

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: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/19/2018 1:27 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/19/2018 Time: 1:27 pm
 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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHRISTIAN HOSPITAL NORTHEAST (26-0180) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 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.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	372,039	12,568	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	53,538	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	425,577	12,568	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: 26-0180			Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/19/2018 1:25 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11133 DUNN ROAD			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63136-		County: ST. LOUIS		2.00	
		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	
								V	XVIII	XIX	
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital		CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		REHAB	26T180	41180	5	12/08/1983	N	P	O	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 - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickles 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.	7,903	798	883	588	910	0			24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	337	29	0	16	8				25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/19/2018 1:25 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)				37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y		40.00		
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-2
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00		2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
						1.00		
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01	
		Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
		Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.99	0.000000	64.00	
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00		2.00	3.00	4.00	5.00	

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	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)		0.00	0.00	0.000000			65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
			1.00	2.00	3.00				
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	1.22	0.000000			66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.01	0.00	1.000000			67.00
					1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0		71.00	
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y				75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0		76.00	

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/19/2018 1:25 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	512,500	2,329,000		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		269026		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/19/2018 1:25 pm		
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: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00		
142.00	Street: 4901 FOREST PARK BLVD	PO Box:				142.00		
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
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.								
						1.00	145.00	
						Y		
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.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
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	Part A	Part B	Title V	Title XIX	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	N	N	N	N	158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC	N	N	N	N	161.00		
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.								
						1.00	165.00	
						N		
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)								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
							0.00	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
						1.00	167.00	
						Y		
168.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						2.00	168.00
						0		
168.01	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)						168.01	
169.00	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	
						1.00	169.00	
						0.00		
						0.00	169.00	
						0.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	170.00	
						01/01/2016	03/30/2016	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						1.00	171.00	
						N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/19/2018 1:25 pm	
		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)	Y					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.	Y					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					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.					Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	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)	Y	04/11/2018	Y	04/11/2018		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)	N		N			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: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/19/2018 1:25 pm		
		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			N		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.			N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		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.			N		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			Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		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.			N		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.			Y		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.			Y		35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAUL		BRADSHAW		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419		PAUL.BRADSHAW@BJC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/19/2018 1:25 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-2
Part V
Date/Time Prepared:
5/19/2018 1:25 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PAUL.BRADSHAW@BJC.ORG	6.00
7.00	Department	BJC @ THE COMMONS	7.00
8.00	Mailing Address 1	MAILSTOP 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON AVE.	9.00
10.00	City	ST. LOUIS	10.00
11.00	State		MO 11.00
12.00	Zip	63110	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part IX Date/Time Prepared: 5/19/2018 1:25 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	N	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	389	141,985	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)		389	141,985	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	27	9,855	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		442	161,330	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		460				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	21,496	8,581	48,639			1.00
2.00 HMO and other (see instructions)	12,202	910				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	742	8				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,496	8,581	48,639			7.00
8.00 INTENSIVE CARE UNIT	2,054	754	6,590			8.00
9.00 CORONARY CARE UNIT	1,222	837	5,076			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	24,772	10,172	60,305	0.00	1,670.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,358	382	3,600	0.00	17.30	17.00
18.00 SUBPROVIDER						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	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,688.20	27.00
28.00 Observation Bed Days		0	5,767			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			404			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

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	4,235	1,879	11,810	1.00
2.00 HMO and other (see instructions)			2,180	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,235	1,879	11,810	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	105	22	252	17.00
18.00 SUBPROVIDER						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 5/19/2018 1:25 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	99,129,219	0	99,129,219	3,470,467.00	28.56	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		251,343	0	251,343	1,797.00	139.87	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		205,945	0	205,945	2,262.00	91.05	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	135,915	135,915	4,584.00	29.65	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		8,023,623	291,438	8,315,061	344,680.00	24.12	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		7,843,996	0	7,843,996	114,032.00	68.79	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		914,945	0	914,945	7,189.00	127.27	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		16,601,570	0	16,601,570	381,372.00	43.53	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)		30,225,039	0	30,225,039			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,788,448	0	2,788,448			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		84,210	0	84,210			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		69,000	0	69,000			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		45,537	0	45,537			25.00
25.50	Home office wage-related (core)		4,537,558	0	4,537,558			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,306,665	0	1,306,665	40,816.00	32.01	26.00
27.00	Administrative & General	5.00	9,866,646	-141,582	9,725,064	349,956.00	27.79	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4,591,753	0	4,591,753	41,654.00	110.24	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,532,646	0	2,532,646	105,074.00	24.10	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,498,622	0	2,498,622	200,528.00	12.46	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,602,180	0	3,602,180	185,829.00	19.38	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	3,503,012	0	3,503,012	110,405.00	31.73	38.00
39.00	Central Services and Supply	14.00	442,829	0	442,829	23,429.00	18.90	39.00
40.00	Pharmacy	15.00	3,416,887	-189,576	3,227,311	79,522.00	40.58	40.00
41.00	Medical Records & Medical Records Library	16.00	3,138,011	0	3,138,011	101,472.00	30.92	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: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
5/19/2018 1:25 pm

	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)	107,117,207	-135,915	106,981,292	3,691,104.00	28.98	1.00
2.00	Excluded area salaries (see instructions)	8,023,623	291,438	8,315,061	344,680.00	24.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	99,093,584	-427,353	98,666,231	3,346,424.00	29.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,360,511	0	25,360,511	502,593.00	50.46	4.00
5.00	Subtotal wage-related costs (see inst.)	34,846,807	0	34,846,807	0.00	35.32	5.00
6.00	Total (sum of lines 3 thru 5)	159,300,902	-427,353	158,873,549	3,849,017.00	41.28	6.00
7.00	Total overhead cost (see instructions)	34,899,251	-331,158	34,568,093	1,238,685.00	27.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/19/2018 1:25 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,382,865 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			11,378,442 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			9,673,807 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			451,835 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			71,094 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)			918,509 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,273,688 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			7,138,363 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			150,497 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			385,187 22.00
23.00	Tuition Reimbursement			387,947 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			33,212,234 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: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/19/2018 1:25 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,843,996	33,212,234	1.00
2.00	Hospital	7,843,996	33,212,234	2.00
3.00	Subprovider - IPF			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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/19/2018 1:25 pm
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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)		0.258313	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		24,381,202	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		17,234,558	5.00	
6.00	Medicaid charges		170,303,147	6.00	
7.00	Medicaid cost (line 1 times line 6)		43,991,517	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)		2,375,757	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		10	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		67,441	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,375,757	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)	66,430,422	5,246,308	71,676,730	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	17,159,842	5,246,308	22,406,150	21.00
22.00	Payments received from patients for amounts previously written off as charity care	114,654	79,116	193,770	22.00
23.00	Cost of charity care (line 21 minus line 22)	17,045,188	5,167,192	22,212,380	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		37,128,449	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,721,880	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,649,046	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		34,479,403	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		9,833,644	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		32,046,024	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		34,421,781	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/19/2018 1:25 pm	
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	3,366,447	3,366,447	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	0	5,482	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	16,292	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	49,149	49,149	1.03
1.05	00105	NEW CAP REL COSTS-POB I	0	0	230,376	230,376	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	151,420	151,420	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	309,160	309,160	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	11,001,543	11,001,543	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,306,665	2,463,030	3,769,695	-7,753	4.00
5.01	00570	ADMINISTRATION	2,318,282	882,142	3,200,424	-12,246	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	85,676	85,676	-1,670	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	7,548,364	67,893,247	75,441,611	-10,775,991	5.04
7.00	00700	OPERATION OF PLANT	2,235,762	4,098,908	6,334,670	277,154	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	15,725	15,725	0	7.01
7.02	00702	OPERATION OF PLANT NW	296,884	464,237	761,121	-266	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,084,793	1,084,793	0	8.00
9.00	00900	HOUSEKEEPING	2,117,344	1,918,691	4,036,035	-6,116	9.00
9.01	00901	HOUSEKEEPING-POB I	125,042	88,150	213,192	0	9.01
9.02	00902	HOUSEKEEPING NW	256,236	243,947	500,183	-1,921	9.02
10.00	01000	DIETARY	0	5,666,131	5,666,131	-147,987	10.00
11.00	01100	CAFETERIA	0	86,890	86,890	-864	11.00
13.00	01300	NURSING ADMINISTRATION	3,503,012	2,311,693	5,814,705	-118,080	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	442,829	1,059,321	1,502,150	-351,352	14.00
15.00	01500	PHARMACY	3,416,887	13,926,624	17,343,511	-12,563,395	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,138,011	1,334,188	4,472,199	-16,949	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	135,915	21.00
23.00	02300	PARAMEDICAL PRGM PASTORAL CARE	0	0	0	89,218	23.00
23.01	02301	PARAMEDICAL PRGM PHARMACY	0	0	0	245,516	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,427,541	13,416,505	31,844,046	-759,073	30.00
31.00	03100	INTENSIVE CARE UNIT	5,146,682	2,682,893	7,829,575	-453,907	31.00
32.00	03200	CORONARY CARE UNIT	2,673,745	1,218,329	3,892,074	-103,115	32.00
41.00	04100	SUBPROVIDER - I RF	1,036,185	344,356	1,380,541	19,667	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,217,361	21,659,993	27,877,354	-15,706,066	50.00
51.00	05100	RECOVERY ROOM	797,962	415,281	1,213,243	-52,948	51.00
53.00	05300	ANESTHESIOLOGY	0	3,282,801	3,282,801	-338,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,425,247	4,506,883	8,932,130	-950,568	54.00
57.00	05700	CT SCAN	854,117	758,215	1,612,332	-68,809	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	303,581	140,439	444,020	-21,346	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,279,826	9,192,650	10,472,476	-7,442,399	59.00
60.00	06000	LABORATORY	3,976,688	7,576,796	11,553,484	-644,446	60.00
60.01	06001	G.I. LAB	734,737	854,767	1,589,504	-461,444	60.01
60.02	06002	VASCULAR LAB	256,275	178,728	435,003	-11,787	60.02
60.03	06003	LABORATORY-PATHOLOGY	455,490	620,477	1,075,967	164,337	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	462,201	1,457,118	1,919,319	343,871	63.00
65.00	06500	RESPIRATORY THERAPY	3,218,703	1,744,713	4,963,416	-31,113	65.00
66.00	06600	PHYSICAL THERAPY	2,500,016	912,590	3,412,606	-223,497	66.00
67.00	06700	OCCUPATIONAL THERAPY	860,461	261,874	1,122,335	164,586	67.00
68.00	06800	SPEECH PATHOLOGY	239,584	61,735	301,319	45,201	68.00
69.00	06900	ELECTROCARDIOLOGY	603,061	305,480	908,541	-86,725	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	315,492	225,040	540,532	-20,420	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,020,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,626,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,760,820	73.00
74.00	07400	RENAL DIALYSIS	0	1,697,936	1,697,936	-47,132	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	930,822	1,996,648	2,927,470	-15,706	76.01
76.03	03550	OP PSYCH	487,567	265,707	753,274	-3,524	76.03
76.04	03020	CARDIAC REHAB	173,478	56,670	230,148	-2,029	76.04
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	149,302	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,059,641	6,237,416	15,297,057	-1,325,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,888,221	4,182,422	10,070,643	-564,396	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/19/2018 1:25 pm

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	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	98,030,002	189,877,855	287,907,857	833,525	288,741,382	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,323	576,041	623,364	0	623,364	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	171,751	171,751	-1,441	170,310	190.09
190.10	19010 RETAIL PHARMACY	297,776	1,153,678	1,451,454	-866	1,450,588	190.10
190.11	19011 PUBLIC RELATIONS	358,473	1,082,452	1,440,925	0	1,440,925	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	320,787	279,916	600,703	-800	599,903	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	11,588	575,064	586,652	-586,652	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	63,270	285,146	348,416	-243,766	104,650	192.01
200.00	TOTAL (SUM OF LINES 118 through 199)	99,129,219	194,001,903	293,131,122	0	293,131,122	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/19/2018 1:25 pm

