADMINISTRATION	13.00	1,612,212	7,330	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
0			1,612,212	7,330			
O - UTILITIES - SNF ADMINISTRATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	12,101	0	1.00	
0			0	12,101			
P - STAFF BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,052,735	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	887,848	0	2.00	
3.00	PHARMACY	15.00	0	79	0	3.00	
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	71,794	0	4.00	
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	250,754	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	1,510	0	6.00	
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	642	0	7.00	
8.00	OPERATING ROOM	50.00	0	743	0	8.00	
9.00	RECOVERY ROOM	51.00	0	89	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,547	0	10.00	
11.00	ULTRASOUND	54.01	0	236	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	269	0	12.00	
13.00	LABORATORY	60.00	0	2,855	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	145	0	14.00	
15.00	PHYSICAL THERAPY	66.00	0	5,398	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	52,131	0	16.00	
17.00	ASC (NON-DISTINCT PART)	75.00	0	33	0	17.00	
18.00	GI LAB	76.01	0	968	0	18.00	
19.00	CLINIC	90.00	0	1,375	0	19.00	
20.00	HYPERBARIC/OP WOUND	90.01	0	1,028	0	20.00	
21.00	EMERGENCY	91.00	0	5,570	0	21.00	
22.00	AMBULATORY CARE UNIT	92.01	0	505	0	22.00	
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	212,745	0	23.00	
24.00	NEIGHBORHOOD MINISTRIES	194.00	0	673	0	24.00	
25.00	HOSPICE	194.01	0	7,946	0	25.00	
26.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	66,840	0	26.00	
27.00	REHAB HOSPITAL	194.08	0	5,000	0	27.00	
0			0	2,631,458			
Q - PHYSICIANS' BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	7,619	0	1.00	
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,777	0	2.00	
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	379,164	0	3.00	
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	456	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	996	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	192,722	0	6.00	
7.00	ELECTROCARDIOLOGY	69.00	0	2,715	0	7.00	
8.00	CLINIC	90.00	0	15,802	0	8.00	
9.00	HYPERBARIC/OP WOUND	90.01	0	31,512	0	9.00	
10.00	EMERGENCY	91.00	0	1,149,751	0	10.00	
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,921,088	0	11.00	
0			0	3,708,602			

RECLASSIFICATIONS

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Period:
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To 06/30/2017

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Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
R - LAUNDRY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,628	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	244	0		2.00
3.00	HOUSEKEEPING	9.00	0	393	0		3.00
4.00	DIETARY	10.00	0	4,598	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	999	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	221	0		6.00
7.00	PHARMACY	15.00	0	2,272	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	118	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,544,260	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	249,444	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	77,680	0		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	0	51,231	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	83,975	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	41,857	0		14.00
15.00	OPERATING ROOM	50.00	0	82,794	0		15.00
16.00	RECOVERY ROOM	51.00	0	15,722	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	194,309	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	150	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	129,921	0		19.00
20.00	ULTRASOUND	54.01	0	22,659	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	58,303	0		21.00
22.00	RADIOISOTOPE	56.00	0	10,322	0		22.00
23.00	CT SCAN	57.00	0	31,797	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,506	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	38,410	0		25.00
26.00	LABORATORY	60.00	0	26	0		26.00
27.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,590	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	12,426	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	96,804	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	50,982	0		30.00
31.00	RENAL DIALYSIS	74.00	0	10,505	0		31.00
32.00	ASC (NON-DISTINCT PART)	75.00	0	90,701	0		32.00
33.00	CARDIAC REHAB	76.00	0	1,725	0		33.00
34.00	GI LAB	76.01	0	121,771	0		34.00
35.00	ECT	76.02	0	3,862	0		35.00
36.00	CLINIC	90.00	0	35,092	0		36.00
37.00	EMERGENCY	91.00	0	177,372	0		37.00
38.00	AMBULATORY CARE UNIT	92.01	0	19,177	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,787	0		39.00
			0	3,284,633			
S - PATIENT PLACEMENT							
1.00	ADULTS & PEDIATRICS	30.00	889,519	34,946	0		1.00
			889,519	34,946			
T - INTERVENTIONAL CARE HH							
1.00	CARDIAC CATHETERIZATION	59.00	92,224	22,592	0		1.00
			92,224	22,592			
U - PACU RECLASS							
1.00	RECOVERY ROOM	51.00	9,528	602	0		1.00
			9,528	602			
V - EMERGENCY DEPARTMENT ROUTINE REVENUE							
1.00	EMERGENCY	91.00	658,782	193,046	0		1.00
			658,782	193,046			
W - AMBULATORY CARE UNIT							
1.00	AMBULATORY CARE UNIT	92.01	450,802	48,982	0		1.00
			450,802	48,982			
X - MOB HEART HOSPITAL							
1.00	HEART HOSPITAL	7.03	0	495,868	0		1.00
			0	495,868			
Y - MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,562	0		1.00
2.00	DIETARY	10.00	0	86,129	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	323	0		3.00
4.00	PHARMACY	15.00	0	8,723	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,853,762	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,228,964	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	324,329	0		7.00
8.00	BURN INTENSIVE CARE UNIT	33.00	0	188,738	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	518,395	0		9.00

RECLASSIFICATIONS

Provider CCN: 26-0020

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

Worksheet A-6
Date/Time Prepared:
11/21/2017 7:45 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	SUBPROVIDER - IPF	40.00	0	416	0	10.00	
11.00	OPERATING ROOM	50.00	0	18,376,685	0	11.00	
12.00	RECOVERY ROOM	51.00	0	37,847	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,059,981	0	13.00	
14.00	ANESTHESIOLOGY	53.00	0	2,221,750	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,776,783	0	15.00	
16.00	ULTRASOUND	54.01	0	10,565	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	170,464	0	17.00	
18.00	RADIOISOTOPE	56.00	0	17,085	0	18.00	
19.00	CT SCAN	57.00	0	291,265	0	19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	68,328	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	1,634,449	0	21.00	
22.00	LABORATORY	60.00	0	238	0	22.00	
23.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	7,547	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	3,128,524	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	245,904	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	5,051,999	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	250,081	0	27.00	
28.00	ASC (NON-DISTINCT PART)	75.00	0	1,632,668	0	28.00	
29.00	CARDIAC REHAB	76.00	0	1,439	0	29.00	
30.00	GI LAB	76.01	0	1,774,849	0	30.00	
31.00	ECT	76.02	0	67,293	0	31.00	
32.00	CLINIC	90.00	0	359,871	0	32.00	
33.00	HYPERBARIC/OP WOUND	90.01	0	99,705	0	33.00	
34.00	EMERGENCY	91.00	0	1,106,919	0	34.00	
35.00	AMBULATORY CARE UNIT	92.01	0	110,669	0	35.00	
	O		0	44,718,249			
Z - IMPLANT SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	4,726	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	1,635	0	2.00	
3.00	CORONARY CARE UNIT	32.00	0	21	0	3.00	
4.00	OPERATING ROOM	50.00	0	36,204,698	0	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	243,932	0	5.00	
6.00	ANESTHESIOLOGY	53.00	0	860	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,220,138	0	7.00	
8.00	ULTRASOUND	54.01	0	132	0	8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,999	0	9.00	
10.00	CT SCAN	57.00	0	1,029	0	10.00	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	60	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	2,108,149	0	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	8,506,884	0	13.00	
14.00	ASC (NON-DISTINCT PART)	75.00	0	2,071,874	0	14.00	
15.00	GI LAB	76.01	0	224,873	0	15.00	
16.00	HYPERBARIC/OP WOUND	90.01	0	83,020	0	16.00	
17.00	EMERGENCY	91.00	0	11,965	0	17.00	
18.00	AMBULATORY CARE UNIT	92.01	0	1,577	0	18.00	
	O		0	50,700,572			
AA - CHILD CARE CENTER							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,120,788	122,738	0	1.00	
	O		1,120,788	122,738			
BB - BENEFITS/SALARY RECLASS							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	26,672	0	1.00	
	O		0	26,672			
CC - AMBULANCE SERVICES							
1.00	AMBULANCE SERVICES	95.00	0	42,795	0	1.00	
	O		0	42,795			
DD - ED CLINICAL DECISION UNIT							
1.00	EMERGENCY	91.00	1,608	80	0	1.00	
	TOTALS		1,608	80			
EE - PSYCH ADMIN							
1.00	SUBPROVIDER - IPF	40.00	2,789,163	293,619	0	1.00	
	TOTALS		2,789,163	293,619			
500.00	Grand Total: Decreases		20,435,229	275,652,071		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

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

Worksheet A-7
Part I
Date/Time Prepared:
11/21/2017 7:45 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	6,950,344	0	0	0	1.00
2.00	Land Improvements	11,619,476	297,515	0	297,515	2.00
3.00	Buildings and Fixtures	804,786,790	14,670,745	0	14,670,745	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	8,097,428	309,077	0	309,077	5.00
6.00	Movable Equipment	279,091,378	13,053,275	0	13,053,275	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,110,545,416	28,330,612	0	28,330,612	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,110,545,416	28,330,612	0	28,330,612	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,950,344	0			1.00
2.00	Land Improvements	11,916,991	5,696,167			2.00
3.00	Buildings and Fixtures	818,701,053	240,828,134			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	8,406,505	4,787,508			5.00
6.00	Movable Equipment	284,904,009	158,912,861			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,130,878,902	410,224,670			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,130,878,902	410,224,670			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

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

Worksheet A-7
Part II
Date/Time Prepared:
11/21/2017 7:45 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	OTHER BUILDING-MOB	0	0				1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0				2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0				2.02
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet A-7 Part III Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	192,851	0	192,851	1.000000	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0.000000	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0.000000	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0.000000	0	2.02
3.00	Total (sum of lines 1-2)	192,851	0	192,851	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	28,384,750	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	2,675,695	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	621,371	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	30,953,519	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	688,008	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	1,203,684	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	64,527,027	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	192,851	0	1,806,996	0	30,384,597	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	2,675,695	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	621,371	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	30,953,519	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	688,008	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	1,203,684	2.02
3.00	Total (sum of lines 1-2)	192,851	0	1,806,996	0	66,526,874	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

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

Worksheet A-8

Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0 1.00
1.01 Investment income - OTHER BUILDING-MOB (chapter 2)			OTHER BUILDING-MOB		1.01	0 1.01
1.02 Investment income - OTHER BUILDING-CANCER CENTER (chapter 2)			OTHER BUILDING-CANCER CENTER		1.02	0 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
2.01 Investment income - NEW CAP REL COSTS-MVBLE EQUIP-MOB (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01	0 2.01
2.02 Investment income - NEW CAP REL COSTS-MVBLE EQUIP-CANCER (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02	0 2.02
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-36,916,332				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	5,649,473				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-5,725,947	DIETARY		10.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01 Depreciation - OTHER BUILDING-MOB			OTHER BUILDING-MOB		1.01	0 26.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

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

Worksheet A-8

Date/Time Prepared:
11/21/2017 7:45 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 #		
			3.00	4.00	5.00	
26.02 Depreciation - OTHER BUILDING-CANCER CENTER			0 OTHER BUILDING-CANCER CENTER	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-MOB			0 NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	27.01
27.02 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-CANCER			0 NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0	27.02
28.00 Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00 A&G NON-ALLOWABLE COSTS	A	-11,631	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.00
33.02 TELEVISION ELIMINATION	A	-210,910	0 OPERATION OF PLANT	7.00	0	33.02
33.03 TELEVISION ELIMINATION	A	-1,345	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04 TELEVISION ELIMINATION	A	-118,069	0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.04
34.00 TELEPHONE ADJUSTMENT	A	-88,050	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	34.00
35.00 PENSION	A	-5,108	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00 MOB RENTAL INCOME ELIMINATION	A	-3,592,110	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	36.00
37.00 FRA ADJUSTMENT	A	52,952,664	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00 AHA/MHA/CHA DUES	A	-61,059	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	38.00
39.00 SPORTING INVOICES	A	-9,876	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	39.00
40.00 AHA CARRYFORWARD/MEDI CARE DEPREC	A	8,551	0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	40.00
41.00 BUILDING DEPRECIATION	A	-10,854	0 NEW CAP REL COSTS-BLDG & FIXT	1.00	9	41.00
42.00 AHA ADJUSTMENT	A	-123,716	0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	42.00
42.01 NON-ALLOWABLE MARKETING/PROMOTION	A	-61,919	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.01
42.02 NON-ALLOWABLE MARKETING/PROMOTION	A	-4,055	0 I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	42.02
42.03 NON-ALLOWABLE MARKETING/PROMOTION	A	-184	0 ADULTS & PEDIATRICS	30.00	0	42.03
42.04 NON-ALLOWABLE MARKETING/PROMOTION	A	-13,528	0 NEONATAL INTENSIVE CARE UNIT	35.00	0	42.04
42.05 NON-ALLOWABLE MARKETING/PROMOTION	A	-11,620	0 SUBPROVIDER - IPF	40.00	0	42.05
42.06 NON-ALLOWABLE MARKETING/PROMOTION	A	-880	0 DELIVERY ROOM & LABOR ROOM	52.00	0	42.06
42.07 NON-ALLOWABLE MARKETING/PROMOTION	A	-214	0 RADIOLOGY-DIAGNOSTIC	54.00	0	42.07
42.08 NON-ALLOWABLE MARKETING/PROMOTION	A	-483	0 ULTRASOUND	54.01	0	42.08
42.09 NON-ALLOWABLE MARKETING/PROMOTION	A	-214	0 LABORATORY	60.00	0	42.09
42.10 NON-ALLOWABLE MARKETING/PROMOTION	A	-44,087	0 WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	42.10
42.11 NON-ALLOWABLE MARKETING/PROMOTION	A	-1,125	0 RESPIRATORY THERAPY	65.00	0	42.11
42.12 NON-ALLOWABLE MARKETING/PROMOTION	A	-600	0 PHYSICAL THERAPY	66.00	0	42.12
42.13 NON-ALLOWABLE MARKETING/PROMOTION	A	-11,287	0 GI LAB	76.01	0	42.13
42.14 NON-ALLOWABLE MARKETING/PROMOTION	A	-1,344	0 HYPERBARIC/OP WOUND	90.01	0	42.14

Line #	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	
43.00	NON-ALLOWABLE MARKETING/PROMOTION	A	-20,457	EMERGENCY	91.00	0 43.00
43.01	MISCELLANEOUS INCOME	B	625	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 43.01
43.02	MISCELLANEOUS INCOME	B	-9,181,413	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 43.02
43.03	MISCELLANEOUS INCOME	B	-1,430	MAINTENANCE & REPAIRS	6.00	0 43.03
43.04	MISCELLANEOUS INCOME	B	-560	OPERATION OF PLANT	7.00	0 43.04
43.05	MISCELLANEOUS INCOME	B	-16,541	LAUNDRY & LINEN SERVICE	8.00	0 43.05
43.06	MISCELLANEOUS INCOME	B	-50,013	HOUSEKEEPING	9.00	0 43.06
43.07	MISCELLANEOUS INCOME	B	-65,166	DIETARY	10.00	0 43.07
43.08	MISCELLANEOUS INCOME	B	-1,868	NURSING ADMINISTRATION	13.00	0 43.08
43.09	MISCELLANEOUS INCOME	B	-65,235	PHARMACY	15.00	0 43.09
43.10	MISCELLANEOUS INCOME	B	-40,275	MEDICAL RECORDS & LIBRARY	16.00	0 43.10
43.11	MISCELLANEOUS INCOME	B	-36,870	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 43.11
43.12	MISCELLANEOUS INCOME	B	-48,200	PARAMED ED PRGM	23.00	0 43.12
43.13	MISCELLANEOUS INCOME	B	-76,055	RADIOLOGY SCHOOL	23.01	0 43.13
43.14	MISCELLANEOUS INCOME	B	-181,305	ADULTS & PEDIATRICS	30.00	0 43.14
43.15	MISCELLANEOUS INCOME	B	-956	INTENSIVE CARE UNIT	31.00	0 43.15
43.16	MISCELLANEOUS INCOME	B	-1,695	CORONARY CARE UNIT	32.00	0 43.16
43.17	MISCELLANEOUS INCOME	B	-12,025	NEONATAL INTENSIVE CARE UNIT	35.00	0 43.17
43.18	MISCELLANEOUS INCOME	B	-89,480	SUBPROVIDER - IPF	40.00	0 43.18
43.19	MISCELLANEOUS INCOME	B	-11,976	OPERATING ROOM	50.00	0 43.19
43.20	MISCELLANEOUS INCOME	B	-40	DELIVERY ROOM & LABOR ROOM	52.00	0 43.20
43.21	MISCELLANEOUS INCOME	B	-9,333	RADIOLOGY-DIAGNOSTIC	54.00	0 43.21
43.22	MISCELLANEOUS INCOME	B	-1,373	RADIOLOGY-THERAPEUTIC	55.00	0 43.22
43.23	MISCELLANEOUS INCOME	B	-20,900	LABORATORY	60.00	0 43.23
43.24	MISCELLANEOUS INCOME	B	-13,645	RESPIRATORY THERAPY	65.00	0 43.24
43.25	MISCELLANEOUS INCOME	B	-449,359	PHYSICAL THERAPY	66.00	0 43.25
43.26	MISCELLANEOUS INCOME	B	-1,000	ELECTROCARDIOLOGY	69.00	0 43.26
43.27	MISCELLANEOUS INCOME	B	-1,880	CARDIAC REHAB	76.00	0 43.27
43.28	MISCELLANEOUS INCOME	B	-3,004	OP PSYCH	76.03	0 43.28
43.29	MISCELLANEOUS INCOME	B	-1,319,438	CLINIC	90.00	0 43.29
44.00	MISCELLANEOUS INCOME	B	2,480	EMERGENCY	91.00	0 44.00
45.00	PHYSICIAN TEACHING RCE ELIMINATION	A	-1,241,622	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,375,868			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 26-0020

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

Worksheet A-8-1

Date/Time Prepared: 11/21/2017 7:45 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - CORP. FEE	0	136,323,784	1.00
2.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - NETWORK SUPPORT	0	165,720	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - ROI FEE	0	858,120	3.00
4.00	0.00		0	0	4.00
4.01	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT-CORP FEE FIXED ALLOC	0	13,998,350	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - ROI TRANSP FEE	0	1,581,291	4.02
4.04	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - E HR FEE	0	2,850	4.04
4.05	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - EPIC PM FEE	0	428,035	4.05
4.06	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - MCES	0	12,406,911	4.06
4.07	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - SAFEWATCH	0	6,840,296	4.07
4.08	1.00	NEW CAP REL COSTS-BLDG & FIX DIRECT	901,110	0	4.08
4.09	2.00	NEW CAP REL COSTS-MVBLE EQUI DIRECT	2,807,589	0	4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT DIRECT	1,703,722	0	4.10
4.11	6.00	MAINTENANCE & REPAIRS DIRECT	12,448,449	0	4.11
4.12	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT	29,383,498	0	4.12
4.13	1.00	NEW CAP REL COSTS-BLDG & FIX POOLED	4,291,375	0	4.13
4.14	2.00	NEW CAP REL COSTS-MVBLE EQUI POOLED	10,164,184	0	4.14
4.15	5.04	OTHER ADMINISTRATIVE AND GEN POOLED	89,803,702	0	4.15
4.16	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-PURCHASING	323,945	0	4.16
4.17	4.00	EMPLOYEE BENEFITS DEPARTMENT FUNCTIONAL-HR	22,411,668	0	4.17
4.18	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL	-1,045,706	0	4.18
4.19	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-CENTRAL TEST	2,823,556	0	4.19
4.20	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-MGD MENTAL	1,154,740	0	4.20
4.21	16.00	MEDICAL RECORDS & LIBRARY FUNCTIONAL-CENTRAL CODE	1,082,998	0	4.21
4.22	0.00		0	0	4.22
4.23	0.00		0	0	4.23
4.24	0.00		0	0	4.24
4.25	0.00		0	0	4.25
4.26	0.00		0	0	4.26
4.27	0.00		0	0	4.27
4.28	0.00		0	0	4.28
4.29	0.00		0	0	4.29
4.30	0.00		0	0	4.30
4.31	0.00		0	0	4.31
4.32	0.00		0	0	4.32
4.33	0.00		0	0	4.33
4.34	0.00		0	0	4.34
4.35	0.00		0	0	4.35
4.36	0.00		0	0	4.36
4.37	0.00		0	0	4.37
4.38	0.00		0	0	4.38
4.40	0.00		0	0	4.40
4.41	0.00		0	0	4.41
4.42	0.00		0	0	4.42
4.43	0.00		0	0	4.43
4.44	0.00		0	0	4.44
4.45	0.00		0	0	4.45
5.00	0		178,254,830	172,605,357	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	0.00	MHEC	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00

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

Provider CCN: 26-0020

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2017 7:45 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					

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

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

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

Provider CCN: 26-0020

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2017 7:45 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	-136,323,784	0	1.00
2.00	-165,720	0	2.00
3.00	-858,120	0	3.00
4.00	0	0	4.00
4.01	-13,998,350	0	4.01
4.02	-1,581,291	0	4.02
4.04	-2,850	0	4.04
4.05	-428,035	0	4.05
4.06	-12,406,911	0	4.06
4.07	-6,840,296	0	4.07
4.08	901,110	9	4.08
4.09	2,807,589	9	4.09
4.10	1,703,722	0	4.10
4.11	12,448,449	0	4.11
4.12	29,383,498	0	4.12
4.13	4,291,375	9	4.13
4.14	10,164,184	9	4.14
4.15	89,803,702	0	4.15
4.16	323,945	0	4.16
4.17	22,411,668	0	4.17
4.18	-1,045,706	0	4.18
4.19	2,823,556	0	4.19
4.20	1,154,740	0	4.20
4.21	1,082,998	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
4.28	0	0	4.28
4.29	0	0	4.29
4.30	0	0	4.30
4.31	0	0	4.31
4.32	0	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	3	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
5.00	5,649,473		5.00