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	1,756,708	5,123,155	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	49,149	1.03
1.05	00105	NEW CAP REL COSTS-POB I	64,342	294,718	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	151,420	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	394,298	703,458	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,088,535	12,090,078	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,843,802	9,605,744	4.00
5.01	00570	ADMINISTRATIVE	-126,277	3,061,901	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	84,006	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	-4,860,543	59,805,077	5.04
7.00	00700	OPERATION OF PLANT	-122,390	6,489,434	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	15,725	7.01
7.02	00702	OPERATION OF PLANT NW	-16,142	744,713	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,084,793	8.00
9.00	00900	HOUSEKEEPING	-115,281	3,914,638	9.00
9.01	00901	HOUSEKEEPING-POB I	-6,808	206,384	9.01
9.02	00902	HOUSEKEEPING NW	-13,951	484,311	9.02
10.00	01000	DIETARY	-1,107	5,517,037	10.00
11.00	01100	CAFETERIA	-1,318,896	-1,232,870	11.00
13.00	01300	NURSING ADMINISTRATION	-197,697	5,498,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-24,110	1,126,688	14.00
15.00	01500	PHARMACY	-199,721	4,580,395	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-230,759	4,224,491	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01850	RESEARCH ADMIN	8,815	8,815	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	135,915	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	-4,017	85,201	23.00
23.01	02301	PARAMED PRGM PHARMACY	-10,322	235,194	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,010,278	26,074,695	30.00
31.00	03100	INTENSIVE CARE UNIT	-280,216	7,095,452	31.00
32.00	03200	CORONARY CARE UNIT	-145,575	3,643,384	32.00
41.00	04100	SUBPROVIDER - I RF	-56,416	1,343,792	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-610,251	11,561,037	50.00
51.00	05100	RECOVERY ROOM	-43,446	1,116,849	51.00
53.00	05300	ANESTHESIOLOGY	-2,484,462	459,536	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,060,677	6,920,885	54.00
57.00	05700	CT SCAN	-46,503	1,497,020	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-16,529	406,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	-69,681	2,960,396	59.00
60.00	06000	LABORATORY	239,148	11,148,186	60.00
60.01	06001	G. I. LAB	-40,004	1,088,056	60.01
60.02	06002	VASCULAR LAB	-13,953	409,263	60.02
60.03	06003	LABORATORY-PATHOLOGY	-40,811	1,199,493	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-20,140	2,243,050	63.00
65.00	06500	RESPIRATORY THERAPY	-175,246	4,757,057	65.00
66.00	06600	PHYSICAL THERAPY	-147,390	3,041,719	66.00
67.00	06700	OCCUPATIONAL THERAPY	-54,163	1,232,758	67.00
68.00	06800	SPEECH PATHOLOGY	-15,081	331,439	68.00
69.00	06900	ELECTROCARDIOLOGY	-32,834	788,982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-17,177	502,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,020,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,626,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,760,820	73.00
74.00	07400	RENAL DIALYSIS	0	1,650,804	74.00
76.00	03320	SHOCK THERAPY	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	-1,249,846	1,661,918	76.01
76.03	03550	OP PSYCH	-26,617	723,133	76.03
76.04	03020	CARDIAC REHAB	-9,445	218,674	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	-2,698	146,604	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-492,306	13,479,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,243,656	8,262,591	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,257,774	277,483,608	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-2,577	620,787	190.00
190.01	19001	VISITOR MEALS	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	190.08
190.09	19009	CATERING	0	170,310	190.09
190.10	19010	RETAIL PHARMACY	-16,213	1,434,375	190.10
190.11	19011	PUBLIC RELATIONS	-19,517	1,421,408	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	-17,466	582,437	190.12
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	-3,060	101,590	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-11,316,607	281,814,515	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet Non-CMS W Date/Time Prepared: 5/19/2018 1:25 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMINISTRATIVE	00570	ADMINISTRATIVE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	00590		5.03
5.04	ADMINISTRATIVE AND GENERAL	00591		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	RESEARCH ADMIN	01850		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMED PRGM PASTORAL CARE	02300		23.00
23.01	PARAMED PRGM PHARMACY	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
41.00	SUBPROVIDER - IIRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.00
76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	03480	ONCOLOGY	76.01
76.03	OP PSYCH	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03
76.04	CARDIAC REHAB	03020	ACUPUNCTURE	76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet Non-CMS W
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	VISITOR MEALS	19001		190.01
190.02	NON REIMBURSABLE B BLDG	19002		190.02
190.03	NON REIMB NW BUILDING	19003		190.03
190.04	NON REIMBURSABLE CHIP	19004		190.04
190.05	NON REIMBURSABLE PFD	19005		190.05
190.06	NON REIMBURSABLE HOSPITAL	19006		190.06
190.07	NON REIMBURSABLE POB I	19007		190.07
190.08	MEALS ON WHEELS	19008		190.08
190.09	CATERING	19009		190.09
190.10	RETAIL PHARMACY	19010		190.10
190.11	PUBLIC RELATIONS	19011		190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	19012		190.12
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	19201		192.01
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/19/2018 1:25 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS PHARMACY RESIDENT PROGRAM						
1.00	PARAMED ED PRGM PHARMACY	23.01	189,576	55,940	1.00	
	O		189,576	55,940		
B - TO RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	275,563	1.00	
	O		0	275,563		
C - TO RECLASS PHARMACEUTICALS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,760,820	1.00	
	O		0	11,760,820		
D - TO RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,668,595	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	
	O		0	25,668,595		
E - TO RECLASS PROF FEES FOR REHAB DIR						
1.00	SUBPROVIDER - IRF	41.00	46,750	0	1.00	
	O		46,750	0		
F - TO RECLASS HYPERBARIC OXYGEN						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	49,560	99,742	1.00	
	O		49,560	99,742		
G - TO RECLASS GI MEDICAL DIRECTOR						
1.00	G.I. LAB	60.01	9,720	0	1.00	
	O		9,720	0		
H - TO RECLASS CARDIOTHORACIC SURG FEES						
1.00	OPERATING ROOM	50.00	0	55,000	1.00	
	O		0	55,000		
I - TO RECLASS POB 1 EXPENSES						
1.00	NEW CAP REL COSTS-POB I	1.05	0	230,376	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	11,588	105,420	2.00	
3.00	OPERATION OF PLANT	7.00	0	236,150	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,118	4.00	
	O		11,588	575,064		
J - TO RECLASS PURCHASING VARIANCE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,116	1.00	
	O		0	20,116		
K - TO RECLASS DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,237,176	1.00	
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00	
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00	
4.00	NEW CAP REL COSTS-PFD	1.03	0	42,724	4.00	
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	25,457	5.00	
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	299,458	6.00	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,871,378	7.00	
	O		0	14,497,967		
L - TO RECLASS INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	135,915	0	1.00	
	O		135,915	0		
M - TO RECLASS CHIEF OF SURGERY						
1.00	OPERATING ROOM	50.00	30,000	0	1.00	
	O		30,000	0		
N - TO RECLASS IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,626,501	1.00	
	O		0	16,626,501		

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/19/2018 1:25 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY-PATHOLOGY	60.03	50,005	125,905	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	50,731	295,674	2.00	
			100,736	421,579		
P - TO RECLASS REHAB ADMIN FEES						
1.00	OCCUPATIONAL THERAPY	67.00	134,335	34,739	1.00	
2.00	SPEECH PATHOLOGY	68.00	37,404	8,190	2.00	
			171,739	42,929		
Q - TO RECLASS ADMISSION KITS						
1.00	ADULTS & PEDIATRICS	30.00	0	20,668	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	441	2.00	
			0	21,109		
R - TO RECLASS DEPARTMENTAL DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,121,219	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	4,121,219		
S - PASTORAL RESIDENT RECLASS						
1.00	PARAMED ED PRGM PASTORAL CARE	23.00	73,776	15,442	1.00	
			73,776	15,442		
T - RECLASS GRAHAM MOB						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	125,963	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	7,076	3,040	2.00	
3.00	OPERATION OF PLANT	7.00	0	105,153	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,534	4.00	
			7,076	236,690		
500.00	Grand Total: Increases		826,436	74,494,276	500.00	

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/19/2018 1:25 pm

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
A - TO RECLASS PHARMACY RESIDENT PROGRAM						
1.00	PHARMACY	15.00	189,576	55,940	0	1.00
	O		189,576	55,940		
B - TO RECLASS PROPERTY INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	275,563	0	1.00
	O		0	275,563		
C - TO RECLASS PHARMACEUTICALS						
1.00	PHARMACY	15.00	0	11,760,820	0	1.00
	O		0	11,760,820		
D - TO RECLASS MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	619,701	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	407,909	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	97,675	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	15,734	0	4.00
5.00	EMERGENCY	91.00	0	610,663	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	331,662	0	6.00
7.00	PHARMACY	15.00	0	528,195	0	7.00
8.00	OPERATING ROOM	50.00	0	14,961,052	0	8.00
9.00	RECOVERY ROOM	51.00	0	44,217	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	272,026	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	386,266	0	11.00
12.00	CT SCAN	57.00	0	43,449	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	6,953,597	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	10,802	0	14.00
15.00	G.I. LAB	60.01	0	385,647	0	15.00
	O		0	25,668,595		
E - TO RECLASS PROF FEES FOR REHAB DIR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	46,750	0	0	1.00
	O		46,750	0		
F - TO RECLASS HYPERBARI C OXYGEN						
1.00	OPERATING ROOM	50.00	49,560	99,742	0	1.00
	O		49,560	99,742		
G - TO RECLASS GI MEDICAL DIRECTOR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	9,720	0	0	1.00
	O		9,720	0		
H - TO RECLASS CARDIOTHORACIC SURG FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	0	1.00
	O		0	55,000		
I - TO RECLASS POB 1 EXPENSES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,588	575,064	9	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	O		11,588	575,064		
J - TO RECLASS PURCHASING VARIANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	20,116	0	1.00
	O		0	20,116		
K - TO RECLASS DEPRECIATION EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	14,497,967	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
	O		0	14,497,967		
L - TO RECLASS INTERNS AND RESIDENTS						
1.00	ADULTS & PEDIATRICS	30.00	135,915	0	0	1.00
	O		135,915	0		
M - TO RECLASS CHIEF OF SURGERY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	30,000	0	0	1.00
	O		30,000	0		
N - TO RECLASS IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,626,501	0	1.00
	O		0	16,626,501		
O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY	60.00	100,736	421,579	0	1.00
2.00		0.00	0	0	0	2.00
	O		100,736	421,579		
P - TO RECLASS REHAB ADMIN FEES						
1.00	PHYSICAL THERAPY	66.00	171,739	42,929	0	1.00
2.00		0.00	0	0	0	2.00
	O		171,739	42,929		

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/19/2018 1:25 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
Q - TO RECLASS ADMISSION KITS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,109	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	21,109		
R - TO RECLASS DEPARTMENTAL DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,405	0	1.00
2.00	ADMINISTRATIVE	5.01	0	12,246	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,670	0	3.00
4.00	OPERATION OF PLANT	7.00	0	64,149	0	4.00
5.00	OPERATION OF PLANT NW	7.02	0	266	0	5.00
6.00	VASCULAR LAB	60.02	0	11,787	0	6.00
7.00	HOUSEKEEPING	9.00	0	6,116	0	7.00
8.00	HOUSEKEEPING NW	9.02	0	1,921	0	8.00
9.00	DIETARY	10.00	0	147,987	0	9.00
10.00	CAFETERIA	11.00	0	864	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	118,080	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	39,806	0	12.00
13.00	PHARMACY	15.00	0	28,864	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	16,949	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	24,125	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	45,998	0	16.00
17.00	CORONARY CARE UNIT	32.00	0	5,440	0	17.00
18.00	SUBPROVIDER - IRF	41.00	0	11,790	0	18.00
19.00	OPERATING ROOM	50.00	0	680,712	0	19.00
20.00	RECOVERY ROOM	51.00	0	8,731	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	66,777	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	564,302	0	22.00
23.00	CT SCAN	57.00	0	25,360	0	23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	21,346	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	488,802	0	25.00
26.00	LABORATORY	60.00	0	122,131	0	26.00
27.00	G.I. LAB	60.01	0	85,517	0	27.00
28.00	LABORATORY-PATHOLOGY	60.03	0	11,573	0	28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,534	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	20,311	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	8,829	0	31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	4,488	0	32.00
33.00	SPEECH PATHOLOGY	68.00	0	393	0	33.00
34.00	ELECTROCARDIOLOGY	69.00	0	86,725	0	34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,420	0	35.00
36.00	RENAL DIALYSIS	74.00	0	47,132	0	36.00
37.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	15,706	0	37.00
38.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	800	0	38.00
39.00	OP PSYCH	76.03	0	3,524	0	39.00
40.00	CARDIAC REHAB	76.04	0	2,029	0	40.00
41.00	EMERGENCY	91.00	0	714,911	0	41.00
42.00	AMBULANCE SERVICES	95.00	0	564,396	0	42.00
43.00	CATERING	190.09	0	1,441	0	43.00
44.00	RETAIL PHARMACY	190.10	0	866	0	44.00
	0		0	4,121,219		
S - PASTORAL RESIDENT RECLASS						
1.00	ADMINISTRATIVE AND GENERAL	5.04	73,776	15,442	0	1.00
	0		73,776	15,442		
T - RECLASS GRAHAM MOB						
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	7,076	236,690	9	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	0		7,076	236,690		
500.00	Grand Total: Decreases		826,436	74,494,276		500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/19/2018 1:25 pm

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - RECLASS PHARMACY RESIDENT PROGRAM									
1.00	PARAMED ED PRGM PHARMACY	23.01	189,576	55,940	PHARMACY	15.00	189,576	55,940	1.00
	0		189,576	55,940	0		189,576	55,940	
B - TO RECLASS PROPERTY INSURANCE									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	275,563	ADMINISTRATIVE AND GENERAL	5.04	0	275,563	1.00
	0		0	275,563	0		0	275,563	
C - TO RECLASS PHARMACEUTICALS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,760,820	PHARMACY	15.00	0	11,760,820	1.00
	0		0	11,760,820	0		0	11,760,820	
D - TO RECLASS MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,668,595	ADULTS & PEDIATRICS	30.00	0	619,701	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	407,909	2.00
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	97,675	3.00
4.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	15,734	4.00
5.00		0.00	0	0	EMERGENCY	91.00	0	610,663	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	331,662	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	528,195	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	14,961,052	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	44,217	9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	272,026	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	386,266	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	43,449	12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	6,953,597	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	10,802	14.00
15.00		0.00	0	0	G.I. LAB	60.01	0	385,647	15.00
	0		0	25,668,595	0		0	25,668,595	
E - TO RECLASS PROF FEES FOR REHAB DIR									
1.00	SUBPROVIDER - IRF	41.00	46,750	0	ADMINISTRATIVE AND GENERAL	5.04	46,750	0	1.00
	0		46,750	0	0		46,750	0	
F - TO RECLASS HYPERBARIC OXYGEN									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	49,560	99,742	OPERATING ROOM	50.00	49,560	99,742	1.00
	0		49,560	99,742	0		49,560	99,742	
G - TO RECLASS GI MEDICAL DIRECTOR									
1.00	G.I. LAB	60.01	9,720	0	ADMINISTRATIVE AND GENERAL	5.04	9,720	0	1.00
	0		9,720	0	0		9,720	0	
H - TO RECLASS CARDIOTHORACIC SURG FEES									
1.00	OPERATING ROOM	50.00	0	55,000	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	1.00
	0		0	55,000	0		0	55,000	
I - TO RECLASS POB 1 EXPENSES									
1.00	NEW CAP REL COSTS-POB I	1.05	0	230,376	PHYSICIANS' PRIVATE OFFICES	192.00	11,588	575,064	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	11,588	105,420		0.00	0	0	2.00
3.00	OPERATION OF PLANT	7.00	0	236,150		0.00	0	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,118		0.00	0	0	4.00
	0		11,588	575,064			11,588	575,064	
J - TO RECLASS PURCHASING VARIANCE									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,116	ADMINISTRATIVE AND GENERAL	5.04	0	20,116	1.00
	0		0	20,116	0		0	20,116	
K - TO RECLASS DEPRECIATION EXPENSE									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,237,176	ADMINISTRATIVE AND GENERAL	5.04	0	14,497,967	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		0.00	0	0	2.00
3.00	NEW CAP REL COSTS-BLDG	1.02	0	16,292		0.00	0	0	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	42,724		0.00	0	0	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	25,457		0.00	0	0	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	299,458		0.00	0	0	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,871,378		0.00	0	0	7.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/19/2018 1:25 pm

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	0		0	14,497,967	0		0	14,497,967	
L - TO RECLASS INTERNS AND RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	135,915	0	ADULTS & PEDIATRICS	30.00	135,915	0	1.00
	0		135,915	0	0		135,915	0	
M - TO RECLASS CHIEF OF SURGERY									
1.00	OPERATING ROOM	50.00	30,000	0	ADMINISTRATIVE AND GENERAL	5.04	30,000	0	1.00
	0		30,000	0	0		30,000	0	
N - TO RECLASS IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,626,501	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,626,501	1.00
	0		0	16,626,501	0		0	16,626,501	
O - TO RECLASS LAB ADMIN COSTS									
1.00	LABORATORY-PATHOLOGY	60.03	50,005	125,905	LABORATORY	60.00	100,736	421,579	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	50,731	295,674		0.00	0	0	2.00
	0		100,736	421,579	0		100,736	421,579	
P - TO RECLASS REHAB ADMIN FEES									
1.00	OCCUPATIONAL THERAPY	67.00	134,335	34,739	PHYSICAL THERAPY	66.00	171,739	42,929	1.00
2.00	SPEECH PATHOLOGY	68.00	37,404	8,190		0.00	0	0	2.00
	0		171,739	42,929	0		171,739	42,929	
Q - TO RECLASS ADMISSION KITS									
1.00	ADULTS & PEDIATRICS	30.00	0	20,668	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,109	1.00
2.00	SUBPROVIDER - IRF	41.00	0	441		0.00	0	0	2.00
	0		0	21,109	0		0	21,109	
R - TO RECLASS DEPARTMENTAL DEPRECIATION									
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,121,219	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,405	1.00
2.00		0.00	0	0	ADMINITTING	5.01	0	12,246	2.00
3.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,670	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	64,149	4.00
5.00		0.00	0	0	OPERATION OF PLANT NW	7.02	0	266	5.00
6.00		0.00	0	0	VASCULAR LAB	60.02	0	11,787	6.00
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	6,116	7.00
8.00		0.00	0	0	HOUSEKEEPING NW	9.02	0	1,921	8.00
9.00		0.00	0	0	DIETARY	10.00	0	147,987	9.00
10.00		0.00	0	0	CAFETERIA	11.00	0	864	10.00
11.00		0.00	0	0	NURSING	13.00	0	118,080	11.00
12.00		0.00	0	0	ADMINISTRATION				
13.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	39,806	12.00
14.00		0.00	0	0	PHARMACY	15.00	0	28,864	13.00
15.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	16,949	14.00
16.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	24,125	15.00
17.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	45,998	16.00
18.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	5,440	17.00
19.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	11,790	18.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	680,712	19.00
21.00		0.00	0	0	RECOVERY ROOM	51.00	0	8,731	20.00
22.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	66,777	21.00
23.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	564,302	22.00
24.00		0.00	0	0	CT SCAN	57.00	0	25,360	23.00
25.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	21,346	24.00
26.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	488,802	25.00
27.00		0.00	0	0	LABORATORY	60.00	0	122,131	26.00
28.00		0.00	0	0	G.I. LAB	60.01	0	85,517	27.00
29.00		0.00	0	0	LABORATORY-PATHOLOGY	60.03	0	11,573	28.00
30.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,534	29.00
31.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	20,311	30.00
32.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	8,829	31.00
33.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	4,488	32.00
34.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	393	33.00
35.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	86,725	34.00
36.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	20,420	35.00
		0.00	0	0	RENAL DIALYSIS	74.00	0	47,132	36.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/19/2018 1:25 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
37.00		0.00	0	0	0 PAIN MANAGEMENT & OP	76.01	0	15,706	37.00
					0 CHEMOTHERAPY				
38.00		0.00	0	0	0 PHYSICIAN PRACTICE	190.12	0	800	38.00
					0 DEVELOPMENT				
39.00		0.00	0	0	0 OP PSYCH	76.03	0	3,524	39.00
40.00		0.00	0	0	0 CARDIAC REHAB	76.04	0	2,029	40.00
41.00		0.00	0	0	0 EMERGENCY	91.00	0	714,911	41.00
42.00		0.00	0	0	0 AMBULANCE SERVICES	95.00	0	564,396	42.00
43.00		0.00	0	0	0 CATERING	190.09	0	1,441	43.00
44.00		0.00	0	0	0 RETAIL PHARMACY	190.10	0	866	44.00
0				0				4,121,219	
S - PASTORAL RESIDENT RECLASS									
1.00	PARAMED ED PRGM	23.00	73,776	15,442	ADMINISTRATIVE AND	5.04	73,776	15,442	1.00
	PASTORAL CARE				GENERAL				
0			73,776	15,442	0		73,776	15,442	
T - RECLASS GRAHAM MOB									
1.00	NEW CAP REL	1.06	0	125,963	PHYSICIANS' PRIVATE	192.01	7,076	236,690	1.00
	COSTS-GRAHAM MOB				OFFICES GRAHAM				
2.00	ADMINISTRATIVE AND	5.04	7,076	3,040		0.00	0	0	2.00
	GENERAL								
3.00	OPERATION OF PLANT	7.00	0	105,153		0.00	0	0	3.00
4.00	EMPLOYEE BENEFITS	4.00	0	2,534		0.00	0	0	4.00
	DEPARTMENT								
0			7,076	236,690	0		7,076	236,690	
500.00	Grand Total :		826,436	74,494,276	Grand Total :		826,436	74,494,276	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,240,325	0	0	0	1.00	
2.00	Land Improvements	7,061,333	81,893	0	81,893	2.00	
3.00	Buildings and Fixtures	35,395,213	136,190	0	136,190	3.00	
4.00	Building Improvements	50,291,050	682,888	0	682,888	4.00	
5.00	Fixed Equipment	79,127,276	2,409,240	0	2,409,240	5.00	
6.00	Movable Equipment	114,362,604	8,726,878	0	8,726,878	6.00	
7.00	HIT designated Assets	11,065,173	1,563,190	0	1,563,190	7.00	
8.00	Subtotal (sum of lines 1-7)	299,542,974	13,600,279	0	13,600,279	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	299,542,974	13,600,279	0	13,600,279	10.00	
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,240,325	0			1.00	
2.00	Land Improvements	7,143,226	0			2.00	
3.00	Buildings and Fixtures	35,531,403	0			3.00	
4.00	Building Improvements	50,973,938	0			4.00	
5.00	Fixed Equipment	81,536,516	0			5.00	
6.00	Movable Equipment	122,141,243	0			6.00	
7.00	HIT designated Assets	9,893,684	0			7.00	
8.00	Subtotal (sum of lines 1-7)	309,460,335	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	309,460,335	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

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	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
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	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
5/19/2018 1:25 pm

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	139,575,496	0	139,575,496	0.469115	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	6,937,502	0	6,937,502	0.023317	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	10,475,445	0	10,475,445	0.035208	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	140,540,669	0	140,540,669	0.472360	0	2.00
3.00	Total (sum of lines 1-2)	297,529,112	0	297,529,112	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	129,271	129,271	4,993,884	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	6,425	6,425	42,724	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	294,718	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	151,420	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	9,702	9,702	693,756	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	130,165	130,165	11,959,913	0	2.00
3.00	Total (sum of lines 1-2)	0	275,563	275,563	18,158,189	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	0	0	0	129,271	5,123,155	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	6,425	49,149	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	294,718	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	151,420	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	9,702	703,458	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	130,165	12,090,078	2.00
3.00	Total (sum of lines 1-2)	0	0	0	275,563	18,433,752	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/19/2018 1:25 pm

Line #	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.
				3.00	4.00	5.00
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 - NEW CAP REL COSTS-WHSE (chapter 2)			ONEW CAP REL COSTS-WHSE	1.01	0 1.01
1.02	Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			ONEW CAP REL COSTS-B BLDG	1.02	0 1.02
1.03	Investment income - NEW CAP REL COSTS-PFD (chapter 2)			ONEW CAP REL COSTS-PFD	1.03	0 1.03
1.05	Investment income - NEW CAP REL COSTS-POB I (chapter 2)			ONEW CAP REL COSTS-POB I	1.05	0 1.05
1.06	Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			ONEW CAP REL COSTS-GRAHAM MOB	1.06	0 1.06
1.07	Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			ONEW CAP REL COSTS-NW BUILDING	1.07	0 1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
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)	A	-20,164	ADMINISTRATIVE AND GENERAL	5.04	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	-9,168,340			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	-1,721,919			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-1,318,896	CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00	25.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-WHSE			ONEW CAP REL COSTS-WHSE	1.01	0	26.01
26.02 Depreciation - NEW CAP REL COSTS-B BLDG			ONEW CAP REL COSTS-B BLDG	1.02	0	26.02
26.03 Depreciation - NEW CAP REL COSTS-PFD			ONEW CAP REL COSTS-PFD	1.03	0	26.03
26.05 Depreciation - NEW CAP REL COSTS-POB I			ONEW CAP REL COSTS-POB I	1.05	0	26.05
26.06 Depreciation - NEW CAP REL COSTS-GRAHAM MOB			ONEW CAP REL COSTS-GRAHAM MOB	1.06	0	26.06
26.07 Depreciation - NEW CAP REL COSTS-NW BUILDING			ONEW CAP REL COSTS-NW BUILDING	1.07	0	26.07
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00 PENSION FUNDING	A	5,960,032	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 LOSS ON UNNECESSARY BORROWING	A	-433,590	ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02 NON ALLOWABLE ASSOC DUES	A	-30,780	ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03 OTHER REVENUE EMPLOYEE H&W	B	-44,290	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04 OTHER REVENUE PHARMACY	B	-23,972	PHARMACY	15.00	0	33.04
33.05 GYN PART B PHYSICIAN FEES	A	-71,550	ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06 OTHER REVENUE P.T.	B	-16,803	PHYSICAL THERAPY	66.00	0	33.06
33.07 OTHER REVENUE LAB	B	-6,858	LABORATORY	60.00	0	33.07
33.08 OTHER REVENUE PATH LAB	B	-22	LABORATORY-PATHOLOGY	60.03	9	33.08
33.09 INTEREST ON UNNECESSARY BORROWING	A	-1,070,072	ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10 FIN COST ON UNNECESSARY BORROWING	A	-19,149	ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11 OTHER REVENUE NURSING ADMIN	B	-6,725	NURSING ADMINISTRATION	13.00	0	33.11
33.12 OTHER REVENUE RADIOLOGY	B	-2,979	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 OTHER REVENUE EMERGENCY ROOM	B	1,393	EMERGENCY	91.00	0	33.13
33.14 RESEARCH ADMIN COSTS	A	8,815	RESEARCH ADMIN	17.01	0	33.14
33.15 OTHER REVENUE OPERATING ROOM	B	-1,795	OPERATING ROOM	50.00	0	33.15
33.16 OTHER REVENUE OP CHEMO	B	-1,275	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	33.16
33.17 OTHER REVENUE PLANT OPS	B	-272	OPERATION OF PLANT	7.00	0	33.17
33.18 MEDI CAID TAX ASSESSMENT	A	14,593,809	ADMINISTRATIVE AND GENERAL	5.04	0	33.18
33.19 MALPRACTICE ADJUSTMENT	A	-2,329,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20 A&G PHYSICIAN PART B FEES	A	-346,035	ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21 OTHER REVENUE AMBULANCE	B	-531,521	AMBULANCE SERVICES	95.00	0	33.21
33.22 OTHER REVENUE ADMIN	B	-849,011	ADMINISTRATIVE AND GENERAL	5.04	0	33.22
33.23 OTHER REVENUE MEDICAL RECORDS	B	-59,321	MEDICAL RECORDS & LIBRARY	16.00	0	33.23
33.24 OTHER REVENUE DIETARY	A	-954	DIETARY	10.00	0	33.24
33.25 ASBESTOS REMOVAL	A	-52,614	ADMINISTRATIVE AND GENERAL	5.04	0	33.25
33.26 ASBESTOS REMOVAL	A	-390	OPERATION OF PLANT	7.00	0	33.26
33.27 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-607	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.27
33.28 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-5,042	ADMINISTRATIVE AND GENERAL	5.04	0	33.28
33.29 PSYCH PART B FEES	A	-67,125	ADMINISTRATIVE AND GENERAL	5.04	0	33.29
33.30 NON OPERATING REVENUE ADMIN	B	-230,221	ADMINISTRATIVE AND GENERAL	5.04	0	33.30
33.31 NON OPERATING GRANTS & DONATIONS	B	-25,752	ADMINISTRATIVE AND GENERAL	5.04	0	33.31
33.32 PSYCH PART B FEES	A		ADMINISTRATIVE AND GENERAL	5.04	0	33.32
33.33 ACCELERATED DEPRECIATION	A	-1,275,821	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.33
33.34 ALCOHOLIC BEVARAGES	A	-62	ADMINISTRATIVE AND GENERAL	5.04	0	33.34