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

Related Organization(s) and/or Home Office	Type of Business
	6.00

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

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

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

6.00	HOME OFFICE	6.00
7.00		7.00
8.00		8.00

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

Provider CCN: 26-0020

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2017 7:45 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet A-8-2 Date/Time Prepared: 11/21/2017 7:45 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	17.00	SOCIAL SERVICE	14,760	0	14,760	177,200	123	1.00
2.00	30.00	ADULTS & PEDIATRICS	376,632	270,000	106,632	196,400	374	2.00
3.00	30.00	ADULTS & PEDIATRICS	532,710	532,710	0	140,600	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	151,939	86,939	65,000	177,200	520	4.00
5.00	40.00	SUBPROVIDER - IPF	26,867	0	26,867	154,100	188	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	27,696	0	27,696	196,400	158	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	9,576	9,576	0	225,300	0	7.00
8.00	54.01	ULTRASOUND	454,860	0	454,860	225,300	1,596	8.00
9.00	57.00	CT SCAN	21,105	21,105	0	225,300	0	9.00
10.00	60.00	LABORATORY	97,176	97,176	0	215,700	0	10.00
11.00	66.00	PHYSICAL THERAPY	1,292,286	1,283,951	8,335	177,200	119	11.00
12.00	90.00	CLINIC	178,695	0	178,695	177,200	1,787	12.00
13.00	30.00	ADULTS & PEDIATRICS	36,192	36,192	0	196,400	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	167,093	167,093	0	165,600	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	28,805	28,805	0	177,200	0	15.00
16.00	31.00	INTENSIVE CARE UNIT	39,593	39,593	0	177,200	0	16.00
17.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,039	1,039	0	177,200	0	17.00
18.00	50.00	OPERATING ROOM	2,271,951	2,271,951	0	208,000	0	18.00
19.00	51.00	RECOVERY ROOM	7,465	7,465	0	200,300	0	19.00
20.00	52.00	DELIVERY ROOM & LABOR ROOM	194,839	194,839	0	196,400	0	20.00
21.00	59.00	CARDIAC CATHETERIZATION	1,454	1,454	0	208,100	0	21.00
22.00	65.00	RESPIRATORY THERAPY	10,857	10,857	0	177,200	0	22.00
23.00	66.00	PHYSICAL THERAPY	1,026,447	1,026,447	0	177,200	0	23.00
24.00	69.00	ELECTROCARDIOLOGY	495,984	495,984	0	177,200	0	24.00
25.00	75.00	ASC (NON-DISTINCT PART)	363,603	363,603	0	208,000	0	25.00
26.00	90.00	CLINIC	114,652	114,652	0	177,200	0	26.00
27.00	90.01	HYPERBARIC/OP WOUND	1,293	1,293	0	177,200	0	27.00
28.00	91.00	EMERGENCY	1,399,693	1,399,693	0	177,200	0	28.00
29.00	92.01	AMBULATORY CARE UNIT	4,224	4,224	0	177,200	0	29.00
30.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	4,408,561	2,967,804	1,440,756	177,200	9,121	30.00
31.00	13.00	NURSING ADMINISTRATION	79,322	0	79,322	177,200	520	31.00
32.00	17.00	SOCIAL SERVICE	9,948	9,948	0	177,200	0	32.00
33.00	30.00	ADULTS & PEDIATRICS	1,934,335	1,396,606	537,729	196,400	2,048	33.00
34.00	30.00	ADULTS & PEDIATRICS	440,010	0	440,010	165,600	3,475	34.00
35.00	30.00	ADULTS & PEDIATRICS	381,810	0	381,810	140,600	2,258	35.00
36.00	30.00	ADULTS & PEDIATRICS	55,269	0	55,269	177,200	208	36.00
37.00	31.00	INTENSIVE CARE UNIT	4,682,003	4,346,876	335,127	177,200	1,787	37.00
38.00	40.00	SUBPROVIDER - IPF	9,048	0	9,048	154,100	106	38.00
39.00	50.00	OPERATING ROOM	151,403	0	151,403	208,000	1,157	39.00
40.00	52.00	DELIVERY ROOM & LABOR ROOM	89,510	45,986	43,524	196,400	225	40.00
41.00	54.00	RADIOLOGY-DIAGNOSTIC	510,292	510,292	0	225,300	0	41.00
42.00	65.00	RESPIRATORY THERAPY	8,290	0	8,290	177,200	60	42.00
43.00	69.00	ELECTROCARDIOLOGY	258,365	0	258,365	177,200	1,550	43.00
44.00	75.00	ASC (NON-DISTINCT PART)	139,071	139,071	0	208,000	0	44.00
45.00	76.01	GI LAB	18,999	0	18,999	177,200	131	45.00
46.00	90.00	CLINIC	314,207	282,719	31,487	177,200	198	46.00
47.00	90.01	HYPERBARIC/OP WOUND	498,498	485,130	13,368	177,200	194	47.00
48.00	91.00	EMERGENCY	16,499,133	15,472,106	1,027,027	177,200	6,239	48.00
200.00			39,837,560	34,123,179	5,714,379		34,142	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	17.00	SOCIAL SERVICE	10,479	524	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	35,314	1,766	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	44,300	2,215	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	13,928	696	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	14,919	746	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	54.01	ULTRASOUND	172,874	8,644	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	10,138	507	0	0	0	11.00
12.00	90.00	CLINIC	152,239	7,612	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	16.00
17.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	17.00
18.00	50.00	OPERATING ROOM	0	0	0	0	0	18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

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

Worksheet A-8-2

Date/Time Prepared: 11/21/2017 7:45 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
19.00	51.00	RECOVERY ROOM	0	0	0	0	0	19.00
20.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	20.00
21.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	21.00
22.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	22.00
23.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	23.00
24.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	24.00
25.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	25.00
26.00	90.00	CLINIC	0	0	0	0	0	26.00
27.00	90.01	HYPERBARI C/OP WOUND	0	0	0	0	0	27.00
28.00	91.00	EMERGENCY	0	0	0	0	0	28.00
29.00	92.01	AMBULATORY CARE UNIT	0	0	0	0	0	29.00
30.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	777,039	38,852	0	0	0	30.00
31.00	13.00	NURSING ADMINISTRATION	44,300	2,215	0	0	0	31.00
32.00	17.00	SOCIAL SERVICE	0	0	0	0	0	32.00
33.00	30.00	ADULTS & PEDIATRICS	193,378	9,669	0	0	0	33.00
34.00	30.00	ADULTS & PEDIATRICS	276,663	13,833	0	0	0	34.00
35.00	30.00	ADULTS & PEDIATRICS	152,632	7,632	0	0	0	35.00
36.00	30.00	ADULTS & PEDIATRICS	17,720	886	0	0	0	36.00
37.00	31.00	INTENSIVE CARE UNIT	152,239	7,612	0	0	0	37.00
38.00	40.00	SUBPROVIDER - IPF	7,853	393	0	0	0	38.00
39.00	50.00	OPERATING ROOM	115,700	5,785	0	0	0	39.00
40.00	52.00	DELIVERY ROOM & LABOR ROOM	21,245	1,062	0	0	0	40.00
41.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	41.00
42.00	65.00	RESPIRATORY THERAPY	5,112	256	0	0	0	42.00
43.00	69.00	ELECTROCARDIOLOGY	132,048	6,602	0	0	0	43.00
44.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	44.00
45.00	76.01	GI LAB	11,160	558	0	0	0	45.00
46.00	90.00	CLINIC	16,868	843	0	0	0	46.00
47.00	90.01	HYPERBARI C/OP WOUND	16,527	826	0	0	0	47.00
48.00	91.00	EMERGENCY	531,515	26,576	0	0	0	48.00
200.00			2,926,190	146,310	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	17.00	SOCIAL SERVICE	0	10,479	4,281	4,281		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	35,314	71,318	341,318		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	532,710		3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	44,300	20,700	107,639		4.00
5.00	40.00	SUBPROVIDER - IPF	0	13,928	12,939	12,939		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	14,919	12,777	12,777		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	9,576		7.00
8.00	54.01	ULTRASOUND	0	172,874	281,986	281,986		8.00
9.00	57.00	CT SCAN	0	0	0	21,105		9.00
10.00	60.00	LABORATORY	0	0	0	97,176		10.00
11.00	66.00	PHYSICAL THERAPY	0	10,138	0	1,283,951		11.00
12.00	90.00	CLINIC	0	152,239	26,456	26,456		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	36,192		13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	167,093		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	28,805		15.00
16.00	31.00	INTENSIVE CARE UNIT	0	0	0	39,593		16.00
17.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,039		17.00
18.00	50.00	OPERATING ROOM	0	0	0	2,271,951		18.00
19.00	51.00	RECOVERY ROOM	0	0	0	7,465		19.00
20.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	194,839		20.00
21.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,454		21.00
22.00	65.00	RESPIRATORY THERAPY	0	0	0	10,857		22.00
23.00	66.00	PHYSICAL THERAPY	0	0	0	1,026,447		23.00
24.00	69.00	ELECTROCARDIOLOGY	0	0	0	495,984		24.00
25.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	363,603		25.00
26.00	90.00	CLINIC	0	0	0	114,652		26.00
27.00	90.01	HYPERBARI C/OP WOUND	0	0	0	1,293		27.00
28.00	91.00	EMERGENCY	0	0	0	1,399,693		28.00
29.00	92.01	AMBULATORY CARE UNIT	0	0	0	4,224		29.00
30.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	777,039	663,717	3,631,522		30.00
31.00	13.00	NURSING ADMINISTRATION	0	44,300	35,022	35,022		31.00
32.00	17.00	SOCIAL SERVICE	0	0	0	9,948		32.00
33.00	30.00	ADULTS & PEDIATRICS	0	193,378	344,351	1,740,957		33.00
34.00	30.00	ADULTS & PEDIATRICS	0	276,663	163,347	163,347		34.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

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

Worksheet A-8-2

Date/Time Prepared:
11/21/2017 7:45 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
35.00	30.00	ADULTS & PEDIATRICS	0	152,632	229,178	229,178		35.00
36.00	30.00	ADULTS & PEDIATRICS	0	17,720	37,549	37,549		36.00
37.00	31.00	INTENSIVE CARE UNIT	0	152,239	182,888	4,529,764		37.00
38.00	40.00	SUBPROVIDER - IPF	0	7,853	1,195	1,195		38.00
39.00	50.00	OPERATING ROOM	0	115,700	35,703	35,703		39.00
40.00	52.00	DELIVERY ROOM & LABOR ROOM	0	21,245	22,279	68,265		40.00
41.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	510,292		41.00
42.00	65.00	RESPIRATORY THERAPY	0	5,112	3,178	3,178		42.00
43.00	69.00	ELECTROCARDIOLOGY	0	132,048	126,317	126,317		43.00
44.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	139,071		44.00
45.00	76.01	GI LAB	0	11,160	7,839	7,839		45.00
46.00	90.00	CLINIC	0	16,868	14,619	297,339		46.00
47.00	90.01	HYPERBARI C/OP WOUND	0	16,527	0	485,130		47.00
48.00	91.00	EMERGENCY	0	531,515	495,512	15,967,618		48.00
200.00			0	2,926,190	2,793,151	36,916,332		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	30,384,597	30,384,597				1.00
1.01	00101	OTHER BUILDING-MOB	2,675,695	0	2,675,695			1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	621,371	0	0	621,371		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	30,953,519				30,953,519	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	688,008				0	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	1,203,684				0	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	85,661,233	179,033	3,191	22,677	10,954	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	77,144	0	0	0	5.02
5.03	00550	ADMINISTRATIVE	4,594,012	147,662	879	0	18,587	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	197,171,266	871,131	164,914	4,740	1,819,360	5.04
6.00	00600	MAINTENANCE & REPAIRS	29,096,461	3,909,764	133,807	75,310	410,198	6.00
7.00	00700	OPERATION OF PLANT	2,511,676	114,600	0	0	369,123	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,170,142	126,010	0	0	11,025	8.00
9.00	00900	HOUSEKEEPING	5,728,111	262,989	19,776	4,873	70,288	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	8,154,142	657,887	25,344	8,344	255,500	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,017,393	179,912	0	0	391,041	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,995,007	339,812	0	0	602,924	14.00
15.00	01500	PHARMACY	12,742,839	275,801	0	5,289	870,912	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,009,231	82,096	0	3,868	0	16.00
17.00	01700	SOCIAL SERVICE	785,591	86,407	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,450,147	24,560	0	0	54,882	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,864,529	119,620	56,081	0	12,567	22.00
23.00	02300	PARAMED ED PRGM	168,377	15,314	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	121,236	4,293	0	0	1,030	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,663,991	6,611,848	18,592	0	3,619,994	30.00
31.00	03100	INTENSIVE CARE UNIT	12,591,040	655,504	0	0	915,992	31.00
32.00	03200	CORONARY CARE UNIT	4,399,797	144,349	0	0	169,418	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,136,767	146,056	0	0	116,966	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	15,520,986	1,089,717	0	0	956,328	35.00
40.00	04000	SUBPROVIDER - I PF	3,141,605	397,721	0	4,806	52,732	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,448,426	71,160	0	0	10,335	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,603,629	1,523,254	0	0	6,215,335	50.00
51.00	05100	RECOVERY ROOM	2,120,217	86,525	0	0	47,529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,397,138	1,184,355	0	0	2,034,907	52.00
53.00	05300	ANESTHESIOLOGY	1,650,772	81,268	0	0	415,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,683,265	839,337	159,475	6,585	2,123,736	54.00
54.01	05401	ULTRASOUND	2,146,617	292,856	0	0	638,517	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,364,963	136,388	0	131,699	143,221	55.00
56.00	05600	RADIOISOTOPE	2,243,792	192,978	0	16,522	196,290	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	1,288,848	57,672	0	22,049	287,600	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	646,699	148,507	0	0	412,376	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,271,127	325,580	0	0	785,175	59.00
60.00	06000	LABORATORY	29,365,202	599,404	0	0	1,535,274	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,310,120	116,798	0	0	108,637	62.00
65.00	06500	RESPIRATORY THERAPY	7,024,668	267,012	36,435	0	689,271	65.00
66.00	06600	PHYSICAL THERAPY	14,325,530	863,643	76,005	13,871	252,144	66.00
69.00	06900	ELECTROCARDIOLOGY	6,361,135	291,825	12,996	0	1,344,937	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,718,249	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,700,572	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,115,192	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	819,816	45,857	0	0	74,304	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,124,539	683,731	0	0	960,865	75.00
76.00	03020	CARDIAC REHAB	910,366	87,793	0	0	33,392	76.00
76.01	03030	GI LAB	4,570,497	355,160	0	0	998,660	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OTHER BUI LDING-MOB	OTHER BUI LDING-CANCE R CENTER	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
76.02 03040 ECT	134,230	27,873	0	0	4,729	76.02
76.03 03050 OP PSYCH	1,277,714	229,353	0	0	11,367	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	5,730,721	344,426	13,421	84,573	97,626	90.00
90.01 09001 HYPERBARIC/OP WOUND	851,121	61,931	6,142	0	47,218	90.01
91.00 09100 EMERGENCY	13,912,491	1,192,908	2,488	0	505,140	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 AMBULATORY CARE UNIT	1,143,397	146,986	0	0	226,706	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	-256	0	0	0	435	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	893,483,250	26,773,810	729,546	405,206	30,931,400	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,629,111	145,228	0	0	598	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	828,879	39,535	18,352	42,762	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	23,957,729	484,262	669,081	2,816	3,902	192.00
193.00 19300 NONPAID WORKERS	136,677	119,451	0	721	13,744	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	379,866	24,661	0	0	0	194.00
194.01 07951 HOSPICE	152,113	0	0	0	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	2,503,905	1,841,583	1,131,319	163,506	3,875	194.03
194.04 07954 SJMH SHARED SERVICES	0	937,153	127,397	6,360	0	194.04
194.08 07958 REHAB HOSPITAL	54,330	0	0	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	18,914	0	0	0	194.09
200.00						200.00
201.00						201.00
202.00						202.00
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	923,125,860	30,384,597	2,675,695	621,371	30,953,519	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
	NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
	2.01	2.02				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB	688,008					2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	1,203,684				2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,879	0	85,878,967			4.00
5.02 00590 PURCHASING RECEIVING AND STORES	0	0	0	77,144		5.02
5.03 00550 ADMITTING	119	0	1,187,675	57	5,948,991	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	45,762	1,004	3,854,133	185	0	5.04
6.00 00600 MAINTENANCE & REPAIRS	15,411	11,069	833,077	139	0	6.00
7.00 00700 OPERATION OF PLANT	0	0	397,965	14	0	7.00
7.01 00701 OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02 00702 OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03 00703 HEART HOSPITAL	0	0	0	0	0	7.03
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	146,364	382	0	8.00
9.00 00900 HOUSEKEEPING	5,678	1,959	1,558,069	348	0	9.00
9.01 00901 HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00 01000 DIETARY	13,433	3,352	1,989,143	2,096	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0	0	1,286,626	32	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	891,191	228	0	14.00
15.00 01500 PHARMACY	0	25,491	2,896,083	31,965	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	173,771	1	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	3	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,388,510	105	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	14,894	0	1,203,528	17	14,745	22.00
23.00 02300 PARAMED ED PRGM	0	0	55,812	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL	0	0	51,680	1	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	45,721	0	14,156,952	1,963	326,674	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	4,251,175	915	132,702	31.00
32.00 03200 CORONARY CARE UNIT	0	0	1,050,721	266	21,807	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	527,653	134	13,628	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	0	3,716,776	459	229,441	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	793,995	31	32,783	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	1,098,748	122	45,837	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	4,032,282	19,707	369,698	50.00
51.00 05100 RECOVERY ROOM	0	0	555,980	43	126,392	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	2,853,744	814	108,814	52.00
53.00 05300 ANESTHESIOLOGY	0	0	139,636	1,585	148,303	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	279,439	0	2,309,699	1,659	162,839	54.00
54.01 05401 ULTRASOUND	0	0	487,162	24	80,788	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	666,852	643,218	43	156,925	55.00
56.00 05600 RADIOISOTOPE	0	242,214	287,287	774	79,561	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	165,422	283,222	275	320,916	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	168,382	102	141,591	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	648,467	1,233	112,118	59.00
60.00 06000 LABORATORY	0	0	2,899,512	205	581,036	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	706,652	222	32,797	62.00
65.00 06500 RESPIRATORY THERAPY	210,519	0	2,196,744	753	111,220	65.00
66.00 06600 PHYSICAL THERAPY	44,239	6,837	3,402,604	300	100,047	66.00
69.00 06900 ELECTROCARDIOLOGY	5,879	0	1,760,976	4,680	236,354	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	354,168	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	196,309	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,028,532	73.00
74.00 07400 RENAL DIALYSIS	0	0	199,224	106	11,475	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	1,256,162	1,528	38,866	75.00
76.00 03020 CARDIAC REHAB	0	0	236,240	6	3,737	76.00
76.01 03030 GI LAB	0	0	999,043	962	133,690	76.01
76.02 03040 ECT	0	0	45,310	11	2,866	76.02
76.03 03050 OP PSYCH	0	0	201,707	9	13,429	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
	NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
	2.01	2.02				
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	74,004	1,594,503	1,160	27,775	90.00
90.01 09001 HYPERBARIC/OP WOUND	5,035	0	284,969	104	6,242	90.01
91.00 09100 EMERGENCY	0	0	7,448,254	828	390,969	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	0	292,604	69	977	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	688,008	1,198,204	79,443,230	76,665	5,896,051	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	84,680	374	0	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	5,355	157,194	1	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	5,580,433	19	52,940	192.00
193.00 19300 NONPAID WORKERS	0	125	28,302	8	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	78,775	3	0	194.00
194.01 07951 HOSPICE	0	0	8,294	1	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	498,059	73	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	688,008	1,203,684	85,878,967	77,144	5,948,991	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/21/2017 7:45 am	
Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5A. 03	5. 04	6. 00	7. 00	7. 01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	203,932,495	203,932,495				5.04
6.00	00600	MAINTENANCE & REPAIRS	34,485,236	9,778,530	44,263,766			6.00
7.00	00700	OPERATION OF PLANT	3,393,378	962,216	201,296	4,556,890		7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,453,923	1,262,941	221,337	22,890		8.00
9.00	00900	HOUSEKEEPING	7,652,091	2,169,804	461,943	47,774		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	11,109,241	3,150,103	1,155,584	119,509		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,875,004	1,949,456	316,017	32,682		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,829,162	1,652,900	596,882	61,729		14.00
15.00	01500	PHARMACY	16,848,380	4,777,476	484,447	50,101		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,268,967	643,381	144,203	14,913		16.00
17.00	01700	SOCIAL SERVICE	872,001	247,262	151,774	15,696		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,918,204	2,245,262	43,139	4,461		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,285,981	1,782,434	210,114	21,730		22.00
23.00	02300	PARAMED PRGM	239,503	67,913	26,899	2,782		23.00
23.01	02301	RADIOLOGY SCHOOL	178,240	50,541	7,541	780		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,445,735	22,810,951	11,613,765	1,201,082	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,547,328	5,259,225	1,151,397	119,076	0	31.00
32.00	03200	CORONARY CARE UNIT	5,786,358	1,640,762	253,550	26,222	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,941,204	833,999	256,549	26,532	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	21,513,707	6,100,362	1,914,097	197,954	0	35.00
40.00	04000	SUBPROVIDER - I PF	4,423,673	1,254,363	698,599	72,248	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,674,628	1,892,637	124,994	12,927	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,763,905	8,723,321	2,675,609	276,708	0	50.00
51.00	05100	RECOVERY ROOM	2,936,686	832,718	151,982	15,718	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,579,772	4,984,867	2,080,330	215,145	0	52.00
53.00	05300	ANESTHESIOLOGY	2,437,417	691,147	142,748	14,763	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,566,034	4,697,415	1,474,303	152,471	0	54.00
54.01	05401	ULTRASOUND	3,645,964	1,033,839	514,404	53,199	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,243,309	2,337,448	239,566	24,776	0	55.00
56.00	05600	RADIOISOTOPE	3,259,418	924,231	338,968	35,056	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	2,426,004	687,910	101,301	10,476	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,517,657	430,342	260,854	26,977	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,143,700	1,174,975	571,884	59,144	0	59.00
60.00	06000	LABORATORY	34,980,633	9,919,003	1,052,857	108,885	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,275,226	1,779,384	205,156	21,217	0	62.00
65.00	06500	RESPIRATORY THERAPY	10,536,622	2,987,733	469,009	48,504	0	65.00
66.00	06600	PHYSICAL THERAPY	19,085,220	5,411,748	1,516,997	156,886	0	66.00
69.00	06900	ELECTROCARDIOLOGY	10,018,782	2,840,896	512,593	53,012	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	45,072,417	12,780,599	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,896,881	14,432,167	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,143,724	29,247,310	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,150,782	326,312	80,548	8,330	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,065,691	2,570,640	1,200,979	124,204	0	75.00
76.00	03020	CARDIAC REHAB	1,271,534	360,552	154,208	15,948	0	76.00
76.01	03030	GI LAB	7,058,012	2,001,349	623,841	64,517	0	76.01
76.02	03040	ECT	215,019	60,970	48,958	5,063	0	76.02
76.03	03050	OP PSYCH	1,733,579	491,568	402,860	41,663	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5A.03	5.04	6.00	7.00	7.01	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,968,209	2,259,441	604,988	62,567	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,262,762	358,065	108,783	11,250	0	90.01
91.00	09100	EMERGENCY	23,453,078	6,650,284	2,095,353	216,699	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	1,810,739	513,448	258,182	26,701	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	179	51	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	881,193,394	192,042,251	37,921,388	3,900,967	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,859,991	527,413	255,094	26,382	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,092,078	309,666	69,444	7,182	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,751,182	8,719,713	850,611	87,969	0	192.00
193.00	19300	NONPAID WORKERS	299,028	84,791	209,817	21,699	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	483,305	137,045	43,317	4,480	0	194.00
194.01	07951	HOSPICE	160,408	45,485	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	6,142,320	1,741,698	3,234,755	334,535	0	194.03
194.04	07954	SJMH SHARED SERVICES	1,070,910	303,664	1,646,117	170,240	0	194.04
194.08	07958	REHAB HOSPITAL	54,330	15,406	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	18,914	5,363	33,223	3,436	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	923,125,860	203,932,495	44,263,766	4,556,890	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/21/2017 7:45 am	
Cost Center Description			OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER	
			7.02	7.03	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0					7.02
7.03	00703	HEART HOSPITAL	0	0				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,961,091			8.00
9.00	00900	HOUSEKEEPING	0	0	714	10,332,326		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	8,575,823	8,575,823	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	1,384,541	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	371,962	0	9.03
10.00	01000	DIETARY	0	0	8,357	0	228,452	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,816	0	62,475	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	402	0	118,000	14.00
15.00	01500	PHARMACY	0	0	4,129	0	95,773	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	28,508	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	30,005	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	214	0	8,528	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	41,538	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	5,318	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	1,491	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	2,832,850	0	2,295,975	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	453,374	0	227,625	31.00
32.00	03200	CORONARY CARE UNIT	0	0	144,142	0	50,125	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	93,114	0	50,718	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	152,628	0	378,406	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	76,077	0	138,109	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	24,711	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	150,481	0	528,953	50.00
51.00	05100	RECOVERY ROOM	0	0	28,477	0	30,046	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	353,164	0	411,270	52.00
53.00	05300	ANESTHESIOLOGY	0	0	273	0	28,221	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	236,136	0	291,461	54.00
54.01	05401	ULTRASOUND	0	0	41,184	0	101,695	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	105,968	0	47,361	55.00
56.00	05600	RADIOISOTOPE	0	0	18,761	0	67,012	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	57,792	0	20,027	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	22,730	0	51,569	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	66,856	0	113,058	59.00
60.00	06000	LABORATORY	0	0	47	0	208,144	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,890	0	40,558	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	22,585	0	92,720	65.00
66.00	06600	PHYSICAL THERAPY	0	0	175,945	0	299,902	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	92,662	0	101,337	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	19,093	0	15,924	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	164,853	0	237,427	75.00
76.00	03020	CARDIAC REHAB	0	0	3,135	0	30,486	76.00
76.01	03030	GI LAB	0	0	221,323	0	123,330	76.01
76.02	03040	ECT	0	0	7,019	0	9,679	76.02
76.03	03050	OP PSYCH	0	0	0	0	79,643	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