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.38 ALCOHOLIC BEVERAGES	A	-68	NURSING ADMINISTRATION	13.00	0	33.38
33.39 ALCOHOLIC BEVERAGES	A	-190	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.39
33.40 ALCOHOLIC BEVERAGES	A	-153	DIETARY	10.00	0	33.40
33.41 ALCOHOLIC BEVERAGES	A	-61	OPERATING ROOM	50.00	0	33.41
33.42 ALCOHOLIC BEVERAGES	A	-29	LABORATORY	60.00	0	33.42
33.43 ALCOHOLIC BEVERAGES	A	-96	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	33.43
33.44 ALCOHOLIC BEVERAGES	A	-42	EMERGENCY	91.00	0	33.44
34.00 OTHER CONTRIBUTIONS	A	-30	ADMINISTRATIVE AND GENERAL	5.04	0	34.00
35.00 CHARITABLE CONTRIBUTIONS	A	-2,500	ADMINISTRATIVE AND GENERAL	5.04	0	35.00
36.00 ADVERTISING EXPENSE	A	-586	MEDICAL RECORDS & LIBRARY	16.00	0	36.00
37.00 ADVERTISING EXPENSE	A	-18,778	ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00 ADVERTISING EXPENSE	A	-1,978	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00
38.01 ADVERTISING EXPENSE	A	-3,822	PHYSICAL THERAPY	66.00	0	38.01
38.02 SELF FUNDED INSURANCE	A	-71,143	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.02
38.04 SELF FUNDED INSURANCE	A	-126,221	ADMINISTRATIVE AND GENERAL	5.01	0	38.04
38.05 SELF FUNDED INSURANCE	A	-407,978	ADMINISTRATIVE AND GENERAL	5.04	0	38.05
38.06 SELF FUNDED INSURANCE	A	-121,728	OPERATION OF PLANT	7.00	0	38.06
38.07 SELF FUNDED INSURANCE	A	-16,142	OPERATION OF PLANT NW	7.02	0	38.07
38.08 SELF FUNDED INSURANCE	A	-115,281	HOUSEKEEPING	9.00	0	38.08
38.09 SELF FUNDED INSURANCE	A	-6,808	HOUSEKEEPING-POB I	9.01	0	38.09
38.10 SELF FUNDED INSURANCE	A	-13,951	HOUSEKEEPING NW	9.02	0	38.10
38.11 SELF FUNDED INSURANCE	A	-190,725	NURSING ADMINISTRATION	13.00	0	38.11
38.12 SELF FUNDED INSURANCE	A	-24,110	CENTRAL SERVICES & SUPPLY	14.00	0	38.12
38.13 SELF FUNDED INSURANCE	A	-175,714	PHARMACY	15.00	0	38.13
38.14 SELF FUNDED INSURANCE	A	-170,852	MEDICAL RECORDS & LIBRARY	16.00	0	38.14
38.15 SELF FUNDED INSURANCE	A	-4,017	PARAMED PRGM PASTORAL CARE	23.00	0	38.15
38.16 SELF FUNDED INSURANCE	A	-10,322	PARAMED PRGM PHARMACY	23.01	0	38.16
38.18 SELF FUNDED INSURANCE	A	-995,930	ADULTS & PEDIATRICS	30.00	0	38.18
38.19 SELF FUNDED INSURANCE	A	-280,216	INTENSIVE CARE UNIT	31.00	0	38.19
38.20 SELF FUNDED INSURANCE	A	-145,575	CORONARY CARE UNIT	32.00	0	38.20
38.21 SELF FUNDED INSURANCE	A	-56,416	SUBPROVIDER - IRF	41.00	0	38.21
38.22 SELF FUNDED INSURANCE	A	-335,812	OPERATING ROOM	50.00	0	38.22
38.24 SELF FUNDED INSURANCE	A	-43,446	RECOVERY ROOM	51.00	0	38.24
38.25 SELF FUNDED INSURANCE	A	-240,937	RADIOLOGY-DIAGNOSTIC	54.00	0	38.25
38.26 SELF FUNDED INSURANCE	A	-46,503	CT SCAN	57.00	0	38.26
38.27 SELF FUNDED INSURANCE	A	-16,529	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	38.27
38.28 SELF FUNDED INSURANCE	A	-69,681	CARDIAC CATHETERIZATION	59.00	0	38.28
38.29 SELF FUNDED INSURANCE	A	-211,030	LABORATORY	60.00	0	38.29
38.30 SELF FUNDED INSURANCE	A	-40,004	G.I. LAB	60.01	0	38.30
38.31 SELF FUNDED INSURANCE	A	-13,953	VASCULAR LAB	60.02	0	38.31
38.32 SELF FUNDED INSURANCE	A	-27,522	LABORATORY-PATHOLOGY	60.03	0	38.32
38.33 SELF FUNDED INSURANCE	A	-27,927	BLOOD STORING, PROCESSING & TRANS.	63.00	0	38.33
38.34 SELF FUNDED INSURANCE	A	-175,246	RESPIRATORY THERAPY	65.00	0	38.34
38.35 SELF FUNDED INSURANCE	A	-126,765	PHYSICAL THERAPY	66.00	0	38.35
38.36 SELF FUNDED INSURANCE	A	-54,163	OCCUPATIONAL THERAPY	67.00	0	38.36
38.37 SELF FUNDED INSURANCE	A	-15,081	SPEECH PATHOLOGY	68.00	0	38.37
38.38 SELF FUNDED INSURANCE	A	-32,834	ELECTROCARDIOLOGY	69.00	0	38.38
38.39 SELF FUNDED INSURANCE	A	-17,177	ELECTROENCEPHALOGRAPHY	70.00	0	38.39
38.40 SELF FUNDED INSURANCE	A	-50,680	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	38.40
38.41 SELF FUNDED INSURANCE	A	-26,546	OP PSYCH	76.03	0	38.41
38.42 SELF FUNDED INSURANCE	A	-9,445	CARDIAC REHAB	76.04	0	38.42
38.44 SELF FUNDED INSURANCE	A	-2,698	HYPERBARIC OXYGEN THERAPY	76.98	0	38.44
38.45 SELF FUNDED INSURANCE	A	-493,262	EMERGENCY	91.00	0	38.45
38.46 SELF FUNDED INSURANCE	A	-320,590	AMBULANCE SERVICES	95.00	0	38.46
38.47 SELF FUNDED INSURANCE	A	-2,577	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	38.47
38.48 SELF FUNDED INSURANCE	A	-16,213	RETAIL PHARMACY	190.10	0	38.48
38.49 SELF FUNDED INSURANCE	A	-19,517	PUBLIC RELATIONS	190.11	0	38.49
38.50 SELF FUNDED INSURANCE	A	-17,466	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	38.50
39.00 SELF FUNDED INSURANCE	B	-3,060	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	39.00
40.00 ASSET IMPAIRMENT DEPRECIATION	B	-11,300,000	ADMINISTRATIVE AND GENERAL	5.04	0	40.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/19/2018 1:25 pm

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		
41.00 ASSET IMPAIRMENT DEPRECIATION	B	1,756,708	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	41.00
42.00 ASSET IMPAIRMENT DEPRECIATION	A	64,342	NEW CAP REL COSTS-POB I	1.05	9	42.00
43.00 ASSET IMPAIRMENT DEPRECIATION	A	2,116	NEW CAP REL COSTS-NW BUILDING	1.07	9	43.00
44.00 ASSET IMPAIRMENT DEPRECIATION	A	392,182	NEW CAP REL COSTS-NW BUILDING	1.07	9	44.00
45.00 ASSET IMPAIRMENT DEPRECIATION	A	2,364,356	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.00
46.00 ENTERTAINMENT EXPENSE	A	-56	ADM ITTING	5.01	0	46.00
46.01 ENTERTAINMENT EXPENSE	A	-8,190	ADMINISTRATIVE AND GENERAL	5.04	0	46.01
46.02 ENTERTAINMENT EXPENSE	A	-179	NURSING ADMINISTRATION	13.00	0	46.02
46.03 ENTERTAINMENT EXPENSE	A	-35	PHARMACY	15.00	0	46.03
46.04 ENTERTAINMENT EXPENSE	A	-91	ADULTS & PEDIATRICS	30.00	0	46.04
46.05 ENTERTAINMENT EXPENSE	A	-87	OPERATING ROOM	50.00	0	46.05
46.06 ENTERTAINMENT EXPENSE	A	-166	RADIOLOGY-DIAGNOSTIC	54.00	0	46.06
46.07 ENTERTAINMENT EXPENSE	A	-25	LABORATORY	60.00	0	46.07
46.08 ENTERTAINMENT EXPENSE	A	-71	OP PSYCH	76.03	0	46.08
46.09 ENTERTAINMENT EXPENSE	A	-395	EMERGENCY	91.00	0	46.09
46.10 ENTERTAINMENT EXPENSE	A	-12	AMBULANCE SERVICES	95.00	0	46.10
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,316,607				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: 26-0180

Period: From 01/01/2017 To 12/31/2017

Worksheet A-8-1

Date/Time Prepared: 5/19/2018 1:25 pm

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	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	32,823,453	34,996,530 1.00
2.00	50.00	OPERATING ROOM	MIDWEST LITHOTRIPSY	52,136	54,450 2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	202,998	196,630 3.00
4.00	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	32,220	43,370 4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	284,773	170,258 4.01
4.02	60.00	LABORATORY	BARNES JEWI XH HOSPITAL LAB	1,204,574	860,847 4.02
4.03	60.03	LABORATORY-PATHOLOGY	BARNES JEWI SH PATHOLOGY LAB	54,204	67,471 4.03
4.04	63.00	BLOOD STORING, PROCESSING &	BARNES JEWI SH BLOOD BANK	12,151	4,364 4.04
4.05	60.00	LABORATORY	MISSOURI BAPTIST LAB	18,360	12,868 4.05
5.00	0		0	34,684,869	36,406,788 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	G	BJC HEALTH CARE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE			100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/19/2018 1:25 pm
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	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	-2,173,077	0		1.00
2.00	-2,314	0		2.00
3.00	6,368	0		3.00
4.00	-11,150	0		4.00
4.01	114,515	0		4.01
4.02	343,727	0		4.02
4.03	-13,267	0		4.03
4.04	7,787	0		4.04
4.05	5,492	0		4.05
5.00	-1,721,919			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:
5/19/2018 1:25 pm

	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,062,500	1,062,500	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,951,757	2,951,757	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	259,032	259,032	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	2,484,462	2,484,462	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	600,000	600,000	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	214,617	214,617	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	6,644	6,644	0	0	0	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	1,197,795	1,197,795	0	0	0	8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	391,533	391,533	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,168,340	9,168,340	0	0	0	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,062,500		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,951,757		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	259,032		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	2,484,462		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	600,000		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	214,617		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	6,644		7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	1,197,795		8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	391,533		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	9,168,340		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,123,155	5,123,155			1.00
1.01	00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	49,149	0	0	0	1.03
1.05	00105	NEW CAP REL COSTS-POB I	294,718	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	151,420	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	703,458	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	12,090,078				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,605,744	9,215	0	964	4,550
5.01	00570	ADMINISTRATIVE	3,061,901	44,501	0	0	4,484
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	84,006	0	0	46	0
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591	ADMINISTRATIVE AND GENERAL	59,805,077	427,520	3,093	1,735	28,516
7.00	00700	OPERATION OF PLANT	6,489,434	709,659	334	1,064	6,052
7.01	00701	OPERATION OF PLANT- POB I	15,725	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	744,713	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,084,793	54,708	0	0	0
9.00	00900	HOUSEKEEPING	3,914,638	59,588	0	102	228
9.01	00901	HOUSEKEEPING-POB I	206,384	0	0	0	0
9.02	00902	HOUSEKEEPING NW	484,311	0	0	0	0
10.00	01000	DIETARY	5,517,037	33,639	2,055	0	213
11.00	01100	CAFETERIA	-1,232,870	39,245	0	1,297	585
13.00	01300	NURSING ADMINISTRATION	5,498,928	0	0	297	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,126,688	60,182	0	0	0
15.00	01500	PHARMACY	4,580,395	33,602	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,224,491	52,819	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	8,815	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	135,915	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	85,201	0	0	0	0
23.01	02301	PARAMED PRGM PHARMACY	235,194	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,074,695	1,413,387	0	274	0
31.00	03100	INTENSIVE CARE UNIT	7,095,452	95,382	0	159	0
32.00	03200	CORONARY CARE UNIT	3,643,384	83,818	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,343,792	78,357	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,561,037	605,449	0	58	0
51.00	05100	RECOVERY ROOM	1,116,849	29,824	0	0	0
53.00	05300	ANESTHESIOLOGY	459,536	4,795	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,920,885	456,085	0	145	0
57.00	05700	CT SCAN	1,497,020	20,125	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	406,145	12,472	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,960,396	80,803	0	0	0
60.00	06000	LABORATORY	11,148,186	56,331	0	3,765	0
60.01	06001	G.I. LAB	1,088,056	18,563	0	946	0
60.02	06002	VASCULAR LAB	409,263	0	0	383	0
60.03	06003	LABORATORY-PATHOLOGY	1,199,493	0	0	341	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,243,050	0	0	382	0
65.00	06500	RESPIRATORY THERAPY	4,757,057	26,119	0	53	0
66.00	06600	PHYSICAL THERAPY	3,041,719	39,621	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,232,758	21,833	0	0	0
68.00	06800	SPEECH PATHOLOGY	331,439	14,882	0	0	0
69.00	06900	ELECTROCARDIOLOGY	788,982	0	0	796	0
70.00	07000	ELECTROENCEPHALOGRAPHY	502,935	0	0	439	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,020,985	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,626,501	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	11,760,820	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,650,804	16,396	0	0	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,661,918	3,669	0	0	0
76.03	03550	OP PSYCH	723,133	0	0	0	0
76.04	03020	CARDIAC REHAB	218,674	27,209	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	146,604	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,479,177	200,283	0	1,595	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		0	1.00	1.01	1.02		1.03
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	8,262,591	0	0	218	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	277,483,608	4,830,081	5,482	15,059	44,628	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	620,787	15,257	0	0	0	190.00
190.01 19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03 19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004	NON REIMBURSABLE CHIP	0	127,520	0	0	0	190.04
190.05 19005	NON REIMBURSABLE PFD	0	0	0	0	2,018	190.05
190.06 19006	NON REIMBURSABLE HOSPITAL	0	145,974	0	0	0	190.06
190.07 19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009	CATERING	170,310	0	0	0	90	190.09
190.10 19010	RETAIL PHARMACY	1,434,375	0	0	0	0	190.10
190.11 19011	PUBLIC RELATIONS	1,421,408	4,323	0	0	1,126	190.11
190.12 19012	PHYSICIAN PRACTICE DEVELOPMENT	582,437	0	0	0	1,287	190.12
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	101,590	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	281,814,515	5,123,155	5,482	16,292	49,149	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT		
		NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP			
		1.05	1.06	1.07	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.05	00105	NEW CAP REL COSTS-POB I	294,718				1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	151,420			1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	703,458		1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				12,090,078	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,957	0	0	10,878	9,639,308	4.00
5.01	00570	ADMITTING	0	0	19,145	9,937	228,759	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,355	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	44,324	7,034	140,224	8,805,152	739,404	5.04
7.00	00700	OPERATION OF PLANT	23,163	697	0	52,056	220,616	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	16,233	216	29,295	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,339	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,963	208,931	9.00
9.01	00901	HOUSEKEEPING-POB I	329	0	0	0	12,339	9.01
9.02	00902	HOUSEKEEPING NW	0	0	10,038	1,559	25,284	9.02
10.00	01000	DIETARY	0	0	0	120,090	0	10.00
11.00	01100	CAFETERIA	0	0	18,108	701	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,202	0	0	95,820	345,663	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	25,881	43,697	14.00
15.00	01500	PHARMACY	0	0	0	23,423	318,458	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,481	0	9,506	13,754	309,646	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	7,280	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	18,707	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	19,577	1,804,927	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	32,461	507,854	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	4,414	263,834	32.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	9,567	102,247	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	545,547	608,614	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,085	78,740	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,189	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,156	0	54,257	455,363	436,666	54.00
57.00	05700	CT SCAN	0	0	38,037	551	84,281	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	17,922	17,322	29,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	396,656	126,288	59.00
60.00	06000	LABORATORY	993	0	16,167	99,108	382,463	60.00
60.01	06001	G. I. LAB	0	0	0	69,396	72,501	60.01
60.02	06002	VASCULAR LAB	0	0	0	9,565	25,288	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	9,391	49,880	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,056	50,614	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	42,598	16,482	317,609	65.00
66.00	06600	PHYSICAL THERAPY	0	33,775	0	7,165	229,745	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,121	0	3,642	98,162	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,382	0	319	27,332	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	70,376	59,508	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	44,299	16,571	31,131	70.00
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	27,993	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,099	0	0	12,745	91,850	76.01
76.03	03550	OP PSYCH	0	0	0	2,860	48,111	76.03
76.04	03020	CARDIAC REHAB	0	0	0	1,647	17,118	76.04
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	4,890	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	238,315	572,454	893,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	457,270	581,026	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT					
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP						
	1.05	1.06	1.07	2.00			4.00			
SPECIAL PURPOSE COST CENTERS										
118.00	SUBTOTALS (SUM OF LINES 1 through 117)				104,704	50,009	672,188	12,087,557	9,532,683	118.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	4,670	190.00	
190.01	19001	VISITOR MEALS	0	0	0	0	0	0	190.01	
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	0	190.02	
190.03	19003	NON REIMB NW BUILDING	0	0	31,270	0	0	0	190.03	
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	0	190.04	
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	0	190.05	
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	0	190.06	
190.07	19007	NON REIMBURSABLE POB I	13,842	0	0	0	0	0	190.07	
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	0	190.08	
190.09	19009	CATERING	0	0	0	1,169	0	0	190.09	
190.10	19010	RETAIL PHARMACY	0	0	0	703	0	29,383	190.10	
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	35,373	190.11	
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	649	0	31,654	190.12	
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	176,172	0	0	0	0	0	192.00	
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	101,411	0	0	0	5,545	192.01	
200.00		Cross Foot Adjustments							200.00	
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	294,718	151,420	703,458	12,090,078	9,639,308	202.00		