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Cost Center Description			OTHER BUILDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	63,781	0	119,603	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	21,506	90.01
91.00	09100	EMERGENCY	0	0	302,953	0	414,239	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	28,283	0	51,041	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	5,954,208	10,332,326	7,321,969	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	50,431	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	13,729	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,883	0	168,161	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	41,480	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	8,564	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	639,493	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	325,428	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	6,568	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	5,961,091	10,332,326	8,575,823	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/21/2017 7:45 am	
Cost Center Description			HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMINISTRATIVE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER						7.02
7.03	00703	HEART HOSPITAL						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB	1,384,541					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	371,962				9.03
10.00	01000	DIETARY	14,912	6,041	15,792,199			10.00
11.00	01100	CAFETERIA	0	0	8,198,005	8,198,005		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	127,862	9,365,312	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	206,713	0	14.00
15.00	01500	PHARMACY	0	3,829	0	274,252	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,800	0	28,368	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	198,845	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	32,997	0	0	111,620	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	5,281	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	4,541	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,939	0	4,335,171	1,992,282	4,014,771	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	559,071	440,802	944,777	31.00
32.00	03200	CORONARY CARE UNIT	0	0	230,195	146,037	313,002	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	98,448	69,163	148,239	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	435,786	934,025	35.00
40.00	04000	SUBPROVIDER - I/PF	0	3,480	389,926	178,128	239,258	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	132,097	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	527,519	845,157	50.00
51.00	05100	RECOVERY ROOM	0	0	0	62,508	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	349,282	748,619	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	33,186	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	93,832	4,767	0	202,519	0	54.00
54.01	05401	ULTRASOUND	0	0	0	40,403	95,377	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	95,348	0	63,602	0	55.00
56.00	05600	RADIOISOTOPE	0	11,962	0	23,976	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	15,963	0	36,338	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,253	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	65,250	74,304	59.00
60.00	06000	LABORATORY	0	0	0	483,215	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	88,253	0	62.00
65.00	06500	RESPIRATORY THERAPY	21,438	0	0	288,443	0	65.00
66.00	06600	PHYSICAL THERAPY	44,720	10,042	0	215,506	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,647	0	0	132,390	191,481	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	19,292	41,350	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	102,197	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	27,371	0	76.00
76.01	03030	GI LAB	0	0	0	84,450	0	76.01
76.02	03040	ECT	0	0	0	6,411	0	76.02
76.03	03050	OP PSYCH	0	0	0	28,282	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

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Cost Center Description			HOUSEKEEPING-M	HOUSEKEEPING-C	DIETARY	CAFETERIA	NURSING	
			OB	ANCER CENTER			ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
90.00	09000	CLINIC	7,897	61,229	0	192,732	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,614	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,464	0	0	393,632	702,571	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	33,771	72,381	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	239,460	215,461	13,810,816	7,873,558	9,365,312	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,915,443	25,589	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	10,798	30,959	0	14,220	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	393,676	2,039	0	197,334	0	192.00
193.00	19300	NONPAID WORKERS	0	522	0	5,600	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	65,940	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	665,649	118,376	0	81,704	0	194.03
194.04	07954	SJMH SHARED SERVICES	74,958	4,605	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,384,541	371,962	15,792,199	8,198,005	9,365,312	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/21/2017 7:45 am				
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES		
		14.00	15.00	16.00	17.00	21.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.02	00590	PURCHASING RECEIVING AND STORES					5.02	
5.03	00550	ADMINISTRATIVE					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OTHER BUILDING-MOB					7.01	
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02	
7.03	00703	HEART HOSPITAL					7.03	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING-MED CENTER					9.01	
9.02	00902	HOUSEKEEPING-MOB					9.02	
9.03	00903	HOUSEKEEPING-CANCER CENTER					9.03	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	8,465,788				14.00	
15.00	01500	PHARMACY	0	22,538,387			15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,131,140		16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	1,316,738	17.00	
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	7,762	0	22.00	
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00	
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	171,974	620,936	4,778,818	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	69,859	145,352	608,933	31.00
32.00	03200	CORONARY CARE UNIT	0	0	11,480	54,236	1,636,515	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	7,174	22,981	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	120,786	36,071	47,696	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	17,258	197,494	101,123	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	24,130	24,587	52,530	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	194,623	0	1,307,577	50.00
51.00	05100	RECOVERY ROOM	0	0	66,538	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	57,284	29,392	612,323	52.00
53.00	05300	ANESTHESIOLOGY	0	0	78,072	0	128,635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	85,724	0	11,064	54.00
54.01	05401	ULTRASOUND	0	0	42,530	0	48,543	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	82,611	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	41,884	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	168,943	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	74,539	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59,023	13,360	0	59.00
60.00	06000	LABORATORY	0	0	305,879	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	17,265	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	58,551	0	69,575	65.00
66.00	06600	PHYSICAL THERAPY	0	0	52,669	0	59,059	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	124,426	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,967,492	0	186,447	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,498,296	0	103,345	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,538,387	540,826	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,041	26,720	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	20,460	35,532	0	75.00
76.00	03020	CARDIAC REHAB	0	0	1,967	0	0	76.00
76.01	03030	GI LAB	0	0	70,380	0	77,550	76.01
76.02	03040	ECT	0	0	1,509	8,812	0	76.02
76.03	03050	OP PSYCH	0	0	7,069	10,688	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00	21.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	14,622	0	207,031	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	0	3,286	0	0	90.01
91.00 09100 EMERGENCY	0	0	205,821	90,577	249,644	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	0	514	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,465,788	22,538,387	3,103,271	1,316,738	9,996,616	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	27,869	0	422,037	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01 07951 HOSPICE	0	0	0	0	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	8,465,788	22,538,387	3,131,140	1,316,738	10,418,653	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-OTHER PRGM COSTS						
		22.00	23.00	23.01	24.00	25.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.02	00590	PURCHASING RECEIVING AND STORES					5.02	
5.03	00550	ADMINISTRATIVE					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OTHER BUILDING-MOB					7.01	
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02	
7.03	00703	HEART HOSPITAL					7.03	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING-MED CENTER					9.01	
9.02	00902	HOUSEKEEPING-MOB					9.02	
9.03	00903	HOUSEKEEPING-CANCER CENTER					9.03	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,494,176				21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00	02300	PARAMED PRGM		347,696			23.00	
23.01	02301	RADIOLOGY SCHOOL			243,134		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,896,097	0	0	141,021,346	-8,674,915	30.00
31.00	03100	INTENSIVE CARE UNIT	496,455	0	0	29,023,274	-1,105,388	31.00
32.00	03200	CORONARY CARE UNIT	1,334,227	0	0	11,626,851	-2,970,742	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,548,121	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	38,886	0	0	31,870,404	-86,582	35.00
40.00	04000	SUBPROVIDER - I/PF	82,444	0	0	7,872,180	-183,567	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	42,827	0	0	9,006,068	-95,357	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,066,049	0	0	47,059,902	-2,373,626	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,124,673	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	499,218	0	0	27,920,666	-1,111,541	52.00
53.00	05300	ANESTHESIOLOGY	104,874	0	0	3,659,336	-233,509	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,021	0	243,134	24,067,881	-20,085	54.00
54.01	05401	ULTRASOUND	39,577	0	0	5,656,715	-88,120	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,239,989	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,721,268	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	3,524,754	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,405,921	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,341,554	0	59.00
60.00	06000	LABORATORY	0	347,696	0	47,406,359	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,429,949	0	62.00
65.00	06500	RESPIRATORY THERAPY	56,724	0	0	14,651,904	-126,299	65.00
66.00	06600	PHYSICAL THERAPY	48,150	0	0	27,076,844	-107,209	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,075,226	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	62,006,955	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	69,930,689	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	155,470,247	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,694,392	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	13,521,983	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	1,865,201	0	76.00
76.01	03030	GI LAB	63,225	0	0	10,387,977	-140,775	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
76.02 03040 ECT	0	0	0	363,440	0	76.02
76.03 03050 OP PSYCH	0	0	0	2,795,352	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	168,790	0	0	11,730,890	-375,821	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	0	0	1,769,266	0	90.01
91.00 09100 EMERGENCY	203,531	0	0	34,979,846	-453,175	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	0	0	2,795,060	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	230	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,150,095	347,696	243,134	856,642,713	-18,146,711	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,660,343	0	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	1,548,076	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	344,081	0	0	41,971,555	-766,118	192.00
193.00 19300 NONPAID WORKERS	0	0	0	662,937	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	65,940	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	676,711	0	194.00
194.01 07951 HOSPICE	0	0	0	205,893	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	12,958,530	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	3,595,922	0	194.04
194.08 07958 REHAB HOSPITAL	0	0	0	69,736	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	67,504	0	194.09
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	8,494,176	347,696	243,134	923,125,860	-18,912,829	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101 OTHER BUILDING-MOB			1.01
1.02	00102 OTHER BUILDING-CANCER CENTER			1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB			2.01
2.02	00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER			2.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.02	00590 PURCHASING RECEIVING AND STORES			5.02
5.03	00550 ADMITTING			5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL			5.04
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
7.01	00701 OTHER BUILDING-MOB			7.01
7.02	00702 OTHER BUILDING-CANCER CENTER			7.02
7.03	00703 HEART HOSPITAL			7.03
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
9.01	00901 HOUSEKEEPING-MED CENTER			9.01
9.02	00902 HOUSEKEEPING-MOB			9.02
9.03	00903 HOUSEKEEPING-CANCER CENTER			9.03
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM			23.00
23.01	02301 RADIOLOGY SCHOOL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	132,346,431		30.00
31.00	03100 INTENSIVE CARE UNIT	27,917,886		31.00
32.00	03200 CORONARY CARE UNIT	8,656,109		32.00
33.00	03300 BURN INTENSIVE CARE UNIT	4,548,121		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	31,783,822		35.00
40.00	04000 SUBPROVIDER - IPF	7,688,613		40.00
41.00	04100 SUBPROVIDER - IRF	0		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	8,910,711		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	44,686,276		50.00
51.00	05100 RECOVERY ROOM	4,124,673		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	26,809,125		52.00
53.00	05300 ANESTHESIOLOGY	3,425,827		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,047,796		54.00
54.01	05401 ULTRASOUND	5,568,595		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	11,239,989		55.00
56.00	05600 RADIOISOTOPE	4,721,268		56.00
56.01	05601 ONCOLOGY	0		56.01
57.00	05700 CT SCAN	3,524,754		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,405,921		58.00
59.00	05900 CARDIAC CATHETERIZATION	6,341,554		59.00
60.00	06000 LABORATORY	47,406,359		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,429,949		62.00
65.00	06500 RESPIRATORY THERAPY	14,525,605		65.00
66.00	06600 PHYSICAL THERAPY	26,969,635		66.00
69.00	06900 ELECTROCARDIOLOGY	14,075,226		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	62,006,955		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	69,930,689		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	155,470,247		73.00
74.00	07400 RENAL DIALYSIS	1,694,392		74.00
75.00	07500 ASC (NON-DISTINCT PART)	13,521,983		75.00
76.00	03020 CARDIAC REHAB	1,865,201		76.00
76.01	03030 GI LAB	10,247,202		76.01
76.02	03040 ECT	363,440		76.02
76.03	03050 OP PSYCH	2,795,352		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000 CLINIC	11,355,069		90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description			Total	
			26.00	
90.01	09001	HYPERBARIC/OP WOUND	1,769,266	90.01
91.00	09100	EMERGENCY	34,526,671	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	AMBULATORY CARE UNIT	2,795,060	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	230	95.00
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	838,496,002	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,660,343	190.00
190.01	19001	VENDING MACHINES	0	190.01
190.02	19002	VISITOR MEALS	0	190.02
191.00	19100	RESEARCH	1,548,076	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,205,437	192.00
193.00	19300	NONPAID WORKERS	662,937	193.00
193.01	19301	MEALS ON WHEELS	65,940	193.01
193.03	19303	CONVENT	0	193.03
193.06	19306	VACANT SPACE	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	676,711	194.00
194.01	07951	HOSPICE	205,893	194.01
194.02	07952	SHARED SERVICES	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	12,958,530	194.03
194.04	07954	SJMH SHARED SERVICES	3,595,922	194.04
194.08	07958	REHAB HOSPITAL	69,736	194.08
194.09	07960	MERCY SAFEWATCH	67,504	194.09
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	904,213,031	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP		
			1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	179,033	3,191	22,677	10,954	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	77,144	0	0	0	5.02
5.03	00550	ADMITTING	0	147,662	879	0	18,587	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	18,164,258	871,131	164,914	4,740	1,819,360	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	3,909,764	133,807	75,310	410,198	6.00
7.00	00700	OPERATION OF PLANT	0	114,600	0	0	369,123	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	126,010	0	0	11,025	8.00
9.00	00900	HOUSEKEEPING	0	262,989	19,776	4,873	70,288	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	657,887	25,344	8,344	255,500	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	179,912	0	0	391,041	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	339,812	0	0	602,924	14.00
15.00	01500	PHARMACY	0	275,801	0	5,289	870,912	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	82,096	0	3,868	0	16.00
17.00	01700	SOCIAL SERVICE	0	86,407	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	24,560	0	0	54,882	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	119,620	56,081	0	12,567	22.00
23.00	02300	PARAMED PRGM	0	15,314	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	4,293	0	0	1,030	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,611,848	18,592	0	3,619,994	30.00
31.00	03100	INTENSIVE CARE UNIT	0	655,504	0	0	915,992	31.00
32.00	03200	CORONARY CARE UNIT	0	144,349	0	0	169,418	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	146,056	0	0	116,966	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	1,089,717	0	0	956,328	35.00
40.00	04000	SUBPROVIDER - IPF	0	397,721	0	4,806	52,732	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	71,160	0	0	10,335	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,523,254	0	0	6,215,335	50.00
51.00	05100	RECOVERY ROOM	0	86,525	0	0	47,529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,184,355	0	0	2,034,907	52.00
53.00	05300	ANESTHESIOLOGY	0	81,268	0	0	415,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	839,337	159,475	6,585	2,123,736	54.00
54.01	05401	ULTRASOUND	0	292,856	0	0	638,517	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	136,388	0	131,699	143,221	55.00
56.00	05600	RADIOISOTOPE	0	192,978	0	16,522	196,290	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	57,672	0	22,049	287,600	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	148,507	0	0	412,376	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	325,580	0	0	785,175	59.00
60.00	06000	LABORATORY	0	599,404	0	0	1,535,274	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	116,798	0	0	108,637	62.00
65.00	06500	RESPIRATORY THERAPY	0	267,012	36,435	0	689,271	65.00
66.00	06600	PHYSICAL THERAPY	0	863,643	76,005	13,871	252,144	66.00
69.00	06900	ELECTROCARDIOLOGY	0	291,825	12,996	0	1,344,937	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	45,857	0	0	74,304	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	683,731	0	0	960,865	75.00
76.00	03020	CARDIAC REHAB	0	87,793	0	0	33,392	76.00
76.01	03030	GI LAB	0	355,160	0	0	998,660	76.01
76.02	03040	ECT	0	27,873	0	0	4,729	76.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS						
		NEW BLDG & FIXT	OTHER BUI LDING-MOB	OTHER BUI LDING-CANCE R CENTER	NEW MVBLE EQUIP			
		1.00	1.01	1.02	2.00			
76.03 03050 OP PSYCH	0	229,353	0	0	11,367	76.03		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	0	344,426	13,421	84,573	97,626	90.00		
90.01 09001 HYPERBARIC/OP WOUND	0	61,931	6,142	0	47,218	90.01		
91.00 09100 EMERGENCY	0	1,192,908	2,488	0	505,140	91.00		
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02		
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00		
92.01 09201 AMBULATORY CARE UNIT	0	146,986	0	0	226,706	92.01		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	435	95.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
SPECIAL PURPOSE COST CENTERS								
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,164,258	26,773,810	729,546	405,206	30,931,400	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	145,228	0	0	598	190.00		
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01		
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02		
191.00 19100 RESEARCH	0	39,535	18,352	42,762	0	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	484,262	669,081	2,816	3,902	192.00		
193.00 19300 NONPAID WORKERS	0	119,451	0	721	13,744	193.00		
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01		
193.03 19303 CONVENT	0	0	0	0	0	193.03		
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06		
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07		
194.00 07950 NEIGHBORHOOD MINISTRIES	0	24,661	0	0	0	194.00		
194.01 07951 HOSPICE	0	0	0	0	0	194.01		
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02		
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	1,841,583	1,131,319	163,506	3,875	194.03		
194.04 07954 SJMH SHARED SERVICES	0	937,153	127,397	6,360	0	194.04		
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08		
194.09 07960 MERCY SAFEWATCH	0	18,914	0	0	0	194.09		
200.00		Cross Foot Adjustments				200.00		
201.00		Negative Cost Centers	0	0	0	201.00		
202.00		TOTAL (sum lines 118-201)	18,164,258	30,384,597	2,675,695	621,371	30,953,519	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES			
	NEW MVBLE EQUI P-MOB	NEW MVBLE EQUI P-CANCER						
	2.01	2.02					2A	4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	OTHER BUILDING-MOB				1.01		
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUI P				2.00		
2.01	00201	NEW CAP REL COSTS-MVBLE EQUI P-MOB				2.01		
2.02	00202	NEW CAP REL COSTS-MVBLE EQUI P-CANCER				2.02		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,879	0	217,734	217,734	4.00	
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	77,144	0	5.02	
5.03	00550	ADMINISTRATIVE	119	0	167,247	3,011	5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	45,762	1,004	21,071,169	9,772	185	5.04
6.00	00600	MAINTENANCE & REPAIRS	15,411	11,069	4,555,559	2,112	139	6.00
7.00	00700	OPERATION OF PLANT	0	0	483,723	1,009	14	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	137,035	371	382	8.00
9.00	00900	HOUSEKEEPING	5,678	1,959	365,563	3,950	348	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	13,433	3,352	963,860	5,043	2,096	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	570,953	3,262	32	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	942,736	2,260	228	14.00
15.00	01500	PHARMACY	0	25,491	1,177,493	7,343	31,965	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	85,964	441	1	16.00
17.00	01700	SOCIAL SERVICE	0	0	86,407	0	3	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	79,442	3,520	105	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,894	0	203,162	3,051	17	22.00
23.00	02300	PARAMED PRGM	0	0	15,314	142	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	5,323	131	1	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,721	0	10,296,155	35,889	1,963	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,571,496	10,778	915	31.00
32.00	03200	CORONARY CARE UNIT	0	0	313,767	2,664	266	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	263,022	1,338	134	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	2,046,045	9,423	459	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	455,259	2,013	31	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	81,495	2,786	122	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,738,589	10,223	19,707	50.00
51.00	05100	RECOVERY ROOM	0	0	134,054	1,410	43	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,219,262	7,235	814	52.00
53.00	05300	ANESTHESIOLOGY	0	0	497,121	354	1,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	279,439	0	3,408,572	5,856	1,659	54.00
54.01	05401	ULTRASOUND	0	0	931,373	1,235	24	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	666,852	1,078,160	1,631	43	55.00
56.00	05600	RADIOISOTOPE	0	242,214	648,004	728	774	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	165,422	532,743	718	275	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	560,883	427	102	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,110,755	1,644	1,233	59.00
60.00	06000	LABORATORY	0	0	2,134,678	7,351	205	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	225,435	1,792	222	62.00
65.00	06500	RESPIRATORY THERAPY	210,519	0	1,203,237	5,570	753	65.00
66.00	06600	PHYSICAL THERAPY	44,239	6,837	1,256,739	8,627	300	66.00
69.00	06900	ELECTROCARDIOLOGY	5,879	0	1,655,637	4,465	4,680	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	120,161	505	106	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,644,596	3,185	1,528	75.00
76.00	03020	CARDIAC REHAB	0	0	121,185	599	6	76.00
76.01	03030	GI LAB	0	0	1,353,820	2,533	962	76.01
76.02	03040	ECT	0	0	32,602	115	11	76.02
76.03	03050	OP PSYCH	0	0	240,720	511	9	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
	NEW MVBLE EQUI P-MOB	NEW MVBLE EQUI P-CANCER				
	2.01	2.02				
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	74,004	614,050	4,043	1,160	90.00
90.01 09001 HYPERBARIC/OP WOUND	5,035	0	120,326	723	104	90.01
91.00 09100 EMERGENCY	0	0	1,700,536	18,884	828	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	0	373,692	742	69	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	435	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	688,008	1,198,204	78,890,432	201,415	76,665	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	145,826	215	374	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	5,355	106,004	399	1	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	1,160,061	14,149	19	192.00
193.00 19300 NONPAID WORKERS	0	125	134,041	72	8	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	24,661	200	3	194.00
194.01 07951 HOSPICE	0	0	0	21	1	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	3,140,283	1,263	73	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	1,070,910	0	0	194.04
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	18,914	0	0	194.09
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	688,008	1,203,684	84,691,132	217,734	77,144	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am	
Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMINISTRATIVE	170,315					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	21,081,126				5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,010,831	5,568,641			6.00
7.00	00700	OPERATION OF PLANT	0	99,467	25,324	609,537		7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	130,553	27,845	3,062		8.00
9.00	00900	HOUSEKEEPING	0	224,298	58,115	6,390		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	325,634	145,379	15,986		10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	201,520	39,757	4,372		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	170,864	75,091	8,257		14.00
15.00	01500	PHARMACY	0	493,860	60,946	6,702		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	66,508	18,142	1,995		16.00
17.00	01700	SOCIAL SERVICE	0	25,560	19,094	2,100		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	232,098	5,427	597		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	420	184,255	26,434	2,907		22.00
23.00	02300	PARAMED PRGM	0	7,020	3,384	372		23.00
23.01	02301	RADIOLOGY SCHOOL	0	5,225	949	104		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,301	2,358,025	1,461,080	160,655	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,778	543,659	144,853	15,928	0	31.00
32.00	03200	CORONARY CARE UNIT	621	169,610	31,898	3,507	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	388	86,213	32,275	3,549	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	6,533	630,610	240,805	26,479	0	35.00
40.00	04000	SUBPROVIDER - I PF	933	129,667	87,888	9,664	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,305	195,647	15,725	1,729	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,526	901,752	336,607	37,013	0	50.00
51.00	05100	RECOVERY ROOM	3,599	86,080	19,120	2,102	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,098	515,298	261,718	28,778	0	52.00
53.00	05300	ANESTHESIOLOGY	4,222	71,446	17,959	1,975	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,636	485,584	185,476	20,395	0	54.00
54.01	05401	ULTRASOUND	2,300	106,870	64,715	7,116	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,468	241,628	30,139	3,314	0	55.00
56.00	05600	RADIOISOTOPE	2,265	95,540	42,644	4,689	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	9,137	71,111	12,744	1,401	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,031	44,486	32,817	3,609	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,192	121,460	71,946	7,911	0	59.00
60.00	06000	LABORATORY	16,543	1,025,352	132,456	14,565	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	934	183,939	25,810	2,838	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,167	308,849	59,004	6,488	0	65.00
66.00	06600	PHYSICAL THERAPY	2,849	559,426	190,847	20,985	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,729	293,671	64,487	7,091	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,084	1,321,163	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,589	1,491,889	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,221	3,023,477	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	327	33,732	10,133	1,114	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,107	265,734	151,090	16,614	0	75.00
76.00	03020	CARDIAC REHAB	106	37,271	19,400	2,133	0	76.00
76.01	03030	GI LAB	3,806	206,884	78,483	8,630	0	76.01
76.02	03040	ECT	82	6,303	6,159	677	0	76.02
76.03	03050	OP PSYCH	382	50,815	50,682	5,573	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am	
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Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	791	233,564	76,111	8,369	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	178	37,014	13,686	1,505	0	90.01
91.00	09100	EMERGENCY	11,132	687,457	263,608	28,986	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	28	53,076	32,481	3,572	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	5	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	168,808	19,852,000	4,770,733	521,798	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,520	32,092	3,529	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	32,011	8,736	961	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,507	901,379	107,012	11,767	0	192.00
193.00	19300	NONPAID WORKERS	0	8,765	26,396	2,903	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	14,167	5,450	599	0	194.00
194.01	07951	HOSPICE	0	4,702	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	180,044	406,951	44,748	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	31,391	207,091	22,772	0	194.04
194.08	07958	REHAB HOSPITAL	0	1,593	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	554	4,180	460	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	170,315	21,081,126	5,568,641	609,537	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am	
Cost Center Description			OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER	
			7.02	7.03	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0					7.02
7.03	00703	HEART HOSPITAL	0	0				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	299,248			8.00
9.00	00900	HOUSEKEEPING	0	0	36	658,700		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	546,721	546,721	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	88,266	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	23,713	0	9.03
10.00	01000	DIETARY	0	0	420	0	14,564	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	91	0	3,983	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	20	0	7,523	14.00
15.00	01500	PHARMACY	0	0	207	0	6,106	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,817	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,913	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	11	0	544	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,648	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	339	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	95	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	142,209	0	146,372	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	22,760	0	14,511	31.00
32.00	03200	CORONARY CARE UNIT	0	0	7,236	0	3,196	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	4,674	0	3,233	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	7,662	0	24,124	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	3,819	0	8,805	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	1,575	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,554	0	33,722	50.00
51.00	05100	RECOVERY ROOM	0	0	1,430	0	1,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	17,729	0	26,219	52.00
53.00	05300	ANESTHESIOLOGY	0	0	14	0	1,799	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,854	0	18,581	54.00
54.01	05401	ULTRASOUND	0	0	2,067	0	6,483	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,320	0	3,019	55.00
56.00	05600	RADIOISOTOPE	0	0	942	0	4,272	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	2,901	0	1,277	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,141	0	3,288	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,356	0	7,208	59.00
60.00	06000	LABORATORY	0	0	2	0	13,269	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	145	0	2,586	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,134	0	5,911	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,832	0	19,119	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,652	0	6,460	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	958	0	1,015	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	8,276	0	15,136	75.00
76.00	03020	CARDIAC REHAB	0	0	157	0	1,944	76.00
76.01	03030	GI LAB	0	0	11,111	0	7,862	76.01
76.02	03040	ECT	0	0	352	0	617	76.02
76.03	03050	OP PSYCH	0	0	0	0	5,077	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description			OTHER BUILDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	3,202	0	7,625	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	1,371	90.01
91.00	09100	EMERGENCY	0	0	15,208	0	26,408	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	1,420	0	3,254	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	298,902	658,700	466,785	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,215	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	875	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	346	0	10,721	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	2,644	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	546	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	40,769	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	20,747	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	419	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	299,248	658,700	546,721	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am			
Cost Center Description			HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMINISTRATIVE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER						7.02
7.03	00703	HEART HOSPITAL						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB	88,266					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	23,713				9.03
10.00	01000	DIETARY	951	385	1,474,318			10.00
11.00	01100	CAFETERIA	0	0	765,345	765,345		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	11,937	835,907	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	19,298	0	14.00
15.00	01500	PHARMACY	0	244	0	25,603	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	179	0	2,648	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	18,564	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,104	0	0	10,421	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	493	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	424	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	697	0	404,720	185,991	358,343	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	52,193	41,152	84,326	31.00
32.00	03200	CORONARY CARE UNIT	0	0	21,490	13,634	27,937	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	9,191	6,457	13,231	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	40,684	83,367	35.00
40.00	04000	SUBPROVIDER - I/PF	0	222	36,402	16,630	21,355	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	12,332	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	49,248	75,435	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,836	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,608	66,818	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,098	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,982	304	0	18,907	0	54.00
54.01	05401	ULTRASOUND	0	0	0	3,772	8,513	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,079	0	5,938	0	55.00
56.00	05600	RADIOISOTOPE	0	763	0	2,238	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	1,018	0	3,392	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,984	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,092	6,632	59.00
60.00	06000	LABORATORY	0	0	0	45,112	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,239	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,367	0	0	26,928	0	65.00
66.00	06600	PHYSICAL THERAPY	2,851	640	0	20,119	0	66.00
69.00	06900	ELECTROCARDIOLOGY	487	0	0	12,360	17,091	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	1,801	3,691	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	9,541	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	2,555	0	76.00
76.01	03030	GI LAB	0	0	0	7,884	0	76.01
76.02	03040	ECT	0	0	0	599	0	76.02
76.03	03050	OP PSYCH	0	0	0	2,640	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description			HOUSEKEEPING-M OB 9.02	HOUSEKEEPING-C ANCER CENTER 9.03	DIETARY 10.00	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00	
90.00	09000	CLINIC	503	3,903	0	17,993	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	230	0	0	0	0	90.01
91.00	09100	EMERGENCY	93	0	0	36,749	62,708	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	3,153	6,460	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,265	13,737	1,289,341	735,054	835,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	178,821	2,389	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	688	1,974	0	1,328	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,097	130	0	18,423	0	192.00
193.00	19300	NONPAID WORKERS	0	33	0	523	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	6,156	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	42,437	7,545	0	7,628	0	194.03
194.04	07954	SJMH SHARED SERVICES	4,779	294	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	88,266	23,713	1,474,318	765,345	835,907	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
			14.00	15.00	16.00	17.00	21.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER					9.03
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,226,277				14.00
15.00	01500	PHARMACY	0	1,810,469			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	177,695		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	135,077	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	340,308
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	437	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	9,681	63,698	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,932	14,911	31.00
32.00	03200	CORONARY CARE UNIT	0	0	646	5,564	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	404	2,358	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	6,799	3,700	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	971	20,260	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,358	2,522	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	10,956	0	50.00
51.00	05100	RECOVERY ROOM	0	0	3,745	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,225	3,015	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,395	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,826	0	54.00
54.01	05401	ULTRASOUND	0	0	2,394	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4,650	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,358	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	9,510	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,196	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,323	1,371	59.00
60.00	06000	LABORATORY	0	0	17,218	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	972	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,296	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,965	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7,004	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	574,719	0	10,495	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	651,558	0	5,817	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,810,469	31,882	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	340	2,741	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,152	3,645	75.00
76.00	03020	CARDIAC REHAB	0	0	111	0	76.00
76.01	03030	GI LAB	0	0	3,962	0	76.01
76.02	03040	ECT	0	0	85	904	76.02
76.03	03050	OP PSYCH	0	0	398	1,096	76.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00	21.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	823	0		90.00
90.01 09001 HYPERBARIC/OP WOUND	0	0	185	0		90.01
91.00 09100 EMERGENCY	0	0	11,586	9,292		91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0		91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 AMBULATORY CARE UNIT	0	0	29	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
99.10 09910 CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,226,277	1,810,469	176,126	135,077	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01 19001 VENDING MACHINES	0	0	0	0		190.01
190.02 19002 VISITOR MEALS	0	0	0	0		190.02
191.00 19100 RESEARCH	0	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	1,569	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0		193.01
193.03 19303 CONVENT	0	0	0	0		193.03
193.06 19306 VACANT SPACE	0	0	0	0		193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0		193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	0		194.00
194.01 07951 HOSPICE	0	0	0	0		194.01
194.02 07952 SHARED SERVICES	0	0	0	0		194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	0		194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	0		194.04
194.08 07958 REHAB HOSPITAL	0	0	0	0		194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	0		194.09
200.00 Cross Foot Adjustments					340,308	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,226,277	1,810,469	177,695	135,077	340,308	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00590 PURCHASING RECEIVING AND STORES						5.02
5.03 00550 ADMINITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	435,856					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00 02300 PARAMED PRGM		27,064				23.00
23.01 02301 RADIOLOGY SCHOOL			12,252			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				15,634,779		0 30.00
31.00 03100 INTENSIVE CARE UNIT				2,525,192		0 31.00
32.00 03200 CORONARY CARE UNIT				602,036		0 32.00
33.00 03300 BURN INTENSIVE CARE UNIT				426,467		0 33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT				0		0 34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT				3,126,690		0 35.00
40.00 04000 SUBPROVIDER - I PF				793,919		0 40.00
41.00 04100 SUBPROVIDER - I RF				0		0 41.00
42.00 04200 SUBPROVIDER				0		0 42.00
43.00 04300 NURSERY				316,596		0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				9,231,332		0 50.00
51.00 05100 RECOVERY ROOM				259,334		0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				4,185,817		0 52.00
53.00 05300 ANESTHESIOLOGY				603,968		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				4,172,632		0 54.00
54.01 05401 ULTRASOUND				1,136,862		0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC				1,384,389		0 55.00
56.00 05600 RADIOISOTOPE				805,217		0 56.00
56.01 05601 ONCOLOGY				0		0 56.01
57.00 05700 CT SCAN				646,227		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				656,964		0 58.00
59.00 05900 CARDIAC CATHETERIZATION				1,346,123		0 59.00
60.00 06000 LABORATORY				3,406,751		0 60.00
60.01 06001 LABORATORY-PATHOLOGICAL				0		0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				452,912		0 62.00
65.00 06500 RESPIRATORY THERAPY				1,625,704		0 65.00
66.00 06600 PHYSICAL THERAPY				2,094,299		0 66.00
69.00 06900 ELECTROCARDIOLOGY				2,084,814		0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,916,461		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				2,154,853		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				4,896,049		0 73.00
74.00 07400 RENAL DIALYSIS				176,624		0 74.00
75.00 07500 ASC (NON-DISTINCT PART)				2,121,604		0 75.00
76.00 03020 CARDIAC REHAB				185,467		0 76.00
76.01 03030 GI LAB				1,685,937		0 76.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
76.02 03040 ECT				48,506	0	76.02
76.03 03050 OP PSYCH				357,903	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC				0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 09000 CLINIC				972,137	0	90.00
90.01 09001 HYPERBARIC/OP WOUND				175,322	0	90.01
91.00 09100 EMERGENCY				2,873,475	0	91.00
91.02 09101 NATURAL FAMILY PLANNING				0	0	91.02
91.03 09102 PAIN THERAPY CENTER				0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
92.01 09201 AMBULATORY CARE UNIT				477,976	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES				440	0	95.00
99.10 09910 CORF				0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION				0	0	109.00
110.00 11000 INTESTINAL ACQUISITION				0	0	110.00
111.00 11100 ISLET ACQUISITION				0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	75,561,778	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				420,981	0	190.00
190.01 19001 VENDING MACHINES				0	0	190.01
190.02 19002 VISITOR MEALS				0	0	190.02
191.00 19100 RESEARCH				152,977	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				2,252,180	0	192.00
193.00 19300 NONPAID WORKERS				175,385	0	193.00
193.01 19301 MEALS ON WHEELS				6,156	0	193.01
193.03 19303 CONVENT				0	0	193.03
193.06 19306 VACANT SPACE				0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE				0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES				45,626	0	194.00
194.01 07951 HOSPICE				4,724	0	194.01
194.02 07952 SHARED SERVICES				0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE				3,871,741	0	194.03
194.04 07954 SJMH SHARED SERVICES				1,357,984	0	194.04
194.08 07958 REHAB HOSPITAL				1,593	0	194.08
194.09 07960 MERCY SAFEWATCH				24,527	0	194.09
200.00 Cross Foot Adjustments	435,856	27,064	12,252	815,480	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	435,856	27,064	12,252	84,691,132	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 OTHER BUILDING-MOB		1.01
1.02	00102 OTHER BUILDING-CANCER CENTER		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590 PURCHASING RECEIVING AND STORES		5.02
5.03	00550 ADMITTING		5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OTHER BUILDING-MOB		7.01
7.02	00702 OTHER BUILDING-CANCER CENTER		7.02
7.03	00703 HEART HOSPITAL		7.03
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-MED CENTER		9.01
9.02	00902 HOUSEKEEPING-MOB		9.02
9.03	00903 HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	15,634,779	30.00
31.00	03100 INTENSIVE CARE UNIT	2,525,192	31.00
32.00	03200 CORONARY CARE UNIT	602,036	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	426,467	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	3,126,690	35.00
40.00	04000 SUBPROVIDER - IPF	793,919	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	316,596	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	9,231,332	50.00
51.00	05100 RECOVERY ROOM	259,334	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,185,817	52.00
53.00	05300 ANESTHESIOLOGY	603,968	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,172,632	54.00
54.01	05401 ULTRASOUND	1,136,862	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,384,389	55.00
56.00	05600 RADIOISOTOPE	805,217	56.00
56.01	05601 ONCOLOGY	0	56.01
57.00	05700 CT SCAN	646,227	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	656,964	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,346,123	59.00
60.00	06000 LABORATORY	3,406,751	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	452,912	62.00
65.00	06500 RESPIRATORY THERAPY	1,625,704	65.00
66.00	06600 PHYSICAL THERAPY	2,094,299	66.00
69.00	06900 ELECTROCARDIOLOGY	2,084,814	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,916,461	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,154,853	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,896,049	73.00
74.00	07400 RENAL DIALYSIS	176,624	74.00
75.00	07500 ASC (NON-DISTINCT PART)	2,121,604	75.00
76.00	03020 CARDIAC REHAB	185,467	76.00
76.01	03030 GI LAB	1,685,937	76.01
76.02	03040 ECT	48,506	76.02
76.03	03050 OP PSYCH	357,903	76.03
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	972,137	90.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description			Total	
			26.00	
90.01	09001	HYPERBARIC/OP WOUND	175,322	90.01
91.00	09100	EMERGENCY	2,873,475	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	AMBULATORY CARE UNIT	477,976	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	440	95.00
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,561,778	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	420,981	190.00
190.01	19001	VENDING MACHINES	0	190.01
190.02	19002	VISITOR MEALS	0	190.02
191.00	19100	RESEARCH	152,977	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,252,180	192.00