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/19/2018 1:25 pm		
Cost Center Description			ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL		
			5.01	5.02	5.03	5A.03	5.04		
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01	00101	NEW CAP REL COSTS-WHSE							1.01
1.02	00102	NEW CAP REL COSTS-B BLDG							1.02
1.03	00103	NEW CAP REL COSTS-PFD							1.03
1.05	00105	NEW CAP REL COSTS-POB I							1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB							1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING							1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01	00570	ADMITTING	3,368,727						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	85,407					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	0	70,002,079	70,002,079		5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,503,075	2,466,043		7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	15,725	5,168		7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	790,457	259,800		7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,146,840	376,933		8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,188,450	1,376,622		9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	219,052	71,996		9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	521,192	171,301		9.02
10.00	01000	DIETARY	0	0	0	5,673,034	1,864,562		10.00
11.00	01100	CAFETERIA	0	0	0	-1,172,934	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	5,941,910	1,952,934		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,256,448	412,958		14.00
15.00	01500	PHARMACY	0	0	0	4,955,878	1,628,853		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,614,697	1,516,717		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	8,815	2,897		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	135,915	44,671		21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	92,481	30,396		23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	253,901	83,450		23.01
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	313,749	7,944	0	29,634,553	9,739,984		30.00
31.00	03100	INTENSIVE CARE UNIT	73,390	1,858	0	7,806,556	2,565,789		31.00
32.00	03200	CORONARY CARE UNIT	44,771	1,134	0	4,041,355	1,328,276		32.00
41.00	04100	SUBPROVIDER - IRF	14,074	356	0	1,548,393	508,912		41.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	190,800	4,831	0	13,516,336	4,442,428		50.00
51.00	05100	RECOVERY ROOM	34,090	863	0	1,267,451	416,574		51.00
53.00	05300	ANESTHESIOLOGY	60,882	1,542	0	580,944	190,939		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	203,610	5,155	0	8,551,322	2,810,572		54.00
57.00	05700	CT SCAN	257,020	6,508	0	1,903,542	625,639		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,702	955	0	522,474	171,722		58.00
59.00	05900	CARDIAC CATHETERIZATION	100,035	2,533	0	3,666,711	1,205,142		59.00
60.00	06000	LABORATORY	412,444	10,443	0	12,129,900	3,986,746		60.00
60.01	06001	G.I. LAB	25,514	646	0	1,275,622	419,260		60.01
60.02	06002	VASCULAR LAB	29,398	744	0	474,641	156,001		60.02
60.03	06003	LABORATORY-PATHOLOGY	26,528	672	0	1,286,305	422,771		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,424	821	0	2,329,347	765,589		63.00
65.00	06500	RESPIRATORY THERAPY	80,125	2,029	0	5,242,072	1,722,917		65.00
66.00	06600	PHYSICAL THERAPY	60,179	1,524	0	3,413,728	1,121,993		66.00
67.00	06700	OCCUPATIONAL THERAPY	20,599	522	0	1,381,637	454,104		67.00
68.00	06800	SPEECH PATHOLOGY	6,635	168	0	385,157	126,590		68.00
69.00	06900	ELECTROCARDIOLOGY	113,762	2,881	0	1,036,305	340,603		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,491	468	0	614,334	201,914		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	89,465	2,265	0	9,112,715	2,995,085		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	183,694	4,651	0	16,814,846	5,526,552		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	193,920	4,910	0	11,959,650	3,930,790		73.00
74.00	07400	RENAL DIALYSIS	15,911	403	0	1,711,507	562,523		74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	26,447	670	0	1,800,398	591,739		76.01
76.03	03550	OP PSYCH	11,554	293	0	785,951	258,319		76.03
76.04	03020	CARDIAC REHAB	2,498	63	0	267,209	87,824		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,538	115	0	156,147	51,321		76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	542,227	13,838	0	15,941,858	5,239,626		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0			92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	142,251	3,602	0	9,446,958	3,104,941		95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,368,727	85,407	0	276,752,939	68,338,486		118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5A.03	5.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	640,714	210,584	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	405	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	31,270	10,278	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	127,520	41,912	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	2,018	663	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	145,974	47,977	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	13,842	4,549	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	171,569	56,390	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,464,461	481,326	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,462,230	480,593	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	616,027	202,470	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	176,172	57,903	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	208,546	68,543	192.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,368,727	85,407	0	281,814,515	70,002,079	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	9,969,118					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	20,893				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	1,050,257			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	115,497	0	14,602	1,653,872		8.00
9.00	00900	HOUSEKEEPING	145,892	0	0	0	5,710,964	9.00
9.01	00901	HOUSEKEEPING-POB I	0	31	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	19,972	0	0	9.02
10.00	01000	DIETARY	268,700	0	0	0	161,723	10.00
11.00	01100	CAFETERIA	236,976	0	36,029	0	142,629	11.00
13.00	01300	NURSING ADMINISTRATION	29,373	115	0	0	17,679	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,052	0	0	19,571	76,469	14.00
15.00	01500	PHARMACY	70,939	0	0	0	42,696	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	111,509	427	18,914	0	67,114	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,011,027	0	0	768,916	1,812,246	30.00
31.00	03100	INTENSIVE CARE UNIT	217,087	0	0	88,838	130,658	31.00
32.00	03200	CORONARY CARE UNIT	176,952	0	0	75,735	106,502	32.00
41.00	04100	SUBPROVIDER - IRF	165,423	0	0	41,612	99,563	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,283,965	0	0	101,831	772,780	50.00
51.00	05100	RECOVERY ROOM	62,963	0	0	51	37,896	51.00
53.00	05300	ANESTHESIOLOGY	10,123	0	0	0	6,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	977,225	1,825	107,954	79,351	588,163	54.00
57.00	05700	CT SCAN	42,487	0	75,682	33,298	25,572	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,331	0	35,658	0	15,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,587	0	0	22,783	102,671	59.00
60.00	06000	LABORATORY	491,693	95	32,167	0	295,935	60.00
60.01	06001	G.I. LAB	132,804	0	0	19,599	79,931	60.01
60.02	06002	VASCULAR LAB	37,937	0	0	0	22,833	60.02
60.03	06003	LABORATORY-PATHOLOGY	33,770	0	0	0	20,325	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,783	0	0	0	22,741	63.00
65.00	06500	RESPIRATORY THERAPY	60,407	0	84,755	16	36,357	65.00
66.00	06600	PHYSICAL THERAPY	83,645	0	0	1,426	50,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,091	0	0	0	27,741	67.00
68.00	06800	SPEECH PATHOLOGY	31,418	0	0	0	18,909	68.00
69.00	06900	ELECTROCARDIOLOGY	78,787	0	0	0	47,420	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,458	0	88,141	846	26,156	70.00
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	34,613	0	0	1,943	20,833	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,746	295	0	2,600	4,662	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	57,442	0	0	0	34,572	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	580,757	0	474,166	374,042	349,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,550	0	0	21,414	12,970	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,030,009	2,788	988,040	1,653,872	5,277,570	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,210	0	0	0	19,386	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			OPERATION OF PLANT 7.00	OPERATION OF PLANT- POB I 7.01	OPERATION OF PLANT NW 7.02	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	122,067	0	0	0	73,468	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	62,217	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	269,212	0	0	0	162,031	190.04
190.05	19005	NON REIMBURSABLE PFD	88,527	0	0	0	53,282	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	308,171	0	0	0	53,651	190.06
190.07	19007	NON REIMBURSABLE POB I	0	1,319	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	3,962	0	0	0	2,385	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	56,445	0	0	0	33,972	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	58,515	16,786	0	0	35,219	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,969,118	20,893	1,050,257	1,653,872	5,710,964	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description			HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	291,079					9.01
9.02	00902	HOUSEKEEPING NW	0	712,465				9.02
10.00	01000	DIETARY	0	0	7,968,019			10.00
11.00	01100	CAFETERIA	0	25,273	5,824,045	5,092,018		11.00
13.00	01300	NURSING ADMINISTRATION	1,599	0	0	163,921	8,107,531	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	36,217	0	14.00
15.00	01500	PHARMACY	0	0	0	113,090	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,957	13,267	0	154,394	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,988	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	6,610	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	8,263	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,450,270	1,060,707	3,882,492	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	194,880	205,851	754,248	31.00
32.00	03200	CORONARY CARE UNIT	0	0	150,105	126,429	463,253	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	106,453	54,957	200,905	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	285,911	924,482	50.00
51.00	05100	RECOVERY ROOM	0	0	0	34,305	125,256	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,467	75,726	0	205,214	0	54.00
57.00	05700	CT SCAN	0	53,088	0	40,667	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	25,013	0	12,076	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	50,194	0	59.00
60.00	06000	LABORATORY	1,321	22,564	0	249,305	0	60.00
60.01	06001	G.I. LAB	0	0	0	36,854	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	10,164	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	28,116	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	25,318	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	59,452	0	156,932	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	116,363	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	49,114	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	11,147	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,942	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,828	0	17,477	0	70.00
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
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	4,120	0	0	56,545	206,295	76.01
76.03	03550	OP PSYCH	0	0	0	29,228	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	7,302	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,862	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	332,611	0	423,779	1,550,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	415,516	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,464	668,822	7,725,753	4,236,758	8,107,531	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,714	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
			OB I	NW	10.00	11.00	ADMINISTRATION	
190.01	19001	VISITOR MEALS	0	0	0	803,499	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	43,643	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	18,403	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	242,266	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	13,340	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	14,927	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	9,527	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	234,212	0	0	951	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	7,302	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	291,079	712,465	7,968,019	5,092,018	8,107,531	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/19/2018 1:25 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN
			14.00	15.00	16.00	17.00	17.01
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
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	1,928,715				14.00
15.00	01500	PHARMACY	0	6,811,456			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,717	6,526,713		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	11,712
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	954	607,784	0	0
31.00	03100	INTENSIVE CARE UNIT	0	372	142,169	0	0
32.00	03200	CORONARY CARE UNIT	0	215	86,728	0	0
41.00	04100	SUBPROVIDER - I RF	0	78	27,264	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,803	369,612	0	0
51.00	05100	RECOVERY ROOM	0	11	66,038	0	0
53.00	05300	ANESTHESIOLOGY	0	37,140	117,940	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,148	394,428	0	0
57.00	05700	CT SCAN	0	6	497,891	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	73,035	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	2,696	193,785	0	0
60.00	06000	LABORATORY	0	0	798,973	0	0
60.01	06001	G.I. LAB	0	16	49,424	0	0
60.02	06002	VASCULAR LAB	0	0	56,949	0	0
60.03	06003	LABORATORY-PATHOLOGY	0	0	51,389	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	62,811	0	0
65.00	06500	RESPIRATORY THERAPY	0	242	155,215	0	0
66.00	06600	PHYSICAL THERAPY	0	0	116,577	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	39,903	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	12,853	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	220,376	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	35,820	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	679,414	0	173,309	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,249,301	0	355,845	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,689,572	375,655	0	0
74.00	07400	RENAL DIALYSIS	0	16	30,822	0	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	498	51,232	0	0
76.03	03550	OP PSYCH	0	0	22,383	0	0
76.04	03020	CARDIAC REHAB	0	0	4,840	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	8,791	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	626	1,051,308	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	48,346	275,564	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,928,715	6,811,456	6,526,713	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	11,712	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,928,715	6,811,456	6,526,713	0	11,712	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES					
		21.00	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	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATION					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
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
17.01	01850	RESEARCH ADMIN					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	187,574				21.00
23.00	02300	PARAMED PRGM PASTORAL CARE		129,487			23.00
23.01	02301	PARAMED PRGM PHARMACY			345,614		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	98,748	0	52,067,681	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,269	0	12,119,717	31.00
32.00	03200	CORONARY CARE UNIT	0	10,221	0	6,565,771	32.00
41.00	04100	SUBPROVIDER - IRF	0	7,249	0	2,760,809	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	187,574	0	0	21,890,722	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,010,545	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	943,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,818,395	54.00
57.00	05700	CT SCAN	0	0	0	3,297,872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	882,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,414,569	59.00
60.00	06000	LABORATORY	0	0	0	18,008,699	60.00
60.01	06001	G.I. LAB	0	0	0	2,013,510	60.01
60.02	06002	VASCULAR LAB	0	0	0	758,525	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,842,676	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,243,589	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,518,365	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,904,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,998,590	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	586,074	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,758,433	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,089,974	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,960,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,946,544	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	345,614	23,301,281	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,362,257	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	2,726,130	76.01
76.03	03550	OP PSYCH	0	0	0	1,095,881	76.03
76.04	03020	CARDIAC REHAB	0	0	0	459,189	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	219,121	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	26,318,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES							
	21.00	23.00	23.01	24.00	25.00			
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	13,347,259	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	187,574	129,487	345,614	272,231,025	-187,574	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	908,608	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	803,499	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	197,173	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	147,408	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	600,675	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	144,490	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	555,773	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	38,113	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	242,266	0	190.08
190.09	19009	CATERING	0	0	0	234,306	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,959,127	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,957,750	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	918,441	0	190.12
191.00	19100	RESEARCH	0	0	0	11,712	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	579,758	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	284,391	0	192.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	187,574	129,487	345,614	281,814,515	-187,574	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/19/2018 1:25 pm
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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 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMINITTING		5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
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
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED PRGM PASTORAL CARE		23.00
23.01	02301 PARAMED PRGM PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	52,067,681	30.00
31.00	03100 INTENSIVE CARE UNIT	12,119,717	31.00
32.00	03200 CORONARY CARE UNIT	6,565,771	32.00
41.00	04100 SUBPROVIDER - IRF	2,760,809	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	21,703,148	50.00
51.00	05100 RECOVERY ROOM	2,010,545	51.00
53.00	05300 ANESTHESIOLOGY	943,179	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,818,395	54.00
57.00	05700 CT SCAN	3,297,872	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	882,157	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,414,569	59.00
60.00	06000 LABORATORY	18,008,699	60.00
60.01	06001 G.I. LAB	2,013,510	60.01
60.02	06002 VASCULAR LAB	758,525	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,842,676	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,243,589	63.00
65.00	06500 RESPIRATORY THERAPY	7,518,365	65.00
66.00	06600 PHYSICAL THERAPY	4,904,075	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,998,590	67.00
68.00	06800 SPEECH PATHOLOGY	586,074	68.00
69.00	06900 ELECTROCARDIOLOGY	1,758,433	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,089,974	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,960,523	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,946,544	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,301,281	73.00
74.00	07400 RENAL DIALYSIS	2,362,257	74.00
76.00	03320 SHOCK THERAPY	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	2,726,130	76.01
76.03	03550 OP PSYCH	1,095,881	76.03
76.04	03020 CARDIAC REHAB	459,189	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	219,121	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	26,318,913	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	13,347,259	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	272,043,451	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	908,608	190.00
190.01	19001 VISITOR MEALS	803,499	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			Total	
			26.00	
190.02	19002	NON REIMBURSABLE B BLDG	197,173	190.02
190.03	19003	NON REIMB NW BUILDING	147,408	190.03
190.04	19004	NON REIMBURSABLE CHIP	600,675	190.04
190.05	19005	NON REIMBURSABLE PFD	144,490	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	555,773	190.06
190.07	19007	NON REIMBURSABLE POB I	38,113	190.07
190.08	19008	MEALS ON WHEELS	242,266	190.08
190.09	19009	CATERING	234,306	190.09
190.10	19010	RETAIL PHARMACY	1,959,127	190.10
190.11	19011	PUBLIC RELATIONS	1,957,750	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	918,441	190.12
191.00	19100	RESEARCH	11,712	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	579,758	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	284,391	192.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	281,626,941	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet Non-CMS W
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	1.01
1.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	1.02
1.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	1.03
1.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE	FEET	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	ADMINISTRATIVE	27	GROSS	REVENUE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	27	GROSS	REVENUE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIENT	DAYS	5.03
5.04	ADMINISTRATIVE AND GENERAL	-41	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	28	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	7.01
7.02	OPERATION OF PLANT NW	30	SQUARE	FEET	7.02
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	29	SQUARE	FEET	9.00
9.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	9.01
9.02	HOUSEKEEPING NW	30	SQUARE	FEET	9.02
10.00	DIETARY	8	MEALS	SERVED	10.00
11.00	CAFETERIA	9	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	14	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	16.00
17.00	SOCIAL SERVICE	16	TIME	SPENT	17.00
17.01	RESEARCH ADMIN	17	TIME	SPENT	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
23.00	PARAMED PRGM PASTORAL CARE	34	PATIENT	DAYS	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW WHSE	NEW B BLDG		NEW PFD	
			0	1.00	1.01		1.02	1.03
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-WHSE				1.01		
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02		
1.03	00103	NEW CAP REL COSTS-PFD				1.03		
1.05	00105	NEW CAP REL COSTS-POB I				1.05		
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06		
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	18,514	9,215	0	964	4,550	4.00
5.01	00570	ADMINISTRATIVE	10,422	44,501	0	0	4,484	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	1,382,616	427,520	3,093	1,735	28,516	5.04
7.00	00700	OPERATION OF PLANT	14,310	709,659	334	1,064	6,052	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	3,595	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	54,708	0	0	0	8.00
9.00	00900	HOUSEKEEPING	32	59,588	0	102	228	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	23,016	33,639	2,055	0	213	10.00
11.00	01100	CAFETERIA	0	39,245	0	1,297	585	11.00
13.00	01300	NURSING ADMINISTRATION	918,799	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	60,182	0	0	0	14.00
15.00	01500	PHARMACY	370,447	33,602	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,561	52,819	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,666	1,413,387	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,776	95,382	0	159	0	31.00
32.00	03200	CORONARY CARE UNIT	526	83,818	0	0	0	32.00
41.00	04100	SUBPROVIDER - I&R	441	78,357	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	221,187	605,449	0	58	0	50.00
51.00	05100	RECOVERY ROOM	0	29,824	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	4,795	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,869	456,085	0	145	0	54.00
57.00	05700	CT SCAN	0	20,125	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,472	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,269	80,803	0	0	0	59.00
60.00	06000	LABORATORY	8,482	56,331	0	3,765	0	60.00
60.01	06001	G.I. LAB	0	18,563	0	946	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	35,937	0	0	341	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	382	0	63.00
65.00	06500	RESPIRATORY THERAPY	43,589	26,119	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	19,283	39,621	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,833	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,882	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,068	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,850	0	0	439	0	70.00
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	1,979	16,396	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	8,327	3,669	0	0	0	76.01
76.03	03550	OP PSYCH	4,666	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	398	27,209	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	28,665	200,283	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,466	0	0	218	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		1.00	1.01	1.02	1.03		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,183,756	4,830,081	5,482	15,059	44,628	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,257	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	127,520	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	2,018	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	145,974	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	90	190.09
190.10	19010 RETAIL PHARMACY	816	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	5,060	4,323	0	0	1,126	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	2,109	0	0	0	1,287	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,191,741	5,123,155	5,482	16,292	49,149	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal	2A
		NEW POB I	NEW GRAHAM MOB	NEW NW BUI LDING	NEW MVBLE EQUI P		
		1.05	1.06	1.07	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUI LDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUI P					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,957	0	0	10,878	52,078 4.00
5.01	00570	ADMINISTRATIVE	0	0	19,145	9,937	88,489 5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,355	1,401 5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0 5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	44,324	7,034	140,224	8,805,152	10,840,214 5.04
7.00	00700	OPERATION OF PLANT	23,163	697	0	52,056	807,335 7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0 7.01
7.02	00702	OPERATION OF PLANT NW	0	0	16,233	216	20,044 7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,339	0	62,047 8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,963	64,913 9.00
9.01	00901	HOUSEKEEPING-POB I	329	0	0	0	329 9.01
9.02	00902	HOUSEKEEPING NW	0	0	10,038	1,559	11,597 9.02
10.00	01000	DIETARY	0	0	0	120,090	179,013 10.00
11.00	01100	CAFETERIA	0	0	18,108	701	59,936 11.00
13.00	01300	NURSING ADMINISTRATION	1,202	0	0	95,820	1,016,118 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	25,881	86,063 14.00
15.00	01500	PHARMACY	0	0	0	23,423	427,472 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,481	0	9,506	13,754	87,121 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0 23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	19,577	1,473,904 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	32,461	131,778 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	4,414	88,758 32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	9,567	88,365 41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	545,547	1,372,241 50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,085	36,909 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,189	58,984 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,156	0	54,257	455,363	993,875 54.00
57.00	05700	CT SCAN	0	0	38,037	551	58,713 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	17,922	17,322	47,716 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	396,656	479,728 59.00
60.00	06000	LABORATORY	993	0	16,167	99,108	184,846 60.00
60.01	06001	G. I. LAB	0	0	0	69,396	88,905 60.01
60.02	06002	VASCULAR LAB	0	0	0	9,565	9,948 60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	9,391	45,669 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,056	2,438 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	42,598	16,482	128,841 65.00
66.00	06600	PHYSICAL THERAPY	0	33,775	0	7,165	99,844 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,121	0	3,642	29,596 67.00
68.00	06800	SPEECH PATHOLOGY	0	4,382	0	319	19,583 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	70,376	73,240 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	44,299	16,571	63,159 70.00
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	27,993	46,368 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,099	0	0	12,745	27,840 76.01
76.03	03550	OP PSYCH	0	0	0	2,860	7,526 76.03
76.04	03020	CARDIAC REHAB	0	0	0	1,647	29,254 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	238,315	572,454	1,041,312 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	457,270	459,954 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,704	50,009	672,188	12,087,557	20,993,464 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	CAPITAL RELATED COSTS				Subtotal			
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP				
	1.05	1.06	1.07	2.00				
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	15,257	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	31,270	0	31,270	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	127,520	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	2,018	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	145,974	190.06
190.07	19007	NON REIMBURSABLE POB I	13,842	0	0	0	13,842	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	1,169	1,259	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	703	1,519	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	10,509	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	649	4,045	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	176,172	0	0	0	176,172	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	101,411	0	0	101,411	192.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	294,718	151,420	703,458	12,090,078	21,625,493	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINITTING 5.01	CASHIERING/ACCOUNTS RECEIVABLE 5.02	MENTAL HEALTH ADMINISTRATION 5.03	ADMINISTRATIVE AND GENERAL 5.04
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	NEW CAP REL COSTS-WHSE				1.01
1.02 00102	NEW CAP REL COSTS-B BLDG				1.02
1.03 00103	NEW CAP REL COSTS-PFD				1.03
1.05 00105	NEW CAP REL COSTS-POB I				1.05
1.06 00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07 00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	52,078			4.00
5.01 00570	ADMINITTING	1,236	89,725		5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,401	5.02
5.03 00590	MENTAL HEALTH ADMINISTRATION	0	0	0	5.03
5.04 00591	ADMINISTRATIVE AND GENERAL	3,994	0	0	10,844,208
7.00 00700	OPERATION OF PLANT	1,192	0	0	382,019
7.01 00701	OPERATION OF PLANT- POB I	0	0	0	801
7.02 00702	OPERATION OF PLANT NW	158	0	0	40,246
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	58,391
9.00 00900	HOUSEKEEPING	1,129	0	0	213,255
9.01 00901	HOUSEKEEPING-POB I	67	0	0	11,153
9.02 00902	HOUSEKEEPING NW	137	0	0	26,536
10.00 01000	DIETARY	0	0	0	288,843
11.00 01100	CAFETERIA	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,867	0	0	302,532
14.00 01400	CENTRAL SERVICES & SUPPLY	236	0	0	63,972
15.00 01500	PHARMACY	1,720	0	0	252,329
16.00 01600	MEDICAL RECORDS & LIBRARY	1,673	0	0	234,957
17.00 01700	SOCIAL SERVICE	0	0	0	0
17.01 01850	RESEARCH ADMIN	0	0	0	449
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,920
23.00 02300	PARAMED PRGM PASTORAL CARE	39	0	0	4,709
23.01 02301	PARAMED PRGM PHARMACY	101	0	0	12,927
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	9,761	8,337	98	1,508,901
31.00 03100	INTENSIVE CARE UNIT	2,743	1,950	23	397,471
32.00 03200	CORONARY CARE UNIT	1,425	1,190	14	205,766
41.00 04100	SUBPROVIDER - IRF	552	374	4	78,836
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	3,287	5,070	60	688,184
51.00 05100	RECOVERY ROOM	425	906	11	64,532
53.00 05300	ANESTHESIOLOGY	0	1,618	19	29,579
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,359	5,410	64	435,391
57.00 05700	CT SCAN	455	6,829	80	96,919
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	162	1,002	12	26,602
59.00 05900	CARDIAC CATHETERIZATION	682	2,658	31	186,691
60.00 06000	LABORATORY	2,066	10,959	129	617,594
60.01 06001	G.I. LAB	392	678	8	64,948
60.02 06002	VASCULAR LAB	137	781	9	24,166
60.03 06003	LABORATORY-PATHOLOGY	269	705	8	65,492
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	273	862	10	118,599
65.00 06500	RESPIRATORY THERAPY	1,716	2,129	25	266,900
66.00 06600	PHYSICAL THERAPY	1,241	1,599	19	173,810
67.00 06700	OCCUPATIONAL THERAPY	530	547	6	70,346
68.00 06800	SPEECH PATHOLOGY	148	176	2	19,610
69.00 06900	ELECTROCARDIOLOGY	321	3,023	36	52,763
70.00 07000	ELECTROENCEPHALOGRAPHY	168	491	6	31,279
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,377	28	463,974
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	4,881	57	856,128
73.00 07300	DRUGS CHARGED TO PATIENTS	0	5,153	61	608,926
74.00 07400	RENAL DIALYSIS	0	423	5	87,141
76.00 03320	SHOCK THERAPY	0	0	0	0
76.01 03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	496	703	8	91,667
76.03 03550	OP PSYCH	260	307	4	40,017
76.04 03020	CARDIAC REHAB	92	66	1	13,605
76.98 07698	HYPERBARIC OXYGEN THERAPY	26	121	1	7,950
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	4,829	14,620	518	811,680
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	3,138	3,780	44	480,992
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	51,502	89,725	1,401	10,586,498