193.00	19300	NONPAID WORKERS	175,385	193.00
193.01	19301	MEALS ON WHEELS	6,156	193.01
193.03	19303	CONVENT	0	193.03
193.06	19306	VACANT SPACE	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	45,626	194.00
194.01	07951	HOSPICE	4,724	194.01
194.02	07952	SHARED SERVICES	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	3,871,741	194.03
194.04	07954	SJMH SHARED SERVICES	1,357,984	194.04
194.08	07958	REHAB HOSPITAL	1,593	194.08
194.09	07960	MERCY SAFEWATCH	24,527	194.09
200.00		Cross Foot Adjustments	815,480	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	84,691,132	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	2.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,797,618					1.00
1.01	00101	OTHER BUILDING-MOB	0	289,272				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	0	93,985			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				18,214,981		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				0	688,007	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				0	0	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,592	345	3,430	6,446	1,879	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	4,564	0	0	0	0	5.02
5.03	00550	ADMINISTRATIVE	8,736	95	0	10,938	119	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	51,538	17,829	717	1,070,625	45,762	5.04
6.00	00600	MAINTENANCE & REPAIRS	231,310	14,466	11,391	241,386	15,411	6.00
7.00	00700	OPERATION OF PLANT	6,780	0	0	217,215	0	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	7,455	0	0	6,488	0	8.00
9.00	00900	HOUSEKEEPING	15,559	2,138	737	41,362	5,678	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	38,922	2,740	1,262	150,352	13,433	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,644	0	0	230,113	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,104	0	0	354,798	0	14.00
15.00	01500	PHARMACY	16,317	0	800	512,499	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,857	0	585	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,112	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,453	0	0	32,296	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,077	6,063	0	7,395	14,894	22.00
23.00	02300	PARAMED ED PRGM	906	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	254	0	0	606	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	391,171	2,010	0	2,130,230	45,721	30.00
31.00	03100	INTENSIVE CARE UNIT	38,781	0	0	539,027	0	31.00
32.00	03200	CORONARY CARE UNIT	8,540	0	0	99,696	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,641	0	0	68,830	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,470	0	0	562,763	0	35.00
40.00	04000	SUBPROVIDER - IPF	23,530	0	727	31,031	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,210	0	0	6,082	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,119	0	0	3,657,490	0	50.00
51.00	05100	RECOVERY ROOM	5,119	0	0	27,969	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,069	0	0	1,197,466	0	52.00
53.00	05300	ANESTHESIOLOGY	4,808	0	0	244,714	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,657	17,241	996	1,249,739	279,438	54.00
54.01	05401	ULTRASOUND	17,326	0	0	375,743	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,069	0	19,920	84,280	0	55.00
56.00	05600	RADIOLOGY-SOTOPE	11,417	0	2,499	115,509	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	3,412	0	3,335	169,242	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,786	0	0	242,668	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,262	0	0	462,046	0	59.00
60.00	06000	LABORATORY	35,462	0	0	903,451	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,910	0	0	63,929	0	62.00
65.00	06500	RESPIRATORY THERAPY	15,797	3,939	0	405,610	210,519	65.00
66.00	06600	PHYSICAL THERAPY	51,095	8,217	2,098	148,377	44,239	66.00
69.00	06900	ELECTROCARDIOLOGY	17,265	1,405	0	791,445	5,879	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	2,713	0	0	43,725	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	40,451	0	0	565,433	0	75.00
76.00	03020	CARDIAC REHAB	5,194	0	0	19,650	0	76.00
76.01	03030	GI LAB	21,012	0	0	587,674	0	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUI LDING-MOB (SQUARE FEET)	OTHER BUI LDING-CANCE R CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	2.01		
76.02	03040	ECT	1,649	0	0	2,783	0	76.02
76.03	03050	OP PSYCH	13,569	0	0	6,689	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	20,377	1,451	12,792	57,449	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,664	664	0	27,786	5,035	90.01
91.00	09100	EMERGENCY	70,575	269	0	297,256	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	8,696	0	0	133,408	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	256	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,583,996	78,872	61,289	18,201,965	688,007	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,592	0	0	352	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	2,339	1,984	6,468	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,650	72,335	426	2,296	0	192.00
193.00	19300	NONPAID WORKERS	7,067	0	109	8,088	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	1,459	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	108,952	122,308	24,731	2,280	0	194.03
194.04	07954	SJM SHARED SERVICES	55,444	13,773	962	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	1,119	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	30,384,597	2,675,695	621,371	30,953,519	688,008	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.902700	9.249755	6.611385	1.699344	1.000001	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS REVEUE)	Reconciliation	
	NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)						
	2.02		4.00	5.02	5.03		5A.04
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 OTHER BUILDING-MOB							1.01
1.02 00102 OTHER BUILDING-CANCER CENTER							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB							2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER	1,203,684						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0		317,863,065				4.00
5.02 00590 PURCHASING RECEIVING AND STORES	0		0	227,167,641			5.02
5.03 00550 ADMITTING	0		4,395,930	167,485	3,457,560,636		5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	1,004		14,265,269	542,667	0	-203,932,495	5.04
6.00 00600 MAINTENANCE & REPAIRS	11,069		3,083,462	409,971	0	0	6.00
7.00 00700 OPERATION OF PLANT	0		1,472,984	40,254	0	0	7.00
7.01 00701 OTHER BUILDING-MOB	0		0	0	0	0	7.01
7.02 00702 OTHER BUILDING-CANCER CENTER	0		0	0	0	0	7.02
7.03 00703 HEART HOSPITAL	0		0	0	0	0	7.03
8.00 00800 LAUNDRY & LINEN SERVICE	0		541,737	1,123,396	0	0	8.00
9.00 00900 HOUSEKEEPING	1,959		5,766,865	1,022,583	0	0	9.00
9.01 00901 HOUSEKEEPING-MED CENTER	0		0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-MOB	0		0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER	0		0	0	0	0	9.03
10.00 01000 DIETARY	3,352		7,362,396	6,166,002	0	0	10.00
11.00 01100 CAFETERIA	0		0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0		4,762,179	95,067	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0		3,298,559	671,722	0	0	14.00
15.00 01500 PHARMACY	25,491		10,719,246	94,292,732	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0		643,177	2,285	0	0	16.00
17.00 01700 SOCIAL SERVICE	0		0	8,902	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		5,139,281	308,084	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		4,454,606	49,096	8,567,404	0	22.00
23.00 02300 PARAMED ED PRGM	0		206,577	1,345	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL	0		191,281	3,233	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0		52,399,012	5,774,641	189,816,569	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0		15,734,834	2,691,105	77,107,491	0	31.00
32.00 03200 CORONARY CARE UNIT	0		3,889,024	783,170	12,671,033	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		1,952,998	393,619	7,918,382	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0		13,756,869	1,348,548	133,318,266	0	35.00
40.00 04000 SUBPROVIDER - IPF	0		2,938,808	92,566	19,048,804	0	40.00
41.00 04100 SUBPROVIDER - IRF	0		0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	0	42.00
43.00 04300 NURSERY	0		4,066,787	358,559	26,634,103	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0		14,924,648	57,961,981	214,815,631	0	50.00
51.00 05100 RECOVERY ROOM	0		2,057,845	125,314	73,441,079	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0		10,562,536	2,393,892	63,227,089	0	52.00
53.00 05300 ANESTHESIOLOGY	0		516,834	4,661,890	86,172,409	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0		8,548,869	4,878,899	94,618,545	0	54.00
54.01 05401 ULTRASOUND	0		1,803,128	70,498	46,942,437	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	666,852		2,380,737	125,526	91,182,216	0	55.00
56.00 05600 RADIOISOTOPE	242,214		1,063,331	2,276,427	46,229,342	0	56.00
56.01 05601 ONCOLOGY	0		0	0	0	0	56.01
57.00 05700 CT SCAN	165,422		1,048,287	807,994	186,470,800	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		623,230	299,133	82,272,555	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		2,400,164	3,625,293	65,147,290	0	59.00
60.00 06000 LABORATORY	0		10,731,939	603,199	337,615,169	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0		0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		2,615,525	652,036	19,056,683	0	62.00
65.00 06500 RESPIRATORY THERAPY	0		8,130,787	2,214,867	64,625,482	0	65.00
66.00 06600 PHYSICAL THERAPY	6,837		12,594,029	880,973	58,133,230	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0		6,517,886	13,764,115	137,335,124	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	205,791,922	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0		0	0	114,066,823	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		0	0	598,493,171	0	73.00
74.00 07400 RENAL DIALYSIS	0		737,387	311,833	6,667,486	0	74.00
75.00 07500 ASC (NON-DIAGNOSTIC PART)	0		4,649,422	4,495,577	22,583,147	0	75.00
76.00 03020 CARDIAC REHAB	0		874,394	18,165	2,171,241	0	76.00
76.01 03030 GI LAB	0		3,697,748	2,829,262	77,681,629	0	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVEUE)	Reconciliation	
			NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)					
			2.02	4.00	5.02	5.03	5A.04	
76.02	03040	ECT	0	167,707	33,197	1,665,258	0	76.02
76.03	03050	OP PSYCH	0	746,576	25,624	7,802,890	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	74,004	5,901,720	3,412,782	16,139,113	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	1,054,755	306,511	3,626,769	0	90.01
91.00	09100	EMERGENCY	0	27,568,154	2,435,800	227,175,475	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	1,083,014	204,061	567,676	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,198,204	294,042,533	225,761,881	3,426,799,733	-203,932,495	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	313,425	1,099,941	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	5,355	581,821	1,950	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	20,654,805	56,037	30,760,903	0	192.00
193.00	19300	NONPAID WORKERS	125	104,753	23,698	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	291,571	7,601	0	0	194.00
194.01	07951	HOSPICE	0	30,697	2,320	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	1,843,460	213,542	0	0	194.03
194.04	07954	SJM SHARED SERVICES	0	0	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	671	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,203,684	85,878,967	77,144	5,948,991		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.000000	0.270176	0.000340	0.001721		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		217,734	77,144	170,315		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000685	0.000340	0.000049		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	719,193,365				5.04
6.00	00600	MAINTENANCE & REPAIRS	34,485,236	1,490,878			6.00
7.00	00700	OPERATION OF PLANT	3,393,378	6,780	1,484,098		7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	256,537	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	78,447
7.03	00703	HEART HOSPITAL	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	4,453,923	7,455	7,455	0	0
9.00	00900	HOUSEKEEPING	7,652,091	15,559	15,559	2,138	737
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0
10.00	01000	DIETARY	11,109,241	38,922	38,922	2,740	1,262
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,875,004	10,644	10,644	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,829,162	20,104	20,104	0	0
15.00	01500	PHARMACY	16,848,380	16,317	16,317	0	800
16.00	01600	MEDICAL RECORDS & LIBRARY	2,268,967	4,857	4,857	0	585
17.00	01700	SOCIAL SERVICE	872,001	5,112	5,112	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,918,204	1,453	1,453	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,285,981	7,077	7,077	6,063	0
23.00	02300	PARAMED ED PRGM	239,503	906	906	0	0
23.01	02301	RADIOLOGY SCHOOL	178,240	254	254	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	80,445,735	391,171	391,171	2,010	0
31.00	03100	INTENSIVE CARE UNIT	18,547,328	38,781	38,781	0	0
32.00	03200	CORONARY CARE UNIT	5,786,358	8,540	8,540	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	2,941,204	8,641	8,641	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	21,513,707	64,470	64,470	0	0
40.00	04000	SUBPROVIDER - IPF	4,423,673	23,530	23,530	0	727
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	6,674,628	4,210	4,210	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,763,905	90,119	90,119	0	0
51.00	05100	RECOVERY ROOM	2,936,686	5,119	5,119	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,579,772	70,069	70,069	0	0
53.00	05300	ANESTHESIOLOGY	2,437,417	4,808	4,808	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,566,034	49,657	49,657	17,241	996
54.01	05401	ULTRASOUND	3,645,964	17,326	17,326	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	8,243,309	8,069	8,069	0	19,920
56.00	05600	RADIOISOTOPE	3,259,418	11,417	11,417	0	2,499
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	2,426,004	3,412	3,412	0	3,335
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,517,657	8,786	8,786	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,143,700	19,262	19,262	0	0
60.00	06000	LABORATORY	34,980,633	35,462	35,462	0	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,275,226	6,910	6,910	0	0
65.00	06500	RESPIRATORY THERAPY	10,536,622	15,797	15,797	3,939	0
66.00	06600	PHYSICAL THERAPY	19,085,220	51,095	51,095	8,217	2,098
69.00	06900	ELECTROCARDIOLOGY	10,018,782	17,265	17,265	1,405	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	45,072,417	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,896,881	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	103,143,724	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,150,782	2,713	2,713	0	0
75.00	07500	ASC (NON-DISTINCT PART)	9,065,691	40,451	40,451	0	0
76.00	03020	CARDIAC REHAB	1,271,534	5,194	5,194	0	0
76.01	03030	GI LAB	7,058,012	21,012	21,012	0	0
76.02	03040	ECT	215,019	1,649	1,649	0	0
76.03	03050	OP PSYCH	1,733,579	13,569	13,569	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCE R CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	7,968,209	20,377	20,377	1,451	12,792	90.00
90.01	09001 HYPERBARIC/OP WOUND	1,262,762	3,664	3,664	664	0	90.01
91.00	09100 EMERGENCY	23,453,078	70,575	70,575	269	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	1,810,739	8,696	8,696	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	179	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	677,260,899	1,277,256	1,270,476	46,137	45,751	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,859,991	8,592	8,592	0	0	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	1,092,078	2,339	2,339	1,984	6,468	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	30,751,182	28,650	28,650	72,335	426	192.00
193.00	19300 NONPAID WORKERS	299,028	7,067	7,067	0	109	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	483,305	1,459	1,459	0	0	194.00
194.01	07951 HOSPICE	160,408	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	6,142,320	108,952	108,952	122,308	24,731	194.03
194.04	07954 SJMH SHARED SERVICES	1,070,910	55,444	55,444	13,773	962	194.04
194.08	07958 REHAB HOSPITAL	54,330	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	18,914	1,119	1,119	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	203,932,495	44,263,766	4,556,890	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.283557	29.689730	3.070478	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	21,081,126	5,568,641	609,537	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.029312	3.735142	0.410712	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)	HOUSEKEEPING-MOB (SQUARE FEET)	
		7.03	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMINITING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL	1,484,098				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	7,455	3,279,761			8.00
9.00	00900	HOUSEKEEPING	15,559	393	413,557		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	343,252	1,461,084	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	55,417	0	254,399
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	14,888	0	0
10.00	01000	DIETARY	38,922	4,598	0	38,922	2,740
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	10,644	999	0	10,644	0
14.00	01400	CENTRAL SERVICES & SUPPLY	20,104	221	0	20,104	0
15.00	01500	PHARMACY	16,317	2,272	0	16,317	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,857	0	0	4,857	0
17.00	01700	SOCIAL SERVICE	5,112	0	0	5,112	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,453	118	0	1,453	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,077	0	0	7,077	6,063
23.00	02300	PARAMED ED PRGM	906	0	0	906	0
23.01	02301	RADIOLOGY SCHOOL	254	0	0	254	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	391,171	1,558,619	0	391,171	2,010
31.00	03100	INTENSIVE CARE UNIT	38,781	249,444	0	38,781	0
32.00	03200	CORONARY CARE UNIT	8,540	79,306	0	8,540	0
33.00	03300	BURN INTENSIVE CARE UNIT	8,641	51,231	0	8,641	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,470	83,975	0	64,470	0
40.00	04000	SUBPROVIDER - I PF	23,530	41,857	0	23,530	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,210	0	0	4,210	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,119	82,794	0	90,119	0
51.00	05100	RECOVERY ROOM	5,119	15,668	0	5,119	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,069	194,309	0	70,069	0
53.00	05300	ANESTHESIOLOGY	4,808	150	0	4,808	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,657	129,921	0	49,657	17,241
54.01	05401	ULTRASOUND	17,326	22,659	0	17,326	0
55.00	05500	RADIOLOGY-THERAPEUTIC	8,069	58,303	0	8,069	0
56.00	05600	RADIOISOTOPE	11,417	10,322	0	11,417	0
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	3,412	31,797	0	3,412	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,786	12,506	0	8,786	0
59.00	05900	CARDIAC CATHETERIZATION	19,262	36,784	0	19,262	0
60.00	06000	LABORATORY	35,462	26	0	35,462	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,910	1,590	0	6,910	0
65.00	06500	RESPIRATORY THERAPY	15,797	12,426	0	15,797	3,939
66.00	06600	PHYSICAL THERAPY	51,095	96,804	0	51,095	8,217
69.00	06900	ELECTROCARDIOLOGY	17,265	50,982	0	17,265	1,405
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,713	10,505	0	2,713	0
75.00	07500	ASC (NON-DISTINCT PART)	40,451	90,701	0	40,451	0
76.00	03020	CARDIAC REHAB	5,194	1,725	0	5,194	0
76.01	03030	GI LAB	21,012	121,771	0	21,012	0
76.02	03040	ECT	1,649	3,862	0	1,649	0
76.03	03050	OP PSYCH	13,569	0	0	13,569	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-M ED CENTER (SQUARE FEET)	HOUSEKEEPING-M OB (SQUARE FEET)	
		7.03	8.00	9.00	9.01	9.02	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	20,377	35,092	0	20,377	1,451	90.00
90.01	09001 HYPERBARIC/OP WOUND	3,664	0	0	3,664	664	90.01
91.00	09100 EMERGENCY	70,575	166,683	0	70,575	269	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	8,696	15,561	0	8,696	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,270,476	3,275,974	413,557	1,247,462	43,999	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,592	0	0	8,592	0	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	2,339	0	0	2,339	1,984	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	28,650	3,787	0	28,650	72,335	192.00
193.00	19300 NONPAID WORKERS	7,067	0	0	7,067	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	1,459	0	0	1,459	0	194.00
194.01	07951 HOSPICE	0	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	108,952	0	0	108,952	122,308	194.03
194.04	07954 SJMH SHARED SERVICES	55,444	0	0	55,444	13,773	194.04
194.08	07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	1,119	0	0	1,119	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	5,961,091	10,332,326	8,575,823	1,384,541	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1.817538	24.984043	5.869493	5.442400	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	299,248	658,700	546,721	88,266	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.091241	1.592767	0.374189	0.346959	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.03	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMINITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	77,710				9.03
10.00	01000	DIETARY	1,262	2,370,252			10.00
11.00	01100	CAFETERIA	0	1,230,439	7,938,610		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	123,816	4,231,296	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	200,172	95,418,821	14.00
15.00	01500	PHARMACY	800	0	265,574	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	585	0	27,470	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	192,553	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	108,088	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	5,114	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	4,397	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	650,666	1,929,245	1,813,895	30.00
31.00	03100	INTENSIVE CARE UNIT	0	83,911	426,855	426,855	31.00
32.00	03200	CORONARY CARE UNIT	0	34,550	141,416	141,416	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	14,776	66,975	66,975	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	421,997	421,997	35.00
40.00	04000	SUBPROVIDER - IPF	727	58,524	172,492	108,098	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	127,917	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	510,828	381,846	50.00
51.00	05100	RECOVERY ROOM	0	0	60,530	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	338,230	338,230	52.00
53.00	05300	ANESTHESIOLOGY	0	0	32,136	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	996	0	196,111	0	54.00
54.01	05401	ULTRASOUND	0	0	39,125	43,092	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,920	0	61,590	0	55.00
56.00	05600	RADIOISOTOPE	2,499	0	23,217	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
57.00	05700	CT SCAN	3,335	0	35,188	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	20,581	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	63,185	33,571	59.00
60.00	06000	LABORATORY	0	0	467,926	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	85,461	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	279,316	0	65.00
66.00	06600	PHYSICAL THERAPY	2,098	0	208,687	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	128,201	86,512	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	18,682	18,682	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	98,963	0	75.00
76.00	03020	CARDIAC REHAB	0	0	26,505	0	76.00
76.01	03030	GI LAB	0	0	81,778	0	76.01
76.02	03040	ECT	0	0	6,208	0	76.02
76.03	03050	OP PSYCH	0	0	27,387	0	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.03	10.00	11.00	13.00	14.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	12,792	0	186,634	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	381,177	317,425	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	32,702	32,702	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	45,014	2,072,866	7,624,429	4,231,296	95,418,821	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	287,489	24,779	0	0	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	6,468	0	13,770	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	426	0	191,090	0	0	192.00
193.00	19300 NONPAID WORKERS	109	0	5,423	0	0	193.00
193.01	19301 MEALS ON WHEELS	0	9,897	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951 HOSPICE	0	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	24,731	0	79,119	0	0	194.03
194.04	07954 SJMH SHARED SERVICES	962	0	0	0	0	194.04
194.08	07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	371,962	15,792,199	8,198,005	9,365,312	8,465,788	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.786540	6.662667	1.032675	2.213344	0.088722	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,713	1,474,318	765,345	835,907	1,226,277	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.305147	0.622009	0.096408	0.197553	0.012852	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00590 PURCHASING RECEIVING AND STORES						5.02
5.03 00550 ADMINITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	10,000					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,457,560,636				16.00
17.00 01700 SOCIAL SERVICE	0	0	102,502			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	209,046		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,567,404	0	0	209,046	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0		23.00
23.01 02301 RADIOLOGY SCHOOL	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	189,816,569	48,337	95,885	95,885	30.00
31.00 03100 INTENSIVE CARE UNIT	0	77,107,491	11,315	12,218	12,218	31.00
32.00 03200 CORONARY CARE UNIT	0	12,671,033	4,222	32,836	32,836	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	7,918,382	1,789	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	133,318,266	2,808	957	957	35.00
40.00 04000 SUBPROVIDER - IPF	0	19,048,804	15,374	2,029	2,029	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	26,634,103	1,914	1,054	1,054	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	214,815,631	0	26,236	26,236	50.00
51.00 05100 RECOVERY ROOM	0	73,441,079	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	63,227,089	2,288	12,286	12,286	52.00
53.00 05300 ANESTHESIOLOGY	0	86,172,409	0	2,581	2,581	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	94,618,545	0	222	222	54.00
54.01 05401 ULTRASOUND	0	46,942,437	0	974	974	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	91,182,216	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	46,229,342	0	0	0	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	186,470,800	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	82,272,555	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	65,147,290	1,040	0	0	59.00
60.00 06000 LABORATORY	0	337,615,169	0	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	19,056,683	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	64,625,482	0	1,396	1,396	65.00
66.00 06600 PHYSICAL THERAPY	0	58,133,230	0	1,185	1,185	66.00
69.00 06900 ELECTROCARDIOLOGY	0	137,335,124	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	205,791,922	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	114,066,823	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,000	598,493,171	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	6,667,486	2,080	0	0	74.00
75.00 07500 ASC (NON-DIAGNOSTIC PART)	0	22,583,147	2,766	0	0	75.00
76.00 03020 CARDIAC REHAB	0	2,171,241	0	0	0	76.00
76.01 03030 GI LAB	0	77,681,629	0	1,556	1,556	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
76.02 03040 ECT	0	1,665,258	686	0	0	76.02
76.03 03050 OP PSYCH	0	7,802,890	832	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	16,139,113	0	4,154	4,154	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	3,626,769	0	0	0	90.01
91.00 09100 EMERGENCY	0	227,175,475	7,051	5,009	5,009	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	567,676	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	3,426,799,733	102,502	200,578	200,578	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	30,760,903	0	8,468	8,468	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01 07951 HOSPICE	0	0	0	0	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	22,538,387	3,131,140	1,316,738	10,418,653	8,494,176	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2,253.838700	0.000906	12.845974	49.839045	40.633047	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,810,469	177,695	135,077	340,308	435,856	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	181.046900	0.000051	1.317799	1.627910	2.084977	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OTHER BUILDING-MOB		1.01
1.02	00102	OTHER BUILDING-CANCER CENTER		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590	PURCHASING RECEIVING AND STORES		5.02
5.03	00550	ADMINISTRATIVE		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OTHER BUILDING-MOB		7.01
7.02	00702	OTHER BUILDING-CANCER CENTER		7.02
7.03	00703	HEART HOSPITAL		7.03
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-MED CENTER		9.01
9.02	00902	HOUSEKEEPING-MOB		9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM	100	23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	ULTRASOUND	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	ONCOLOGY	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	100	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	CARDIAC REHAB	0	76.00
76.01	03030	GI LAB	0	76.01
76.02	03040	ECT	0	76.02
76.03	03050	OP PSYCH	0	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VENDING MACHINES	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	193.01
193.03	19303 CONVENT	0	0	193.03
193.06	19306 VACANT SPACE	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	194.00
194.01	07951 HOSPICE	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	0	0	194.03
194.04	07954 SJMH SHARED SERVICES	0	0	194.04
194.08	07958 REHAB HOSPITAL	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	194.09
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	347,696	243,134	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,476.960000	2,431.340000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	27,064	12,252	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	270.640000	122.520000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/21/2017 7: 45 am
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		Title XVIII		Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		132,346,431	845,743	133,192,174	30.00
31.00	03100 INTENSIVE CARE UNIT		27,917,886	182,888	28,100,774	31.00
32.00	03200 CORONARY CARE UNIT		8,656,109	0	8,656,109	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		4,548,121	0	4,548,121	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		31,783,822	20,700	31,804,522	35.00
40.00	04000 SUBPROVIDER - IPF		7,688,613	14,134	7,702,747	40.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		8,910,711	0	8,910,711	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		44,686,276	35,703	44,721,979	50.00
51.00	05100 RECOVERY ROOM		4,124,673	0	4,124,673	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		26,809,125	35,056	26,844,181	52.00
53.00	05300 ANESTHESIOLOGY		3,425,827	0	3,425,827	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		24,047,796	0	24,047,796	54.00
54.01	05401 ULTRASOUND		5,568,595	281,986	5,850,581	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		11,239,989	0	11,239,989	55.00
56.00	05600 RADIOISOTOPE		4,721,268	0	4,721,268	56.00
56.01	05601 ONCOLOGY		0	0	0	56.01
57.00	05700 CT SCAN		3,524,754	0	3,524,754	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,405,921	0	2,405,921	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,341,554	0	6,341,554	59.00
60.00	06000 LABORATORY		47,406,359	0	47,406,359	60.00
60.01	06001 LABORATORY-PATHOLOGICAL		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		8,429,949	0	8,429,949	62.00
65.00	06500 RESPIRATORY THERAPY	0	14,525,605	3,178	14,528,783	65.00
66.00	06600 PHYSICAL THERAPY	0	26,969,635	0	26,969,635	66.00
69.00	06900 ELECTROCARDIOLOGY		14,075,226	126,317	14,201,543	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		62,006,955	0	62,006,955	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		69,930,689	0	69,930,689	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		155,470,247	0	155,470,247	73.00
74.00	07400 RENAL DIALYSIS		1,694,392	0	1,694,392	74.00
75.00	07500 ASC (NON-DISTINCT PART)		13,521,983	0	13,521,983	75.00
76.00	03020 CARDIAC REHAB		1,865,201	0	1,865,201	76.00
76.01	03030 GI LAB		10,247,202	7,839	10,255,041	76.01
76.02	03040 ECT		363,440	0	363,440	76.02
76.03	03050 OP PSYCH		2,795,352	0	2,795,352	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		11,355,069	41,075	11,396,144	90.00
90.01	09001 HYPERBARIC/OP WOUND		1,769,266	0	1,769,266	90.01
91.00	09100 EMERGENCY		34,526,671	495,512	35,022,183	91.00
91.02	09101 NATURAL FAMILY PLANNING		0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER		0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		15,286,129	0	15,286,129	92.00
92.01	09201 AMBULATORY CARE UNIT		2,795,060	0	2,795,060	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		230	0	230	95.00
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		853,782,131	2,090,131	855,872,262	200.00
201.00	Less Observation Beds		15,286,129	0	15,286,129	201.00
202.00	Total (see instructions)		838,496,002	2,090,131	840,586,133	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/21/2017 7:45 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	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	189,816,569		189,816,569				30.00
31.00	03100	INTENSIVE CARE UNIT	77,107,491		77,107,491				31.00
32.00	03200	CORONARY CARE UNIT	12,671,033		12,671,033				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,918,382		7,918,382				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	133,318,266		133,318,266				35.00
40.00	04000	SUBPROVIDER - I/PF	19,048,804		19,048,804				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	25,810,191		25,810,191				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	93,066,173	120,632,723	213,698,896	0.209109	0.000000		50.00
51.00	05100	RECOVERY ROOM	14,782,474	52,849,991	67,632,465	0.060987	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,951,493	275,596	63,227,089	0.424013	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	36,583,780	49,588,629	86,172,409	0.039755	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,240,348	71,377,906	94,618,254	0.254156	0.000000		54.00
54.01	05401	ULTRASOUND	6,774,276	40,168,160	46,942,436	0.118626	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,431,246	88,750,970	91,182,216	0.123270	0.000000		55.00
56.00	05600	RADIOISOTOPE	5,701,034	40,528,308	46,229,342	0.102127	0.000000		56.00
56.01	05601	ONCOLOGY	0	0	0	0.000000	0.000000		56.01
57.00	05700	CT SCAN	58,116,359	128,354,441	186,470,800	0.018902	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,096,774	68,175,781	82,272,555	0.029243	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	19,972,012	45,175,279	65,147,291	0.097342	0.000000		59.00
60.00	06000	LABORATORY	167,308,091	170,307,078	337,615,169	0.140415	0.000000		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,506,430	4,550,253	19,056,683	0.442362	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	43,631,975	20,993,507	64,625,482	0.224766	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	20,203,240	34,487,427	54,690,667	0.493130	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	50,400,612	84,380,894	134,781,506	0.104430	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	111,879,556	93,912,367	205,791,923	0.301309	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	70,121,996	43,944,827	114,066,823	0.613068	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	223,996,089	374,497,082	598,493,171	0.259769	0.000000		73.00
74.00	07400	RENAL DIALYSIS	6,359,844	307,642	6,667,486	0.254128	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,492,990	20,090,157	22,583,147	0.598764	0.000000		75.00
76.00	03020	CARDIAC REHAB	596,469	1,574,772	2,171,241	0.859048	0.000000		76.00
76.01	03030	GI LAB	5,387,193	72,294,436	77,681,629	0.131913	0.000000		76.01
76.02	03040	ECT	399,687	1,265,571	1,665,258	0.218248	0.000000		76.02
76.03	03050	OP PSYCH	2,475	7,800,415	7,802,890	0.358246	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	453,717	10,794,880	11,248,597	1.009465	0.000000		90.00
90.01	09001	HYPERBARIC/OP WOUND	32,712	2,327,182	2,359,894	0.749723	0.000000		90.01
91.00	09100	EMERGENCY	45,137,533	99,031,652	144,169,185	0.239487	0.000000		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000		91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,766,261	48,170,027	58,936,288	0.259367	0.000000		92.00
92.01	09201	AMBULATORY CARE UNIT	318,207	6,058,083	6,376,290	0.438352	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	1,577,401,782	1,802,666,036	3,380,067,818				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,577,401,782	1,802,666,036	3,380,067,818				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/21/2017 7:45 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.209276		50.00
51.00	05100	RECOVERY ROOM	0.060987		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.424568		52.00
53.00	05300	ANESTHESIOLOGY	0.039755		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254156		54.00
54.01	05401	ULTRASOUND	0.124633		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123270		55.00
56.00	05600	RADIOISOTOPE	0.102127		56.00
56.01	05601	ONCOLOGY	0.000000		56.01
57.00	05700	CT SCAN	0.018902		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029243		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097342		59.00
60.00	06000	LABORATORY	0.140415		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.442362		62.00
65.00	06500	RESPIRATORY THERAPY	0.224815		65.00
66.00	06600	PHYSICAL THERAPY	0.493130		66.00
69.00	06900	ELECTROCARDIOLOGY	0.105367		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301309		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613068		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259769		73.00
74.00	07400	RENAL DIALYSIS	0.254128		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.598764		75.00
76.00	03020	CARDIAC REHAB	0.859048		76.00
76.01	03030	GI LAB	0.132014		76.01
76.02	03040	ECT	0.218248		76.02
76.03	03050	OP PSYCH	0.358246		76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	1.013117		90.00
90.01	09001	HYPERBARIC/OP WOUND	0.749723		90.01
91.00	09100	EMERGENCY	0.242924		91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000		91.02
91.03	09102	PAIN THERAPY CENTER	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259367		92.00
92.01	09201	AMBULATORY CARE UNIT	0.438352		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/21/2017 7:45 am		
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	132,346,431	132,346,431	845,743	133,192,174	30.00	
31.00	03100 INTENSIVE CARE UNIT	27,917,886	27,917,886	182,888	28,100,774	31.00	
32.00	03200 CORONARY CARE UNIT	8,656,109	8,656,109	0	8,656,109	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT	4,548,121	4,548,121	0	4,548,121	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
35.00	02040 NEONATAL INTENSIVE CARE UNIT	31,783,822	31,783,822	20,700	31,804,522	35.00	
40.00	04000 SUBPROVIDER - IPF	7,688,613	7,688,613	14,134	7,702,747	40.00	
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	8,910,711	8,910,711	0	8,910,711	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	44,686,276	44,686,276	35,703	44,721,979	50.00	
51.00	05100 RECOVERY ROOM	4,124,673	4,124,673	0	4,124,673	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	26,809,125	26,809,125	35,056	26,844,181	52.00	
53.00	05300 ANESTHESIOLOGY	3,425,827	3,425,827	0	3,425,827	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,047,796	24,047,796	0	24,047,796	54.00	
54.01	05401 ULTRASOUND	5,568,595	5,568,595	281,986	5,850,581	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	11,239,989	11,239,989	0	11,239,989	55.00	
56.00	05600 RADIOISOTOPE	4,721,268	4,721,268	0	4,721,268	56.00	
56.01	05601 ONCOLOGY	0	0	0	0	56.01	
57.00	05700 CT SCAN	3,524,754	3,524,754	0	3,524,754	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,405,921	2,405,921	0	2,405,921	58.00	
59.00	05900 CARDIAC CATHETERIZATION	6,341,554	6,341,554	0	6,341,554	59.00	
60.00	06000 LABORATORY	47,406,359	47,406,359	0	47,406,359	60.00	
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,429,949	8,429,949	0	8,429,949	62.00	
65.00	06500 RESPIRATORY THERAPY	14,525,605	14,525,605	3,178	14,528,783	65.00	
66.00	06600 PHYSICAL THERAPY	26,969,635	26,969,635	0	26,969,635	66.00	
69.00	06900 ELECTROCARDIOLOGY	14,075,226	14,075,226	126,317	14,201,543	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	62,006,955	62,006,955	0	62,006,955	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	69,930,689	69,930,689	0	69,930,689	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	155,470,247	155,470,247	0	155,470,247	73.00	
74.00	07400 RENAL DIALYSIS	1,694,392	1,694,392	0	1,694,392	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	13,521,983	13,521,983	0	13,521,983	75.00	
76.00	03020 CARDIAC REHAB	1,865,201	1,865,201	0	1,865,201	76.00	
76.01	03030 GI LAB	10,247,202	10,247,202	7,839	10,255,041	76.01	
76.02	03040 ECT	363,440	363,440	0	363,440	76.02	
76.03	03050 OP PSYCH	2,795,352	2,795,352	0	2,795,352	76.03	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	11,355,069	11,355,069	41,075	11,396,144	90.00	
90.01	09001 HYPERBARIC/OP WOUND	1,769,266	1,769,266	0	1,769,266	90.01	
91.00	09100 EMERGENCY	34,526,671	34,526,671	495,512	35,022,183	91.00	
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	91.02	
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	91.03	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	15,286,129	15,286,129	0	15,286,129	92.00	
92.01	09201 AMBULATORY CARE UNIT	2,795,060	2,795,060	0	2,795,060	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	230	230	0	230	95.00	
99.10	09910 CORF	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
200.00	Subtotal (see instructions)	853,782,131	853,782,131	2,090,131	855,872,262	200.00	
201.00	Less Observation Beds	15,286,129	15,286,129	0	15,286,129	201.00	
202.00	Total (see instructions)	838,496,002	838,496,002	2,090,131	840,586,133	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/21/2017 7:45 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				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	189,816,569		189,816,569				30.00
31.00	03100	INTENSIVE CARE UNIT	77,107,491		77,107,491				31.00
32.00	03200	CORONARY CARE UNIT	12,671,033		12,671,033				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,918,382		7,918,382				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	133,318,266		133,318,266				35.00
40.00	04000	SUBPROVIDER - I/PF	19,048,804		19,048,804				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	25,810,191		25,810,191				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	93,066,173	120,632,723	213,698,896	0.209109	0.000000		50.00
51.00	05100	RECOVERY ROOM	14,782,474	52,849,991	67,632,465	0.060987	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,951,493	275,596	63,227,089	0.424013	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	36,583,780	49,588,629	86,172,409	0.039755	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,240,348	71,377,906	94,618,254	0.254156	0.000000		54.00
54.01	05401	ULTRASOUND	6,774,276	40,168,160	46,942,436	0.118626	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,431,246	88,750,970	91,182,216	0.123270	0.000000		55.00
56.00	05600	RADIOISOTOPE	5,701,034	40,528,308	46,229,342	0.102127	0.000000		56.00
56.01	05601	ONCOLOGY	0	0	0	0.000000	0.000000		56.01
57.00	05700	CT SCAN	58,116,359	128,354,441	186,470,800	0.018902	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,096,774	68,175,781	82,272,555	0.029243	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	19,972,012	45,175,279	65,147,291	0.097342	0.000000		59.00
60.00	06000	LABORATORY	167,308,091	170,307,078	337,615,169	0.140415	0.000000		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,506,430	4,550,253	19,056,683	0.442362	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	43,631,975	20,993,507	64,625,482	0.224766	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	20,203,240	34,487,427	54,690,667	0.493130	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	50,400,612	84,380,894	134,781,506	0.104430	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	111,879,556	93,912,367	205,791,923	0.301309	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	70,121,996	43,944,827	114,066,823	0.613068	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	223,996,089	374,497,082	598,493,171	0.259769	0.000000		73.00
74.00	07400	RENAL DIALYSIS	6,359,844	307,642	6,667,486	0.254128	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,492,990	20,090,157	22,583,147	0.598764	0.000000		75.00
76.00	03020	CARDIAC REHAB	596,469	1,574,772	2,171,241	0.859048	0.000000		76.00
76.01	03030	GI LAB	5,387,193	72,294,436	77,681,629	0.131913	0.000000		76.01
76.02	03040	ECT	399,687	1,265,571	1,665,258	0.218248	0.000000		76.02
76.03	03050	OP PSYCH	2,475	7,800,415	7,802,890	0.358246	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	453,717	10,794,880	11,248,597	1.009465	0.000000		90.00
90.01	09001	HYPERBARIC/OP WOUND	32,712	2,327,182	2,359,894	0.749723	0.000000		90.01
91.00	09100	EMERGENCY	45,137,533	99,031,652	144,169,185	0.239487	0.000000		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000		91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,766,261	48,170,027	58,936,288	0.259367	0.000000		92.00
92.01	09201	AMBULATORY CARE UNIT	318,207	6,058,083	6,376,290	0.438352	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	1,577,401,782	1,802,666,036	3,380,067,818				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,577,401,782	1,802,666,036	3,380,067,818				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/21/2017 7:45 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - I PF				40.00
41.00	04100	SUBPROVIDER - I RF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	ULTRASOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05601	ONCOLOGY	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	CARDIAC REHAB	0.000000			76.00
76.01	03030	GI LAB	0.000000			76.01
76.02	03040	ECT	0.000000			76.02