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINITTING 5.01	CASHIERING/ACCOUNTS RECEIVABLE 5.02	MENTAL HEALTH ADMINISTRATION 5.03	ADMINISTRATIVE AND GENERAL 5.04		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25	0	0	0	32,622	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	63	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	1,592	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	6,493	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	103	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	7,432	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	705	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	8,735	190.09
190.10	19010	RETAIL PHARMACY	159	0	0	0	74,563	190.10
190.11	19011	PUBLIC RELATIONS	191	0	0	0	74,449	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	171	0	0	0	31,365	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	8,970	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	30	0	0	0	10,618	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	52,078	89,725	1,401	0	10,844,208	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	1,190,546					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	801				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	60,448			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	13,793	0	840	135,071		8.00
9.00	00900	HOUSEKEEPING	17,423	0	0	0	296,720	9.00
9.01	00901	HOUSEKEEPING-POB I	0	1	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	1,149	0	0	9.02
10.00	01000	DIETARY	32,089	0	0	0	8,403	10.00
11.00	01100	CAFETERIA	28,300	0	2,074	0	7,410	11.00
13.00	01300	NURSING ADMINISTRATION	3,508	4	0	0	919	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,173	0	0	1,598	3,973	14.00
15.00	01500	PHARMACY	8,472	0	0	0	2,218	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,317	16	1,089	0	3,487	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	359,587	0	0	62,798	94,157	30.00
31.00	03100	INTENSIVE CARE UNIT	25,925	0	0	7,255	6,789	31.00
32.00	03200	CORONARY CARE UNIT	21,132	0	0	6,185	5,533	32.00
41.00	04100	SUBPROVIDER - IRF	19,755	0	0	3,398	5,173	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	153,335	0	0	8,317	40,151	50.00
51.00	05100	RECOVERY ROOM	7,519	0	0	4	1,969	51.00
53.00	05300	ANESTHESIOLOGY	1,209	0	0	0	317	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,704	70	6,213	6,481	30,559	54.00
57.00	05700	CT SCAN	5,074	0	4,356	2,719	1,329	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,144	0	2,052	0	823	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,372	0	0	1,861	5,334	59.00
60.00	06000	LABORATORY	58,720	4	1,851	0	15,376	60.00
60.01	06001	G.I. LAB	15,860	0	0	1,601	4,153	60.01
60.02	06002	VASCULAR LAB	4,531	0	0	0	1,186	60.02
60.03	06003	LABORATORY-PATHOLOGY	4,033	0	0	0	1,056	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,512	0	0	0	1,182	63.00
65.00	06500	RESPIRATORY THERAPY	7,214	0	4,878	1	1,889	65.00
66.00	06600	PHYSICAL THERAPY	9,989	0	0	116	2,616	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,504	0	0	0	1,441	67.00
68.00	06800	SPEECH PATHOLOGY	3,752	0	0	0	982	68.00
69.00	06900	ELECTROCARDIOLOGY	9,409	0	0	0	2,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,190	0	5,073	69	1,359	70.00
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	4,134	0	0	159	1,082	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	925	11	0	212	242	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	6,860	0	0	0	1,796	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	69,356	0	27,292	30,548	18,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,574	0	0	1,749	674	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,078,394	106	56,867	135,071	274,203	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,847	0	0	0	1,007	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	14,578	0	0	0	3,817	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	3,581	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	32,150	0	0	0	8,418	190.04
190.05	19005	NON REIMBURSABLE PFD	10,572	0	0	0	2,768	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	36,803	0	0	0	2,788	190.06
190.07	19007	NON REIMBURSABLE POB I	0	51	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	473	0	0	0	124	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	6,741	0	0	0	1,765	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,988	644	0	0	1,830	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,190,546	801	60,448	135,071	296,720	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description			HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	11,550					9.01
9.02	00902	HOUSEKEEPING NW	0	39,419				9.02
10.00	01000	DIETARY	0	0	508,348			10.00
11.00	01100	CAFETERIA	0	1,398	371,565	378,938		11.00
13.00	01300	NURSING ADMINISTRATION	63	0	0	12,199	1,337,210	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,695	0	14.00
15.00	01500	PHARMACY	0	0	0	8,416	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	236	734	0	11,490	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	520	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	492	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	615	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	92,525	78,934	640,357	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,433	15,319	124,401	31.00
32.00	03200	CORONARY CARE UNIT	0	0	9,577	9,409	76,406	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,792	4,090	33,136	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	21,277	152,479	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,553	20,659	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,011	4,190	0	15,272	0	54.00
57.00	05700	CT SCAN	0	2,937	0	3,026	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,384	0	899	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,735	0	59.00
60.00	06000	LABORATORY	52	1,248	0	18,553	0	60.00
60.01	06001	G. I. LAB	0	0	0	2,743	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	756	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,092	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,884	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,289	0	11,679	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,659	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,655	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	830	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,600	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,421	0	1,301	0	70.00
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
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	163	0	0	4,208	34,025	76.01
76.03	03550	OP PSYCH	0	0	0	2,175	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	543	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	213	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	18,403	0	31,537	255,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	30,922	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,525	37,004	492,892	315,291	1,337,210	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	425	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
			OB I	NW	10.00	11.00	ADMINISTRATION	
190.01	19001	VISITOR MEALS	0	0	0	59,795	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	2,415	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	730	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	15,456	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	993	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,111	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	709	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,295	0	0	71	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	543	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	91,745	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,550	39,419	508,348	470,683	1,337,210	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN
			14.00	15.00	16.00	17.00	17.01
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
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	173,710				14.00
15.00	01500	PHARMACY	0	700,627			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,440	356,560		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	449 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0 23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	98	33,248	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	38	7,777	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	22	4,744	0	0 32.00
41.00	04100	SUBPROVIDER - I RF	0	8	1,491	0	0 41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	597	20,219	0	0 50.00
51.00	05100	RECOVERY ROOM	0	1	3,613	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	3,820	6,452	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	118	21,577	0	0 54.00
57.00	05700	CT SCAN	0	1	27,237	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,995	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	277	10,601	0	0 59.00
60.00	06000	LABORATORY	0	0	43,707	0	0 60.00
60.01	06001	G.I. LAB	0	2	2,704	0	0 60.01
60.02	06002	VASCULAR LAB	0	0	3,115	0	0 60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	2,811	0	0 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,436	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	25	8,491	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,377	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,183	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	703	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,055	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,960	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	61,188	0	9,481	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	112,522	0	19,466	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	688,090	20,550	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	2	1,686	0	0 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	51	2,803	0	0 76.01
76.03	03550	OP PSYCH	0	0	1,224	0	0 76.03
76.04	03020	CARDIAC REHAB	0	0	265	0	0 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	481	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	64	57,034	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,973	15,074	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,710	700,627	356,560	0	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	449	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	173,710	700,627	356,560	0	449	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES					
	21.00	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	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMINISTRATION				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- POB I				7.01
7.02	00702	OPERATION OF PLANT NW				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-POB I				9.01
9.02	00902	HOUSEKEEPING NW				9.02
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
17.01	01850	RESEARCH ADMIN				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,440			21.00
23.00	02300	PARAMED PRGM PASTORAL CARE		5,240		23.00
23.01	02301	PARAMED PRGM PHARMACY			13,643	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			4,362,705	0 30.00
31.00	03100	INTENSIVE CARE UNIT			733,902	0 31.00
32.00	03200	CORONARY CARE UNIT			430,161	0 32.00
41.00	04100	SUBPROVIDER - IRF			241,974	0 41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			2,465,217	0 50.00
51.00	05100	RECOVERY ROOM			139,101	0 51.00
53.00	05300	ANESTHESIOLOGY			101,998	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,639,294	0 54.00
57.00	05700	CT SCAN			209,675	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			87,791	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			711,970	0 59.00
60.00	06000	LABORATORY			955,105	0 60.00
60.01	06001	G.I. LAB			181,994	0 60.01
60.02	06002	VASCULAR LAB			44,629	0 60.02
60.03	06003	LABORATORY-PATHOLOGY			122,135	0 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			133,196	0 63.00
65.00	06500	RESPIRATORY THERAPY			437,077	0 65.00
66.00	06600	PHYSICAL THERAPY			304,270	0 66.00
67.00	06700	OCCUPATIONAL THERAPY			113,808	0 67.00
68.00	06800	SPEECH PATHOLOGY			45,786	0 68.00
69.00	06900	ELECTROCARDIOLOGY			155,911	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			113,476	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			537,048	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			993,054	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,322,780	0 73.00
74.00	07400	RENAL DIALYSIS			141,000	0 74.00
76.00	03320	SHOCK THERAPY			0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY			163,354	0 76.01
76.03	03550	OP PSYCH			51,513	0 76.03
76.04	03020	CARDIAC REHAB			52,482	0 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY			8,792	0 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY			2,381,101	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES							
	21.00	23.00	23.01	24.00	25.00			
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				1,003,874	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	20,386,173	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				53,183	0	190.00
190.01	19001	VISITOR MEALS				59,795	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG				19,691	0	190.02
190.03	19003	NON REIMB NW BUILDING				38,858	0	190.03
190.04	19004	NON REIMBURSABLE CHIP				174,581	0	190.04
190.05	19005	NON REIMBURSABLE PFD				15,461	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL				192,997	0	190.06
190.07	19007	NON REIMBURSABLE POB I				15,328	0	190.07
190.08	19008	MEALS ON WHEELS				15,456	0	190.08
190.09	19009	CATERING				10,591	0	190.09
190.10	19010	RETAIL PHARMACY				77,234	0	190.10
190.11	19011	PUBLIC RELATIONS				86,260	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT				44,796	0	190.12
191.00	19100	RESEARCH				449	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				203,970	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM				112,602	0	192.01
200.00		Cross Foot Adjustments	7,440	5,240	13,643	26,323	0	200.00
201.00		Negative Cost Centers	0	0	0	91,745	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,440	5,240	13,643	21,625,493	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/19/2018 1:25 pm
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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 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMIN TTING		5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
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
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE		23.00
23.01	02301 PARAMED ED PRGM PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,362,705	30.00
31.00	03100 INTENSIVE CARE UNIT	733,902	31.00
32.00	03200 CORONARY CARE UNIT	430,161	32.00
41.00	04100 SUBPROVIDER - IRF	241,974	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,465,217	50.00
51.00	05100 RECOVERY ROOM	139,101	51.00
53.00	05300 ANESTHESIOLOGY	101,998	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,639,294	54.00
57.00	05700 CT SCAN	209,675	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	87,791	58.00
59.00	05900 CARDIAC CATHETERIZATION	711,970	59.00
60.00	06000 LABORATORY	955,105	60.00
60.01	06001 G.I. LAB	181,994	60.01
60.02	06002 VASCULAR LAB	44,629	60.02
60.03	06003 LABORATORY-PATHOLOGY	122,135	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	133,196	63.00
65.00	06500 RESPIRATORY THERAPY	437,077	65.00
66.00	06600 PHYSICAL THERAPY	304,270	66.00
67.00	06700 OCCUPATIONAL THERAPY	113,808	67.00
68.00	06800 SPEECH PATHOLOGY	45,786	68.00
69.00	06900 ELECTROCARDIOLOGY	155,911	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	113,476	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	537,048	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	993,054	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,322,780	73.00
74.00	07400 RENAL DIALYSIS	141,000	74.00
76.00	03320 SHOCK THERAPY	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	163,354	76.01
76.03	03550 OP PSYCH	51,513	76.03
76.04	03020 CARDIAC REHAB	52,482	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	8,792	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	2,381,101	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	1,003,874	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20,386,173	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,183	190.00
190.01	19001 VISITOR MEALS	59,795	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			Total	
			26.00	
190.02	19002	NON REIMBURSABLE B BLDG	19,691	190.02
190.03	19003	NON REIMB NW BUILDING	38,858	190.03
190.04	19004	NON REIMBURSABLE CHIP	174,581	190.04
190.05	19005	NON REIMBURSABLE PFD	15,461	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	192,997	190.06
190.07	19007	NON REIMBURSABLE POBI	15,328	190.07
190.08	19008	MEALS ON WHEELS	15,456	190.08
190.09	19009	CATERING	10,591	190.09
190.10	19010	RETAIL PHARMACY	77,234	190.10
190.11	19011	PUBLIC RELATIONS	86,260	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	44,796	190.12
191.00	19100	RESEARCH	449	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	203,970	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	112,602	192.01
200.00		Cross Foot Adjustments	26,323	200.00
201.00		Negative Cost Centers	91,745	201.00
202.00		TOTAL (sum lines 118 through 201)	21,625,493	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	423,087					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	78,926	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	2,131	4.00
5.01	00570	ADMINISTRATIVE	3,675	0	0	7,694	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	180	0	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	35,306	11,091	6,718	48,935	11,870	5.04
7.00	00700	OPERATION OF PLANT	58,606	1,196	4,122	10,385	6,203	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,921	0	395	391	0	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	88	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	1,200	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,722	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,922	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	6,471	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,665	0	562	0	5,130	54.00
57.00	05700	CT SCAN	1,662	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,582	0	266	60.00
60.01	06001	G. I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,321	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,478	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
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	1,354	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	0	0	0	830	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)	
		1. 00	1. 01	1. 02	1. 03	1. 05	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	398,884	19,654	58,325	76,582	28,040	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	3,707	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	155	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	47,179	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	5,123,155	5,482	16,292	49,149	294,718	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.108987	0.278925	0.258193	0.582748	3.734105	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
		NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP			
		(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)			
		1.06	1.07	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	40,600				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	52,911			1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			14,898,678		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	13,405	97,686,639	4.00
5.01	00570	ADMITTING	0	1,440	12,246	2,318,282	1,053,156,162
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,670	0	0
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591	ADMINISTRATIVE AND GENERAL	1,886	10,547	10,850,644	7,493,252	0
7.00	00700	OPERATION OF PLANT	187	0	64,149	2,235,762	0
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	0	1,221	266	296,884	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	0	0	0
9.00	00900	HOUSEKEEPING	0	0	6,116	2,117,344	0
9.01	00901	HOUSEKEEPING-POB I	0	0	0	125,042	0
9.02	00902	HOUSEKEEPING NW	0	755	1,921	256,236	0
10.00	01000	DIETARY	0	0	147,987	0	0
11.00	01100	CAFETERIA	0	1,362	864	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	118,080	3,503,012	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	31,893	442,829	0
15.00	01500	PHARMACY	0	0	28,864	3,227,311	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	715	16,949	3,138,011	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	73,776	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	189,576	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	24,125	18,291,626	98,077,153
31.00	03100	INTENSIVE CARE UNIT	0	0	40,002	5,146,682	22,941,532
32.00	03200	CORONARY CARE UNIT	0	0	5,440	2,673,745	13,995,179
41.00	04100	SUBPROVIDER - IRF	0	0	11,790	1,036,185	4,399,530
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	672,281	6,167,801	59,643,702
51.00	05100	RECOVERY ROOM	0	0	8,731	797,962	10,656,451
53.00	05300	ANESTHESIOLOGY	0	0	66,777	0	19,031,712
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,081	561,146	4,425,247	63,648,142
57.00	05700	CT SCAN	0	2,861	679	854,117	80,343,823
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	21,346	303,581	11,785,549
59.00	05900	CARDIAC CATHETERIZATION	0	0	488,802	1,279,826	31,270,834
60.00	06000	LABORATORY	0	1,216	122,131	3,875,952	128,928,968
60.01	06001	G.I. LAB	0	0	85,517	734,737	7,975,489
60.02	06002	VASCULAR LAB	0	0	11,787	256,275	9,189,800
60.03	06003	LABORATORY-PATHOLOGY	0	0	11,573	505,495	8,292,543
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,534	512,932	10,135,723
65.00	06500	RESPIRATORY THERAPY	0	3,204	20,311	3,218,703	25,046,833
66.00	06600	PHYSICAL THERAPY	9,056	0	8,829	2,328,277	18,811,906
67.00	06700	OCCUPATIONAL THERAPY	1,105	0	4,488	994,796	6,439,108
68.00	06800	SPEECH PATHOLOGY	1,175	0	393	276,988	2,073,991
69.00	06900	ELECTROCARDIOLOGY	0	0	86,725	603,061	35,561,755
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	20,420	315,492	5,780,272
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,966,608
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	57,422,219
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	60,618,907
74.00	07400	RENAL DIALYSIS	0	0	34,496	0	4,973,768
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	15,706	930,822	8,267,301
76.03	03550	OP PSYCH	0	0	3,524	487,567	3,611,883
76.04	03020	CARDIAC REHAB	0	0	2,029	173,478	780,953
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	49,560	1,418,517
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	17,925	705,438	9,059,641	169,598,635
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)			
	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.06	1.07	2.00					
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	563,497	5,888,221	44,467,376	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,409	50,559	14,895,571	96,606,086	1,053,156,162	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	47,323	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	1,441	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	866	297,776	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	358,473	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	800	320,787	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	27,191	0	0	56,194	0	192.01
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)	151,420	703,458	12,090,078	9,639,308	3,368,727	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.729557	13.295118	0.811487	0.098676	0.003199	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				52,078	89,725	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000533	0.000085	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5.03	5A.04	5.04	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINISTRATION						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,053,156,162					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION		0				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL		0	-70,002,079	212,985,370		5.04
7.00	00700	OPERATION OF PLANT		0	0	7,503,075	389,971	7.00
7.01	00701	OPERATION OF PLANT- POB I		0	0	15,725	0	7.01
7.02	00702	OPERATION OF PLANT NW		0	0	790,457	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE		0	0	1,146,840	4,518	8.00
9.00	00900	HOUSEKEEPING		0	0	4,188,450	5,707	9.00
9.01	00901	HOUSEKEEPING-POB I		0	0	219,052	0	9.01
9.02	00902	HOUSEKEEPING NW		0	0	521,192	0	9.02
10.00	01000	DIETARY		0	0	5,673,034	10,511	10.00
11.00	01100	CAFETERIA		0	1,172,934	0	9,270	11.00
13.00	01300	NURSING ADMINISTRATION		0	0	5,941,910	1,149	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		0	0	1,256,448	4,970	14.00
15.00	01500	PHARMACY		0	0	4,955,878	2,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		0	0	4,614,697	4,362	16.00
17.00	01700	SOCIAL SERVICE		0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN		0	0	8,815	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		0	0	135,915	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE		0	0	92,481	0	23.00
23.01	02301	PARAMED PRGM PHARMACY		0	0	253,901	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,077,153	0	0	29,634,553	117,785	30.00
31.00	03100	INTENSIVE CARE UNIT	22,941,532	0	0	7,806,556	8,492	31.00
32.00	03200	CORONARY CARE UNIT	13,995,179	0	0	4,041,355	6,922	32.00
41.00	04100	SUBPROVIDER - IRF	4,399,530	0	0	1,548,393	6,471	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,643,702	0	0	13,516,336	50,226	50.00
51.00	05100	RECOVERY ROOM	10,656,451	0	0	1,267,451	2,463	51.00
53.00	05300	ANESTHESIOLOGY	19,031,712	0	0	580,944	396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,648,142	0	0	8,551,322	38,227	54.00
57.00	05700	CT SCAN	80,343,823	0	0	1,903,542	1,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,785,549	0	0	522,474	1,030	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,270,834	0	0	3,666,711	6,673	59.00
60.00	06000	LABORATORY	128,928,968	0	0	12,129,900	19,234	60.00
60.01	06001	G.I. LAB	7,975,489	0	0	1,275,622	5,195	60.01
60.02	06002	VASCULAR LAB	9,189,800	0	0	474,641	1,484	60.02
60.03	06003	LABORATORY-PATHOLOGY	8,292,543	0	0	1,286,305	1,321	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,135,723	0	0	2,329,347	1,478	63.00
65.00	06500	RESPIRATORY THERAPY	25,046,833	0	0	5,242,072	2,363	65.00
66.00	06600	PHYSICAL THERAPY	18,811,906	0	0	3,413,728	3,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,439,108	0	0	1,381,637	1,803	67.00
68.00	06800	SPEECH PATHOLOGY	2,073,991	0	0	385,157	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	35,561,755	0	0	1,036,305	3,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,780,272	0	0	614,334	1,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,966,608	0	0	9,112,715	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	57,422,219	0	0	16,814,846	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,618,907	0	0	11,959,650	0	73.00
74.00	07400	RENAL DIALYSIS	4,973,768	0	0	1,711,507	1,354	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	8,267,301	0	0	1,800,398	303	76.01
76.03	03550	OP PSYCH	3,611,883	0	0	785,951	0	76.03
76.04	03020	CARDIAC REHAB	780,953	0	0	267,209	2,247	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,418,517	0	0	156,147	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	169,598,635	0	0	15,941,858	22,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	44,467,376	0	0	9,446,958	843	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.02	5.03	5A.04	5.04	7.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,053,156,162	0	-68,829,145	207,923,794	353,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	640,714	1,260	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	4,775	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	31,270	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	127,520	10,531	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	2,018	3,463	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	145,974	12,055	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	13,842	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	171,569	155	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	1,464,461	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,462,230	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	616,027	2,208	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	176,172	2,289	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	208,546	0	192.01
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)	85,407	0		70,002,079	9,969,118	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000081	0.000000		0.328671	25.563742	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,401	0		10,844,208	1,190,546	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000001	0.000000		0.050915	3.052909	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B-1	
Date/Time Prepared: 5/19/2018 1:25 pm								
Cost Center Description			OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
			7.01	7.02	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I	58,722					7.01
7.02	00702	OPERATION OF PLANT NW	0	39,703				7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	1,907,068			8.00
9.00	00900	HOUSEKEEPING	0	0	0	371,178		9.00
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	58,634	9.01
9.02	00902	HOUSEKEEPING NW	0	755	0	0	0	9.02
10.00	01000	DIETARY	0	0	0	10,511	0	10.00
11.00	01100	CAFETERIA	0	1,362	0	9,270	0	11.00
13.00	01300	NURSING ADMINISTRATION	322	0	0	1,149	322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	22,567	4,970	0	14.00
15.00	01500	PHARMACY	0	0	0	2,775	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	715	0	4,362	1,200	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	886,630	117,785	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	102,439	8,492	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	87,330	6,922	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	47,982	6,471	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	117,421	50,226	0	50.00
51.00	05100	RECOVERY ROOM	0	0	59	2,463	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	396	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	4,081	91,499	38,227	5,130	54.00
57.00	05700	CT SCAN	0	2,861	38,396	1,662	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	0	1,030	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	26,271	6,673	0	59.00
60.00	06000	LABORATORY	266	1,216	0	19,234	266	60.00
60.01	06001	G. I. LAB	0	0	22,600	5,195	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	1,484	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,321	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,478	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,204	18	2,363	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,644	3,272	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,803	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,229	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,082	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	976	1,700	0	70.00
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	2,241	1,354	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	830	0	2,998	303	830	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	2,247	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	17,925	431,305	22,718	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	24,692	843	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,836	37,351	1,907,068	343,010	7,748	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,260	0
190.01	19001	VISITOR MEALS	0	0	0	0	0
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	4,775	0
190.03	19003	NON REIMB NW BUILDING	0	2,352	0	0	0
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	10,531	0
190.05	19005	NON REIMBURSABLE PFD	0	0	0	3,463	0
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	3,487	0
190.07	19007	NON REIMBURSABLE POB I	3,707	0	0	0	3,707
190.08	19008	MEALS ON WHEELS	0	0	0	0	0
190.09	19009	CATERING	0	0	0	155	0
190.10	19010	RETAIL PHARMACY	0	0	0	0	0
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,179	0	0	2,289	47,179
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	20,893	1,050,257	1,653,872	5,710,964	291,079
203.00		Unit cost multiplier (Wkst. B, Part I)	0.355795	26.452837	0.867233	15.386052	4.964338
204.00		Cost to be allocated (per Wkst. B, Part II)	801	60,448	135,071	296,720	11,550
205.00		Unit cost multiplier (Wkst. B, Part II)	0.013641	1.522505	0.070827	0.799401	0.196985
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.02	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
2.00	00200						2.00
4.00	00400						4.00
5.01	00570						5.01
5.02	00580						5.02
5.03	00590						5.03
5.04	00591						5.04
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
10.00	01000	38,396	0	781,061			10.00
11.00	01100	1,362	570,899	471,426			11.00
13.00	01300	0	0	15,176	1,450,158		13.00
14.00	01400	0	0	3,353	0	25,668,595	14.00
15.00	01500	0	0	10,470	0	0	15.00
16.00	01600	715	0	14,294	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01850	0	0	0	0	0	17.01
21.00	02100	0	0	647	0	0	21.00
23.00	02300	0	0	612	0	0	23.00
23.01	02301	0	0	765	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	142,162	98,202	694,444	0	30.00
31.00	03100	0	19,103	19,058	134,909	0	31.00
32.00	03200	0	14,714	11,705	82,860	0	32.00
41.00	04100	0	10,435	5,088	35,935	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	26,470	165,358	0	50.00
51.00	05100	0	0	3,176	22,404	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	4,081	0	18,999	0	0	54.00
57.00	05700	2,861	0	3,765	0	0	57.00
58.00	05800	1,348	0	1,118	0	0	58.00
59.00	05900	0	0	4,647	0	0	59.00
60.00	06000	1,216	0	23,081	0	0	60.00
60.01	06001	0	0	3,412	0	0	60.01
60.02	06002	0	0	941	0	0	60.02
60.03	06003	0	0	2,603	0	0	60.03
63.00	06300	0	0	2,344	0	0	63.00
65.00	06500	3,204	0	14,529	0	0	65.00
66.00	06600	0	0	10,773	0	0	66.00
67.00	06700	0	0	4,547	0	0	67.00
68.00	06800	0	0	1,032	0	0	68.00
69.00	06900	0	0	3,235	0	0	69.00
70.00	07000	3,332	0	1,618	0	0	70.00
71.00	07100	0	0	0	0	9,042,094	71.00
72.00	07200	0	0	0	0	16,626,501	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03320	0	0	0	0	0	76.00
76.01	03480	0	0	5,235	36,899	0	76.01
76.03	03550	0	0	2,706	0	0	76.03
76.04	03020	0	0	676	0	0	76.04
76.98	07698	0	0	265	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	17,925	0	39,234	277,349	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	38,469	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.02	10.00	11.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	36,044	757,313	392,245	1,450,158	25,668,595	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	529	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	74,389	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	2,352	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	23,748	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	1,235	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	1,382	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	882	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	88	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	676	0	0	192.01
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)	712,465	7,968,019	5,092,018	8,107,531	1,928,715	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.555709	10.201532	10.801309	5.590791	0.075139	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	39,419	508,348	470,683	1,337,210	173,710	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.026643	0.650843	0.803812	0.922113	0.006767	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR & FRINGES (ASSIGNED TIME)	
		15.00	16.00	17.00	17.01	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATION					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
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	11,975,106				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,697	1,053,156,162			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	100	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	100	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,677	98,077,153	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	654	22,941,532	0	0	31.00
32.00	03200	CORONARY CARE UNIT	378	13,995,179	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	138	4,399,530	0	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,203	59,643,702	0	100	50.00
51.00	05100	RECOVERY ROOM	20	10,656,451	0	0	51.00
53.00	05300	ANESTHESIOLOGY	65,296	19,031,712	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,018	63,648,142	0	0	54.00
57.00	05700	CT SCAN	10	80,343,823	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,785,549	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,739	31,270,834	0	0	59.00
60.00	06000	LABORATORY	0	128,928,968	0	0	60.00
60.01	06001	G.I. LAB	29	7,975,489	0	0	60.01
60.02	06002	VASCULAR LAB	0	9,189,800	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	8,292,543	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,135,723	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	425	25,046,833	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,811,906	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,439,108	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,073,991	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,561,755	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,780,272	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,966,608	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	57,422,219	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,760,820	60,618,907	0	0	73.00
74.00	07400	RENAL DIALYSIS	29	4,973,768	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	875	8,267,301	0	0	76.01
76.03	03550	OP PSYCH	0	3,611,883	0	0	76.03
76.04	03020	CARDIAC REHAB	0	780,953	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,418,517	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,101	169,598,635	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		15.00	16.00	17.00	17.01	21.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	84,997	44,467,376	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,975,106	1,053,156,162	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	100	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	192.01
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)	6,811,456	6,526,713	0	11,712	187,574
203.00		Unit cost multiplier (Wkst. B, Part I)	0.568801	0.006197	0.000000	117.120000	1,875.740000
204.00		Cost to be allocated (per Wkst. B, Part II)	700,627	356,560	0	449	7,440
205.00		Unit cost multiplier (Wkst. B, Part II)	0.058507	0.000339	0.000000	4.490000	74.400000
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		PARAMED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-WHSE		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		1.02
1.03	00103	NEW CAP REL COSTS-PFD		1.03
1.05	00105	NEW CAP REL COSTS-POB I		1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMITTING		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT- POB I		7.01
7.02	00702	OPERATION OF PLANT NW		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-POB I		9.01
9.02	00902	HOUSEKEEPING NW		9.02
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
17.01	01850	RESEARCH ADMIN		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	64,309	23.00
23.01	02301	PARAMED PRGM PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	49,043	30.00
31.00	03100	INTENSIVE CARE UNIT	6,590	31.00
32.00	03200	CORONARY CARE UNIT	5,076	32.00
41.00	04100	SUBPROVIDER - IRF	3,600	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
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	0	60.00
60.01	06001	G. I. LAB	0	60.01
60.02	06002	VASCULAR LAB	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
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
76.00	03320	SHOCK THERAPY	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	76.01
76.03	03550	OP PSYCH	0	76.03
76.04	03020	CARDIAC REHAB	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,309	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	190.08
190.09	19009 CATERING	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	190.12
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	192.01
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)	129,487	345,614	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.013513	3,456.140000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,240	13,643	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.081482	136.430000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