76.03	03050	OP PSYCH	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	HYPERBARIC/OP WOUND	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000			91.02
91.03	09102	PAIN THERAPY CENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	AMBULATORY CARE UNIT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description	Title XVIII			Hospital	PPS
	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	15,634,779	0	15,634,779	148,831	105.05	30.00
31.00	INTENSIVE CARE UNIT	2,525,192		2,525,192	16,763	150.64	31.00
32.00	CORONARY CARE UNIT	602,036		602,036	6,898	87.28	32.00
33.00	BURN INTENSIVE CARE UNIT	426,467		426,467	2,950	144.57	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	3,126,690		3,126,690	29,075	107.54	35.00
40.00	SUBPROVIDER - IPF	793,919	0	793,919	11,790	67.34	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	316,596		316,596	19,421	16.30	43.00
200.00	Total (lines 30-199)	23,425,679		23,425,679	235,728		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	35,308	3,709,105				30.00
31.00	INTENSIVE CARE UNIT	5,515	830,780				31.00
32.00	CORONARY CARE UNIT	1,595	139,212				32.00
33.00	BURN INTENSIVE CARE UNIT	547	79,080				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	4,418	297,508				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	47,383	5,055,685				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/21/2017 7:45 am		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,231,332	213,698,896	0.043198	26,244,202	1,133,697	50.00	
51.00	05100	RECOVERY ROOM	259,334	67,632,465	0.003834	3,555,985	13,634	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,185,817	63,227,089	0.066203	3,156,992	209,002	52.00	
53.00	05300	ANESTHESIOLOGY	603,968	86,172,409	0.007009	7,527,789	52,762	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,172,632	94,618,254	0.044100	6,717,172	296,227	54.00	
54.01	05401	ULTRASOUND	1,136,862	46,942,436	0.024218	1,543,389	37,378	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,384,389	91,182,216	0.015183	661,623	10,045	55.00	
56.00	05600	RADIOISOTOPE	805,217	46,229,342	0.017418	2,346,150	40,865	56.00	
56.01	05601	ONCOLOGY	0	0	0.000000	0	0	56.01	
57.00	05700	CT SCAN	646,227	186,470,800	0.003466	18,451,305	63,952	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	656,964	82,272,555	0.007985	4,153,354	33,165	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,346,123	65,147,291	0.020663	7,486,456	154,693	59.00	
60.00	06000	LABORATORY	3,406,751	337,615,169	0.010091	48,671,440	491,144	60.00	
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	452,912	19,056,683	0.023767	4,939,679	117,401	62.00	
65.00	06500	RESPIRATORY THERAPY	1,625,704	64,625,482	0.025156	12,375,489	311,318	65.00	
66.00	06600	PHYSICAL THERAPY	2,094,299	54,690,667	0.038294	7,242,812	277,356	66.00	
69.00	06900	ELECTROCARDIOLOGY	2,084,814	134,781,506	0.015468	16,572,459	256,343	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,916,461	205,791,923	0.009313	31,693,035	295,157	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,154,853	114,066,823	0.018891	22,832,851	431,335	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,896,049	598,493,171	0.008181	61,936,521	506,703	73.00	
74.00	07400	RENAL DIALYSIS	176,624	6,667,486	0.026490	3,892,651	103,116	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	2,121,604	22,583,147	0.093946	667,405	62,700	75.00	
76.00	03020	CARDIAC REHAB	185,467	2,171,241	0.085420	230,177	19,662	76.00	
76.01	03030	GI LAB	1,685,937	77,681,629	0.021703	1,882,097	40,847	76.01	
76.02	03040	ECT	48,506	1,665,258	0.029128	11,871	346	76.02	
76.03	03050	OP PSYCH	357,903	7,802,890	0.045868	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	972,137	11,248,597	0.086423	6,200	536	90.00	
90.01	09001	HYPERBARIC/OP WOUND	175,322	2,359,894	0.074292	10,480	779	90.01	
91.00	09100	EMERGENCY	2,873,475	144,169,185	0.019931	11,731,712	233,825	91.00	
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02	
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,794,362	58,936,288	0.030446	3,783,040	115,178	92.00	
92.01	09201	AMBULATORY CARE UNIT	477,976	6,376,290	0.074961	72,447	5,431	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50-199)	53,930,021	2,914,377,082		310,396,783	5,314,597	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description			Title XVIII				Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0		0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0		0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	148,831	0.00	35,308	0	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,763	0.00	5,515	0	0		0	31.00
32.00	03200	CORONARY CARE UNIT	6,898	0.00	1,595	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,950	0.00	547	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	29,075	0.00	0	0	0		0	35.00
40.00	04000	SUBPROVIDER - IPF	11,790	0.00	4,418	0	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0		0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0		0	42.00
43.00	04300	NURSERY	19,421	0.00	0	0	0		0	43.00
200.00		Total (lines 30-199)	235,728		47,383	0	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description		Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	243,134	0	243,134	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	347,696	0	347,696	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	GI LAB	0	0	0	0	0	76.01
76.02	03040	ECT	0	0	0	0	0	76.02
76.03	03050	OP PSYCH	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	590,830	0	590,830	95.00
200.00		Total (lines 50-199)	0	0	590,830	0	590,830	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 7:45 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	213,698,896	0.000000	0.000000	26,244,202	50.00
51.00	05100	RECOVERY ROOM	0	67,632,465	0.000000	0.000000	3,555,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	63,227,089	0.000000	0.000000	3,156,992	52.00
53.00	05300	ANESTHESIOLOGY	0	86,172,409	0.000000	0.000000	7,527,789	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	243,134	94,618,254	0.002570	0.002570	6,717,172	54.00
54.01	05401	ULTRASOUND	0	46,942,436	0.000000	0.000000	1,543,389	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	91,182,216	0.000000	0.000000	661,623	55.00
56.00	05600	RADIOISOTOPE	0	46,229,342	0.000000	0.000000	2,346,150	56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	186,470,800	0.000000	0.000000	18,451,305	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	82,272,555	0.000000	0.000000	4,153,354	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	65,147,291	0.000000	0.000000	7,486,456	59.00
60.00	06000	LABORATORY	347,696	337,615,169	0.001030	0.001030	48,671,440	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	19,056,683	0.000000	0.000000	4,939,679	62.00
65.00	06500	RESPIRATORY THERAPY	0	64,625,482	0.000000	0.000000	12,375,489	65.00
66.00	06600	PHYSICAL THERAPY	0	54,690,667	0.000000	0.000000	7,242,812	66.00
69.00	06900	ELECTROCARDIOLOGY	0	134,781,506	0.000000	0.000000	16,572,459	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	205,791,923	0.000000	0.000000	31,693,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	114,066,823	0.000000	0.000000	22,832,851	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	598,493,171	0.000000	0.000000	61,936,521	73.00
74.00	07400	RENAL DIALYSIS	0	6,667,486	0.000000	0.000000	3,892,651	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	22,583,147	0.000000	0.000000	667,405	75.00
76.00	03020	CARDIAC REHAB	0	2,171,241	0.000000	0.000000	230,177	76.00
76.01	03030	GI LAB	0	77,681,629	0.000000	0.000000	1,882,097	76.01
76.02	03040	ECT	0	1,665,258	0.000000	0.000000	11,871	76.02
76.03	03050	OP PSYCH	0	7,802,890	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	11,248,597	0.000000	0.000000	6,200	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	2,359,894	0.000000	0.000000	10,480	90.01
91.00	09100	EMERGENCY	0	144,169,185	0.000000	0.000000	11,731,712	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	58,936,288	0.000000	0.000000	3,783,040	92.00
92.01	09201	AMBULATORY CARE UNIT	0	6,376,290	0.000000	0.000000	72,447	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	590,830	2,914,377,082			310,396,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 7:45 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	21,509,305	0	50.00
51.00	05100 RECOVERY ROOM	0	8,952,204	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	15,607	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,426,024	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,263	8,374,633	21,523	54.00
54.01	05401 ULTRASOUND	0	2,272,141	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	26,588,353	0	55.00
56.00	05600 RADIOISOTOPE	0	11,914,336	0	56.00
56.01	05601 ONCOLOGY	0	0	0	56.01
57.00	05700 CT SCAN	0	26,798,212	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,434,434	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,863,215	0	59.00
60.00	06000 LABORATORY	50,132	14,281,733	14,710	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,166,368	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	2,909,371	0	65.00
66.00	06600 PHYSICAL THERAPY	0	595,937	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	18,635,794	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,610,751	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	11,312,047	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,338,167	0	73.00
74.00	07400 RENAL DIALYSIS	0	246,799	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	2,765,901	0	75.00
76.00	03020 CARDIAC REHAB	0	559,170	0	76.00
76.01	03030 GI LAB	0	12,485,720	0	76.01
76.02	03040 ECT	0	303,879	0	76.02
76.03	03050 OP PSYCH	0	1,054,402	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	2,028,911	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	648,823	0	90.01
91.00	09100 EMERGENCY	0	11,759,971	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,508,076	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	81,627	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	67,395	273,441,911	36,233	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/21/2017 7:45 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	0.209109	21,509,305	0	0	4,497,789	50.00
51.00	05100	RECOVERY ROOM	0.060987	8,952,204	0	0	545,968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.424013	15,607	0	0	6,618	52.00
53.00	05300	ANESTHESIOLOGY	0.039755	7,426,024	0	0	295,222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254156	8,374,633	0	0	2,128,463	54.00
54.01	05401	ULTRASOUND	0.118626	2,272,141	0	0	269,535	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123270	26,588,353	0	0	3,277,546	55.00
56.00	05600	RADIOISOTOPE	0.102127	11,914,336	142	0	1,216,775	56.00
56.01	05601	ONCOLOGY	0.000000	0	0	0	0	56.01
57.00	05700	CT SCAN	0.018902	26,798,212	0	0	506,540	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029243	12,434,434	0	0	363,620	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097342	13,863,215	0	0	1,349,473	59.00
60.00	06000	LABORATORY	0.140415	14,281,733	7,336	0	2,005,370	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.442362	1,166,368	3,330	0	515,957	62.00
65.00	06500	RESPIRATORY THERAPY	0.224766	2,909,371	0	0	653,928	65.00
66.00	06600	PHYSICAL THERAPY	0.493130	595,937	0	0	293,874	66.00
69.00	06900	ELECTROCARDIOLOGY	0.104430	18,635,794	0	0	1,946,136	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301309	18,610,751	56	0	5,607,587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613068	11,312,047	33,170	0	6,935,054	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259769	23,338,167	17,018	550,122	6,062,532	73.00
74.00	07400	RENAL DIALYSIS	0.254128	246,799	0	0	62,719	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.598764	2,765,901	0	0	1,656,122	75.00
76.00	03020	CARDIAC REHAB	0.859048	559,170	0	0	480,354	76.00
76.01	03030	GI LAB	0.131913	12,485,720	0	0	1,647,029	76.01
76.02	03040	ECT	0.218248	303,879	0	0	66,321	76.02
76.03	03050	OP PSYCH	0.358246	1,054,402	0	0	377,735	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.009465	2,028,911	0	0	2,048,115	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.749723	648,823	0	0	486,438	90.01
91.00	09100	EMERGENCY	0.239487	11,759,971	0	0	2,816,360	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259367	10,508,076	0	0	2,725,448	92.00
92.01	09201	AMBULATORY CARE UNIT	0.438352	81,627	0	0	35,781	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		273,441,911	61,052	550,122	50,880,409	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		273,441,911	61,052	550,122	50,880,409	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/21/2017 7:45 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	15	0		56.00
56.01 05601 ONCOLOGY	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,030	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,473	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	20,335	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,421	142,905		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 CARDIAC REHAB	0	0		76.00
76.01 03030 GI LAB	0	0		76.01
76.02 03040 ECT	0	0		76.02
76.03 03050 OP PSYCH	0	0		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 HYPERBARIC/OP WOUND	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0		91.02
91.03 09102 PAIN THERAPY CENTER	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 AMBULATORY CARE UNIT	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	27,291	142,905		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	27,291	142,905		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/21/2017 7:45 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,231,332	213,698,896	0.043198	0	50.00
51.00	05100	RECOVERY ROOM	259,334	67,632,465	0.003834	42,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,185,817	63,227,089	0.066203	1,123	52.00
53.00	05300	ANESTHESIOLOGY	603,968	86,172,409	0.007009	76,200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,172,632	94,618,254	0.044100	39,232	54.00
54.01	05401	ULTRASOUND	1,136,862	46,942,436	0.024218	982	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,384,389	91,182,216	0.015183	0	55.00
56.00	05600	RADIOISOTOPE	805,217	46,229,342	0.017418	2,652	56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0	56.01
57.00	05700	CT SCAN	646,227	186,470,800	0.003466	111,494	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	656,964	82,272,555	0.007985	15,672	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,346,123	65,147,291	0.020663	3	59.00
60.00	06000	LABORATORY	3,406,751	337,615,169	0.010091	860,516	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	452,912	19,056,683	0.023767	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,625,704	64,625,482	0.025156	31,072	65.00
66.00	06600	PHYSICAL THERAPY	2,094,299	54,690,667	0.038294	105,043	66.00
69.00	06900	ELECTROCARDIOLOGY	2,084,814	134,781,506	0.015468	28,644	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,916,461	205,791,923	0.009313	64,554	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,154,853	114,066,823	0.018891	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,896,049	598,493,171	0.008181	946,638	73.00
74.00	07400	RENAL DIALYSIS	176,624	6,667,486	0.026490	8,313	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,121,604	22,583,147	0.093946	0	75.00
76.00	03020	CARDIAC REHAB	185,467	2,171,241	0.085420	0	76.00
76.01	03030	GI LAB	1,685,937	77,681,629	0.021703	0	76.01
76.02	03040	ECT	48,506	1,665,258	0.029128	116,663	76.02
76.03	03050	OP PSYCH	357,903	7,802,890	0.045868	1,932	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	972,137	11,248,597	0.086423	2	90.00
90.01	09001	HYPERBARIC/OP WOUND	175,322	2,359,894	0.074292	0	90.01
91.00	09100	EMERGENCY	2,873,475	144,169,185	0.019931	699,894	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	58,936,288	0.000000	8,219	92.00
92.01	09201	AMBULATORY CARE UNIT	477,976	6,376,290	0.074961	544	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (Lines 50-199)	52,135,659	2,914,377,082		3,161,698	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 7:45 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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	243,134	0	243,134	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	347,696	0	347,696	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030 GI LAB	0	0	0	0	0	76.01
76.02	03040 ECT	0	0	0	0	0	76.02
76.03	03050 OP PSYCH	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	590,830	0	590,830	95.00
200.00	Total (lines 50-199)	0	0	590,830	0	590,830	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/21/2017 7:45 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	213,698,896	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	67,632,465	0.000000	0.000000	42,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	63,227,089	0.000000	0.000000	1,123	52.00
53.00	05300	ANESTHESIOLOGY	0	86,172,409	0.000000	0.000000	76,200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	243,134	94,618,254	0.002570	0.002570	39,232	54.00
54.01	05401	ULTRASOUND	0	46,942,436	0.000000	0.000000	982	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	91,182,216	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	46,229,342	0.000000	0.000000	2,652	56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	186,470,800	0.000000	0.000000	111,494	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	82,272,555	0.000000	0.000000	15,672	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	65,147,291	0.000000	0.000000	3	59.00
60.00	06000	LABORATORY	347,696	337,615,169	0.001030	0.001030	860,516	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	19,056,683	0.000000	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	64,625,482	0.000000	0.000000	31,072	65.00
66.00	06600	PHYSICAL THERAPY	0	54,690,667	0.000000	0.000000	105,043	66.00
69.00	06900	ELECTROCARDIOLOGY	0	134,781,506	0.000000	0.000000	28,644	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	205,791,923	0.000000	0.000000	64,554	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	114,066,823	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	598,493,171	0.000000	0.000000	946,638	73.00
74.00	07400	RENAL DIALYSIS	0	6,667,486	0.000000	0.000000	8,313	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	22,583,147	0.000000	0.000000	0	75.00
76.00	03020	CARDIAC REHAB	0	2,171,241	0.000000	0.000000	0	76.00
76.01	03030	GI LAB	0	77,681,629	0.000000	0.000000	0	76.01
76.02	03040	ECT	0	1,665,258	0.000000	0.000000	116,663	76.02
76.03	03050	OP PSYCH	0	7,802,890	0.000000	0.000000	1,932	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	11,248,597	0.000000	0.000000	2	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	2,359,894	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	144,169,185	0.000000	0.000000	699,894	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	58,936,288	0.000000	0.000000	8,219	92.00
92.01	09201	AMBULATORY CARE UNIT	0	6,376,290	0.000000	0.000000	544	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	590,830	2,914,377,082			3,161,698	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 7:45 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	101	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	886	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	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 CARDIAC REHAB	0	0	0	76.00
76.01	03030 GI LAB	0	0	0	76.01
76.02	03040 ECT	0	0	0	76.02
76.03	03050 OP PSYCH	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	70	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	987	70	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/21/2017 7:45 am
	Title XVIII	Subprovider - IPF	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	0.209109	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.060987	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.424013	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.039755	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.254156	0	0	0	0	54.00
54.01 05401 ULTRASOUND	0.118626	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.123270	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0.102127	0	0	0	0	56.00
56.01 05601 ONCOLOGY	0.000000	0	0	0	0	56.01
57.00 05700 CT SCAN	0.018902	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.029243	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.097342	0	0	0	0	59.00
60.00 06000 LABORATORY	0.140415	0	0	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.442362	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.224766	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.493130	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.104430	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301309	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.613068	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.259769	0	0	73	0	73.00
74.00 07400 RENAL DIALYSIS	0.254128	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.598764	0	0	0	0	75.00
76.00 03020 CARDIAC REHAB	0.859048	0	0	0	0	76.00
76.01 03030 GI LAB	0.131913	0	0	0	0	76.01
76.02 03040 ECT	0.218248	0	0	0	0	76.02
76.03 03050 OP PSYCH	0.358246	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	1.009465	70	0	73	71	90.00
90.01 09001 HYPERBARIC/OP WOUND	0.749723	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.239487	0	0	0	0	91.00
91.02 09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.259367	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0.438352	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		70	0	146	71 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		70	0	146	71 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/21/2017 7:45 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01 05401 ULTRASOUND	0	0	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	56.00	
56.01 05601 ONCOLOGY	0	0	56.01	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	0	0	60.00	
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	19	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00	
76.00 03020 CARDIAC REHAB	0	0	76.00	
76.01 03030 GI LAB	0	0	76.01	
76.02 03040 ECT	0	0	76.02	
76.03 03050 OP PSYCH	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00	
90.00 09000 CLINIC	0	74	90.00	
90.01 09001 HYPERBARIC/OP WOUND	0	0	90.01	
91.00 09100 EMERGENCY	0	0	91.00	
91.02 09101 NATURAL FAMILY PLANNING	0	0	91.02	
91.03 09102 PAIN THERAPY CENTER	0	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
92.01 09201 AMBULATORY CARE UNIT	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
200.00	Subtotal (see instructions)	0	93	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	93	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/21/2017 7:45 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.209109	0	2,233,648	0	0
51.00 05100 RECOVERY ROOM	0.060987	0	980,729	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.424013	0	5,146	0	0
53.00 05300 ANESTHESIOLOGY	0.039755	0	983,401	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.254156	0	1,229,638	0	0
54.01 05401 ULTRASOUND	0.118626	0	964,127	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.123270	0	2,049,954	0	0
56.00 05600 RADIO SOTOPE	0.102127	0	991,925	0	0
56.01 05601 ONCOLOGY	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.018902	0	2,989,013	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.029243	0	1,035,838	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.097342	0	739,245	0	0
60.00 06000 LABORATORY	0.140415	0	3,588,234	0	0
60.01 06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.442362	0	176,245	0	0
65.00 06500 RESPIRATORY THERAPY	0.224766	0	479,283	0	0
66.00 06600 PHYSICAL THERAPY	0.493130	0	214,133	0	0
69.00 06900 ELECTROCARDIOLOGY	0.104430	0	1,503,315	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301309	0	1,767,753	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.613068	0	1,105,052	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.259769	0	11,921,211	0	0
74.00 07400 RENAL DIALYSIS	0.254128	0	3,535	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.598764	0	333,246	0	0
76.00 03020 CARDIAC REHAB	0.859048	0	11,733	0	0
76.01 03030 GI LAB	0.131913	0	923,754	0	0
76.02 03040 ECT	0.218248	0	166,005	0	0
76.03 03050 OP PSYCH	0.358246	0	28,090	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	1.009465	0	341,756	0	0
90.01 09001 HYPERBARIC/OP WOUND	0.749723	0	239,731	0	0
91.00 09100 EMERGENCY	0.239487	0	6,747,289	0	0
91.02 09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0
91.03 09102 PAIN THERAPY CENTER	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.259367	0	2,197,271	0	0
92.01 09201 AMBULATORY CARE UNIT	0.438352	0	134,480	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0		0
200.00 Subtotal (see instructions)		0	46,084,780	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	46,084,780	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/21/2017 7:45 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	467,076	0		50.00
51.00 05100 RECOVERY ROOM	59,812	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,182	0		52.00
53.00 05300 ANESTHESIOLOGY	39,095	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	312,520	0		54.00
54.01 05401 ULTRASOUND	114,371	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	252,698	0		55.00
56.00 05600 RADIO SOTOP	101,302	0		56.00
56.01 05601 ONCOLOGY	0	0		56.01
57.00 05700 CT SCAN	56,498	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	30,291	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	71,960	0		59.00
60.00 06000 LABORATORY	503,842	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	77,964	0		62.00
65.00 06500 RESPIRATORY THERAPY	107,727	0		65.00
66.00 06600 PHYSICAL THERAPY	105,595	0		66.00
69.00 06900 ELECTROCARDIOLOGY	156,991	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	532,640	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	677,472	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,096,761	0		73.00
74.00 07400 RENAL DIALYSIS	898	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	199,536	0		75.00
76.00 03020 CARDIAC REHAB	10,079	0		76.00
76.01 03030 GI LAB	121,855	0		76.01
76.02 03040 ECT	36,230	0		76.02
76.03 03050 OP PSYCH	10,063	0		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	344,991	0		90.00
90.01 09001 HYPERBARIC/OP WOUND	179,732	0		90.01
91.00 09100 EMERGENCY	1,615,888	0		91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0		91.02
91.03 09102 PAIN THERAPY CENTER	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	569,900	0		92.00
92.01 09201 AMBULATORY CARE UNIT	58,950	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	9,914,919	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)	9,914,919	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		148,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		148,831	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)		131,750	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)		35,308	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)		133,192,174	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)		133,192,174	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)		133,192,174	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)		894.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		31,597,835	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)		31,597,835	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	28,100,774	16,763	1,676.36	5,515	9,245,125	43.00
44.00	CORONARY CARE UNIT	8,656,109	6,898	1,254.87	1,595	2,001,518	44.00
45.00	BURN INTENSIVE CARE UNIT	4,548,121	2,950	1,541.74	547	843,332	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	31,804,522	29,075	1,093.88	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				73,239,154		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				116,926,964		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)				4,758,177		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				5,381,992		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				10,140,169		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				106,786,795		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)				17,081		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				894.92		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				15,286,129		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am	
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	15,634,779	133,192,174	0.117385	15,286,129	1,794,362	90.00
91.00	Nursing School cost	0	133,192,174	0.000000	15,286,129	0	91.00
92.00	Allied health cost	0	133,192,174	0.000000	15,286,129	0	92.00
93.00	All other Medical Education	0	133,192,174	0.000000	15,286,129	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,790	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,790	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)		11,790	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,418	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)		7,702,747	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)		7,702,747	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)		7,702,747	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)		653.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,886,412	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)		2,886,412	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				667,664		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,554,076		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)				297,508		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				44,042		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				341,550		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,212,526		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
	1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	793,919	7,702,747	0.103070	0	0	90.00	
91.00	Nursing School cost	0	7,702,747	0.000000	0	0	91.00	
92.00	Allied health cost	0	7,702,747	0.000000	0	0	92.00	
93.00	All other Medical Education	0	7,702,747	0.000000	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 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)		148,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		148,831	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)		131,750	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,031	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)		19,421	15.00
16.00	Nursery days (title V or XIX only)		819	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)		132,346,431	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)		132,346,431	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)		132,346,431	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)		889.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,252,246	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)		6,252,246	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	8,910,711	19,421	458.82	819	375,774	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	27,917,886	16,763	1,665.45	1,659	2,762,982	43.00
44.00	CORONARY CARE UNIT	8,656,109	6,898	1,254.87	303	380,226	44.00
45.00	BURN INTENSIVE CARE UNIT	4,548,121	2,950	1,541.74	583	898,834	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	31,783,822	29,075	1,093.17	2,789	3,048,851	47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,025,325	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,744,238	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)					17,081	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					889.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,189,108	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am	
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	15,634,779	132,346,431	0.118135	15,189,108	1,794,365	90.00
91.00	Nursing School cost	0	132,346,431	0.000000	15,189,108	0	91.00
92.00	Allied health cost	0	132,346,431	0.000000	15,189,108	0	92.00
93.00	All other Medical Education	0	132,346,431	0.000000	15,189,108	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,790 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,790 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)			11,790 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,088 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)			19,421 15.00
16.00	Nursery days (title V or XIX only)			819 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)			7,688,613 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)			7,688,613 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)			7,688,613 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)			652.13 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,361,647 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)			1,361,647 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					384,991		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,746,638		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)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/21/2017 7:45 am	
		Title XIX		Subprovider - IPF		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	793,919	7,688,613	0.103259	0	0	90.00
91.00	Nursing School cost	0	7,688,613	0.000000	0	0	91.00
92.00	Allied health cost	0	7,688,613	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,688,613	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/21/2017 7:45 am	
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		52,577,323	30.00
31.00	03100	INTENSIVE CARE UNIT		23,023,378	31.00
32.00	03200	CORONARY CARE UNIT		4,885,718	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,315,222	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		759,416	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209276	26,244,202	50.00
51.00	05100	RECOVERY ROOM	0.060987	3,555,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.424568	3,156,992	52.00
53.00	05300	ANESTHESIOLOGY	0.039755	7,527,789	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254156	6,717,172	54.00
54.01	05401	ULTRASOUND	0.124633	1,543,389	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123270	661,623	55.00
56.00	05600	RADIOISOTOPE	0.102127	2,346,150	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.018902	18,451,305	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029243	4,153,354	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097342	7,486,456	59.00
60.00	06000	LABORATORY	0.140415	48,671,440	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.442362	4,939,679	62.00
65.00	06500	RESPIRATORY THERAPY	0.224815	12,375,489	65.00
66.00	06600	PHYSICAL THERAPY	0.493130	7,242,812	66.00
69.00	06900	ELECTROCARDIOLOGY	0.105367	16,572,459	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301309	31,693,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613068	22,832,851	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259769	61,936,521	73.00
74.00	07400	RENAL DIALYSIS	0.254128	3,892,651	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.598764	667,405	75.00
76.00	03020	CARDIAC REHAB	0.859048	230,177	76.00
76.01	03030	GI LAB	0.132014	1,882,097	76.01
76.02	03040	ECT	0.218248	11,871	76.02
76.03	03050	OP PSYCH	0.358246	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.013117	6,200	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.749723	10,480	90.01
91.00	09100	EMERGENCY	0.242924	11,731,712	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259367	3,783,040	92.00
92.01	09201	AMBULATORY CARE UNIT	0.438352	72,447	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		310,396,783	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)		310,396,783	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/21/2017 7:45 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		4,398,368		40.00
41.00	04100 SUBPROVIDER - IPF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209276	0	0	50.00
51.00	05100 RECOVERY ROOM	0.060987	42,306	2,580	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.424568	1,123	477	52.00
53.00	05300 ANESTHESIOLOGY	0.039755	76,200	3,029	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.254156	39,232	9,971	54.00
54.01	05401 ULTRASOUND	0.124633	982	122	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.123270	0	0	55.00
56.00	05600 RADIOISOTOPE	0.102127	2,652	271	56.00
56.01	05601 ONCOLOGY	0.000000	0	0	56.01
57.00	05700 CT SCAN	0.018902	111,494	2,107	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.029243	15,672	458	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097342	3	0	59.00
60.00	06000 LABORATORY	0.140415	860,516	120,829	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.442362	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.224815	31,072	6,985	65.00
66.00	06600 PHYSICAL THERAPY	0.493130	105,043	51,800	66.00
69.00	06900 ELECTROCARDIOLOGY	0.105367	28,644	3,018	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301309	64,554	19,451	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.613068	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.259769	946,638	245,907	73.00
74.00	07400 RENAL DIALYSIS	0.254128	8,313	2,113	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.598764	0	0	75.00
76.00	03020 CARDIAC REHAB	0.859048	0	0	76.00
76.01	03030 GI LAB	0.132014	0	0	76.01
76.02	03040 ECT	0.218248	116,663	25,461	76.02
76.03	03050 OP PSYCH	0.358246	1,932	692	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	1.013117	2	2	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.749723	0	0	90.01
91.00	09100 EMERGENCY	0.242924	699,894	170,021	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.259367	8,219	2,132	92.00
92.01	09201 AMBULATORY CARE UNIT	0.438352	544	238	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,161,698	667,664	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)		3,161,698		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/21/2017 7:45 am	
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		11,252,940	30.00
31.00	03100	INTENSIVE CARE UNIT		7,075,142	31.00
32.00	03200	CORONARY CARE UNIT		530,325	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,496,917	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		12,798,706	35.00
40.00	04000	SUBPROVIDER - I PF		144,230	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,470,319	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209109	4,572,271	956,103 50.00
51.00	05100	RECOVERY ROOM	0.060987	536,978	32,749 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.424013	1,841,213	780,698 52.00
53.00	05300	ANESTHESIOLOGY	0.039755	1,454,374	57,819 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254156	1,660,598	422,051 54.00
54.01	05401	ULTRASOUND	0.118626	383,937	45,545 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123270	120,366	14,838 55.00
56.00	05600	RADIOISOTOPE	0.102127	303,950	31,042 56.00
56.01	05601	ONCOLOGY	0.000000	0	0 56.01
57.00	05700	CT SCAN	0.018902	3,477,695	65,735 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029243	882,685	25,812 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097342	710,551	69,166 59.00
60.00	06000	LABORATORY	0.140415	10,733,930	1,507,205 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.442362	946,982	418,909 62.00
65.00	06500	RESPIRATORY THERAPY	0.224766	4,088,491	918,954 65.00
66.00	06600	PHYSICAL THERAPY	0.493130	1,239,374	611,173 66.00
69.00	06900	ELECTROCARDIOLOGY	0.104430	3,206,014	334,804 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301309	6,821,516	2,055,384 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613068	1,818,974	1,115,155 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259769	16,840,248	4,374,574 73.00
74.00	07400	RENAL DIALYSIS	0.254128	265,589	67,494 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.598764	104,205	62,394 75.00
76.00	03020	CARDIAC REHAB	0.859048	24,076	20,682 76.00
76.01	03030	GI LAB	0.131913	275,284	36,314 76.01
76.02	03040	ECT	0.218248	3,321	725 76.02
76.03	03050	OP PSYCH	0.358246	0	0 76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	1.009465	0	0 90.00
90.01	09001	HYPERBARIC/OP WOUND	0.749723	0	0 90.01
91.00	09100	EMERGENCY	0.239487	0	0 91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0 91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259367	0	0 92.00
92.01	09201	AMBULATORY CARE UNIT	0.438352	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		62,312,622	14,025,325 200.00
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)		62,312,622	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/21/2017 7:45 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		3,659,877		40.00
41.00	04100 SUBPROVIDER - IPF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209109	828	173	50.00
51.00	05100 RECOVERY ROOM	0.060987	20,146	1,229	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.424013	296	126	52.00
53.00	05300 ANESTHESIOLOGY	0.039755	47,134	1,874	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.254156	30,079	7,645	54.00
54.01	05401 ULTRASOUND	0.118626	3,724	442	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.123270	0	0	55.00
56.00	05600 RADIOISOTOPE	0.102127	2,652	271	56.00
56.01	05601 ONCOLOGY	0.000000	0	0	56.01
57.00	05700 CT SCAN	0.018902	53,812	1,017	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.029243	3,732	109	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097342	1	0	59.00
60.00	06000 LABORATORY	0.140415	973,382	136,677	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.442362	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.224766	15,911	3,576	65.00
66.00	06600 PHYSICAL THERAPY	0.493130	13,992	6,900	66.00
69.00	06900 ELECTROCARDIOLOGY	0.104430	32,058	3,348	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301309	50,082	15,090	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.613068	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.259769	741,740	192,681	73.00
74.00	07400 RENAL DIALYSIS	0.254128	3	1	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.598764	0	0	75.00
76.00	03020 CARDIAC REHAB	0.859048	0	0	76.00
76.01	03030 GI LAB	0.131913	0	0	76.01
76.02	03040 ECT	0.218248	63,377	13,832	76.02
76.03	03050 OP PSYCH	0.358246	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	1.009465	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.749723	0	0	90.01
91.00	09100 EMERGENCY	0.239487	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.259367	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0.438352	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,052,949	384,991	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)		2,052,949		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/21/2017 7:45 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)		18,711,601	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		64,490,287	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)		5,202,397	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		37,099,383	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		772.16	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		95.60	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		10.52	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		85.08	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		96.97	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.91	11.00
12.00	Current year allowable FTE (see instructions)		87.99	12.00
13.00	Total allowable FTE count for the prior year.		87.91	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.		88.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.97	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		87.97	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.113927	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.120296	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.113927	21.00
22.00	IME payment adjustment (see instructions)		5,016,907	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,237,019	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		11.89	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		5,016,907	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,237,019	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.30	31.00
32.00	Sum of lines 30 and 31		27.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.81	33.00
34.00	Disproportionate share adjustment (see instructions)		2,456,536	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/21/2017 7:45 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.001233356	0.001191543	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	7,901,059	7,122,430	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,986,058	5,327,186	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,313,244		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)	103,190,972		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)		105,427,991	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		7,974,383	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).		2,751,856	52.00
53.00	Nursing and Allied Health Managed Care payment		38,580	53.00
54.00	Special add-on payments for new technologies		22,160	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		67,395	58.00
59.00	Total (sum of amounts on lines 49 through 58)		116,282,365	59.00
60.00	Primary payer payments		220,312	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		116,062,053	61.00
62.00	Deductibles billed to program beneficiaries		7,742,952	62.00
63.00	Coinurance billed to program beneficiaries		367,416	63.00
64.00	Allowable bad debts (see instructions)		1,921,080	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,248,702	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		162,155	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		109,200,387	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		235,865	70.93
70.94	HRR adjustment amount (see instructions)		-381,799	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/21/2017 7:45 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	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	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)			109,054,453	71.00
71.01	Sequestration adjustment (see instructions)			2,181,089	71.01
72.00	Interim payments			106,547,564	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			325,800	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			918,241	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			598,511	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0020

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2017 7:45 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	18,711,601	0	18,711,601		18,711,601	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	64,490,287	0		64,490,287	64,490,287	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,202,397	0	648,233	4,554,163	5,202,396	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	37,099,383	0	0	37,099,383	37,099,383	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.113927	0.113927	0.113927	0.113927		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,016,907	0	1,128,272	3,888,635	5,016,907	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,237,019	0	0	2,237,019	2,237,019	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,016,907	0	1,128,272	3,888,635	5,016,907	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,237,019	0	0	2,237,019	2,237,019	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1181	0.1181	0.1181	0.1181		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,456,536	0	552,460	1,904,076	2,456,536	11.00
11.01	Uncompensated care payments	36.00	7,313,244	0	1,986,058	5,327,186	7,313,244	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	103,190,972	0	23,026,624	80,164,348	103,190,972	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	105,427,991	0	23,026,624	82,401,367	105,427,991	15.00
16.00	Payment for inpatient program capital	50.00	7,974,383	0	9,687,815	-1,713,432	7,974,383	16.00
17.00	Special add-on payments for new technologies	54.00	22,160	0	3,175	18,985	22,160	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0020

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2017 7:45 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	32,717,614	80,706,920	113,424,534	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,670,168	0	8,159,725	-1,489,557	6,670,168	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	598,511	0	664,791	-66,280	598,511	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0487	0.0487	0.0487	0.0487		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	324,837	0	397,378	-72,541	324,837	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0571	0.0571	0.0571	0.0571		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	380,867	0	465,921	-85,054	380,867	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,974,383	0	9,687,815	-1,713,432	7,974,383	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/21/2017 7:45 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	18,711,601	18,711,601		18,711,601	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	64,490,287		64,490,287	64,490,287	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,202,397	648,233	4,554,163	5,202,396	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	37,099,383	0	37,099,383	37,099,383	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.113927	0.113927	0.113927		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,016,907	1,128,272	3,888,635	5,016,907	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,237,019	0	2,237,019	2,237,019	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,016,907	1,128,272	3,888,635	5,016,907	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,237,019	0	2,237,019	2,237,019	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1181	0.1181	0.1181		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,456,536	552,460	1,904,076	2,456,536	11.00
11.01	Uncompensated care payments	36.00	7,313,244	1,986,058	5,327,186	7,313,244	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	103,190,972	23,026,624	80,164,348	103,190,972	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	105,427,991	23,026,624	82,401,367	105,427,991	15.00
16.00	Payment for inpatient program capital	50.00	7,974,383	9,687,815	-1,713,432	7,974,383	16.00
17.00	Special add-on payments for new technologies	54.00	22,160	3,175	18,985	22,160	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			32,717,614	80,706,920	113,424,534	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/21/2017 7:45 am
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		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	6,670,168	8,159,725	-1,489,557	6,670,168	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	598,511	664,791	-66,280	598,511	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0487	0.0487	0.0487		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	324,837	397,378	-72,541	324,837	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0571	0.0571	0.0571		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	380,867	465,921	-85,054	380,867	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	7,974,383	9,687,815	-1,713,432	7,974,383	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	235,865	76,326	159,539	235,865	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-381,799	-78,602	-303,197	-381,799	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/21/2017 7:45 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		170,196	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		50,844,176	2.00
3.00	PPS payments		47,635,508	3.00
4.00	Outlier payment (see instructions)		266,076	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		36,233	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		170,196	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		611,174	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)		611,174	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		611,174	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		440,978	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		170,196	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		47,937,817	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,616	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,896,607	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		39,204,790	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,167,000	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)		40,371,790	30.00
31.00	Primary payer payments		52,684	31.00
32.00	Subtotal (line 30 minus line 31)		40,319,106	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)		661,156	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		429,751	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		686,383	36.00
37.00	Subtotal (see instructions)		40,748,857	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,414	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		165,525	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		40,747,443	40.00
40.01	Sequestration adjustment (see instructions)		814,949	40.01
41.00	Interim payments		40,078,402	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-145,908	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		266,076	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: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/21/2017 7:45 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			93 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			71 2.00
3.00	PPS payments			33 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			93 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			146 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)			146 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			146 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			53 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			93 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			33 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 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)			126 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			126 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			126 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			126 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			126 40.00
40.01	Sequestration adjustment (see instructions)			3 40.01
41.00	Interim payments			46 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			77 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0020		Period: From 07/01/2016 To 06/30/2017		Worksheet E-1 Part I Date/Time Prepared: 11/21/2017 7:45 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		106,547,564		40,078,402	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)		106,547,564		40,078,402	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		325,800		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		145,908	6.02	
7.00	Total Medicare program liability (see instructions)		106,873,364		39,932,494	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Wiconsin Physician Services		05901			8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/21/2017 7:45 am	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				46 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		3,282,810		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)				0 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)		3,282,810		46 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)				0 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)				0 6.00
6.01	SETTLEMENT TO PROVIDER		18,795		77 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		3,301,605		123 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor	Wisconsin Physician Services		05901	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/21/2017 7:45 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		37,728	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		42,965	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		19,276	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		187,436	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		3,380,067,818	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		63,011,823	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/21/2017 7:45 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,788,161 1.00
2.00	Net IPF PPS Outlier Payments			36,093 2.00
3.00	Net IPF PPS ECT Payments			30,851 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.30 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.53 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.30 8.00
9.00	Average Daily Census (see instructions)			32.301370 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.004773 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			18,081 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,873,186 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,873,186 16.00
17.00	Primary payer payments			4,323 17.00
18.00	Subtotal (line 16 less line 17).			3,868,863 18.00
19.00	Deductibles			456,541 19.00
20.00	Subtotal (line 18 minus line 19)			3,412,322 20.00
21.00	Coinsurance			44,324 21.00
22.00	Subtotal (line 20 minus line 21)			3,367,998 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,367,998 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			987 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,368,985 31.00
31.01	Sequestration adjustment (see instructions)			67,380 31.01
32.00	Interim payments			3,282,810 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			18,795 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			36,093 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/21/2017 7:45 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			99.69	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.01	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			97.51	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	62.33	28.68	91.01	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.	56.69	26.08	82.77	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		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	56.69	29.08		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.49	29.09		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.41	27.13		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.53	28.43		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	57.53	28.43		17.00
18.00	Per resident amount	142,184.00	141,423.00		18.00
19.00	Approved amount for resident costs	8,179,846	4,020,656	12,200,502	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)			8.83	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			106,142.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			12,200,502	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	47,383	20,487		26.00
27.00	Total Inpatient Days (see instructions)	202,286	202,286		27.00
28.00	Ratio of inpatient days to total inpatient days	0.234238	0.101277		28.00
29.00	Program direct GME amount	2,857,821	1,235,630		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		174,595		30.00
31.00	Net Program direct GME amount			3,918,856	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/21/2017 7:45 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)		6,667,486	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		120,481,040	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)		224,635	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		120,256,405	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		51,050,769	42.00
43.00	Primary payer payments (see instructions)		52,684	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		50,998,085	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		171,254,490	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.702209	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.297791	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,918,856	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,751,856	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,167,000	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/21/2017 7:45 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.			99.69	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.01	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			97.51	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	62.33	28.68	91.01	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.	56.69	26.08	82.77	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.91		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	56.69	28.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.49	29.09		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.41	27.13		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.53	28.40		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	57.53	28.40		17.00
18.00	Per resident amount	142,184.00	141,423.00		18.00
19.00	Approved amount for resident costs	8,179,846	4,016,413	12,196,259	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)			8.83	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			106,142.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			12,196,259	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,427	38,789		26.00
27.00	Total Inpatient Days (see instructions)	202,286	202,286		27.00
28.00	Ratio of inpatient days to total inpatient days	0.076263	0.191753		28.00
29.00	Program direct GME amount	930,123	2,338,669		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		330,454		30.00
31.00	Net Program direct GME amount			2,938,338	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/21/2017 7:45 am
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			0 37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0 38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			0 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			2,938,338 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0 50.00

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

Provider CCN: 26-0020

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

Worksheet G
Date/Time Prepared:
11/21/2017 7:45 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	23,897,489	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	298,638,125	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-164,810,348	0	0	0	6.00
7.00	Inventory	14,768,800	0	0	0	7.00
8.00	Prepaid expenses	849,962	0	0	0	8.00
9.00	Other current assets	9,446,796	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)	182,790,824	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	18,867,336	0	0	0	13.00
14.00	Accumulated depreciation	-9,377,397	0	0	0	14.00
15.00	Buildings	824,762,948	0	0	0	15.00
16.00	Accumulated depreciation	-489,767,375	0	0	0	16.00
17.00	Leasehold improvements	1,886,860	0	0	0	17.00
18.00	Accumulated depreciation	-7,815	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	285,361,760	0	0	0	23.00
24.00	Accumulated depreciation	-224,595,597	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	407,130,720	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,664,977	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	16,256,427	3,659,377	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,921,404	3,659,377	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	609,842,948	3,659,377	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,603,924	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,378,212	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	111,885	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	8,912,378	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,006,399	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,209,111	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,637,931	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,847,042	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	31,853,441	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	577,989,507				52.00
53.00	Specific purpose fund		3,659,377			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	577,989,507	3,659,377	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	609,842,948	3,659,377	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0020

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

Worksheet G-1

Date/Time Prepared:
11/21/2017 7:45 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		586,211,873		3,014,175		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		180,326,063				2.00
3.00	Total (sum of line 1 and line 2)		766,537,936		3,014,175		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INVESTMENT INCOME	0		322,635		0	5.00
6.00	DONATIONS	1,804,229		949,459		0	6.00
7.00	TRANSFERS	63,193		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,867,422		1,272,094		10.00
11.00	Subtotal (line 3 plus line 10)		768,405,358		4,286,269		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	EXPENSES	0		624,411		0	14.00
15.00	FIXED ASSET PURCHASES	0		2,479		0	15.00
16.00	OTHER FUND BALANCE TRANSFERS	190,415,850		0		0	16.00
17.00	ROUNDING DIFFERENCE	1		2		0	17.00
18.00	Total deductions (sum of lines 12-17)		190,415,851		626,892		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		577,989,507		3,659,377		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)			0			4.00
5.00	INVESTMENT INCOME			0			5.00
6.00	DONATIONS			0			6.00
7.00	TRANSFERS			0			7.00
8.00				0			8.00
9.00				0			9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)			0			12.00
13.00				0			13.00
14.00	EXPENSES			0			14.00
15.00	FIXED ASSET PURCHASES			0			15.00
16.00	OTHER FUND BALANCE TRANSFERS			0			16.00
17.00	ROUNDING DIFFERENCE			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0020

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/21/2017 7:45 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	189,816,569		189,816,569	1.00
2.00	SUBPROVIDER - IPF	19,048,804		19,048,804	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	208,865,373		208,865,373	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	77,107,491		77,107,491	11.00
12.00	CORONARY CARE UNIT	12,671,033		12,671,033	12.00
13.00	BURN INTENSIVE CARE UNIT	7,918,382		7,918,382	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	133,318,266		133,318,266	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	231,015,172		231,015,172	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	439,880,545		439,880,545	17.00
18.00	Ancillary services	1,157,786,940	0	1,157,786,940	18.00
19.00	Outpatient services	0	1,922,808,298	1,922,808,298	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	436,984	436,984	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,597,667,485	1,923,245,282	3,520,912,767	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		924,501,728		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	REHAB HOSPITAL JOINT VENTURE	59,806			38.00
39.00	ROUNDING	1			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		59,807		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		924,441,921		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet G-3 Date/Time Prepared: 11/21/2017 7:45 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,520,912,767	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,451,616,855	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,069,295,912	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	924,441,921	4.00
5.00	Net income from service to patients (line 3 minus line 4)	144,853,991	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,310,879	6.00
7.00	Income from investments	8,652,591	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	7,142,676	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	22,740	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,855,833	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	2,090,129	20.00
21.00	Rental of vending machines	288,413	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	13,108,811	24.00
25.00	Total other income (sum of lines 6-24)	35,472,072	25.00
26.00	Total (line 5 plus line 25)	180,326,063	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	180,326,063	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0020	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/21/2017 7:45 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,670,168	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		598,511	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)		521.91	3.00
4.00	Number of interns & residents (see instructions)		87.97	4.00
5.00	Indirect medical education percentage (see instructions)		4.87	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)		324,837	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.30	8.00
9.00	Sum of lines 7 and 8		27.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.71	10.00
11.00	Disproportionate share adjustment (see instructions)		380,867	11.00
12.00	Total prospective capital payments (see instructions)		7,974,383	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