		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		52,067,681	0	52,067,681	30.00
31.00	03100 INTENSIVE CARE UNIT		12,119,717	0	12,119,717	31.00
32.00	03200 CORONARY CARE UNIT		6,565,771	0	6,565,771	32.00
41.00	04100 SUBPROVIDER - I RF		2,760,809	0	2,760,809	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		21,703,148	0	21,703,148	50.00
51.00	05100 RECOVERY ROOM		2,010,545	0	2,010,545	51.00
53.00	05300 ANESTHESIOLOGY		943,179	0	943,179	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,818,395	0	13,818,395	54.00
57.00	05700 CT SCAN		3,297,872	0	3,297,872	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		882,157	0	882,157	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,414,569	0	5,414,569	59.00
60.00	06000 LABORATORY		18,008,699	0	18,008,699	60.00
60.01	06001 G.I. LAB		2,013,510	0	2,013,510	60.01
60.02	06002 VASCULAR LAB		758,525	0	758,525	60.02
60.03	06003 LABORATORY-PATHOLOGY		1,842,676	0	1,842,676	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,243,589	0	3,243,589	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,518,365	0	7,518,365	65.00
66.00	06600 PHYSICAL THERAPY	0	4,904,075	0	4,904,075	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,998,590	0	1,998,590	67.00
68.00	06800 SPEECH PATHOLOGY	0	586,074	0	586,074	68.00
69.00	06900 ELECTROCARDIOLOGY		1,758,433	0	1,758,433	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,089,974	0	1,089,974	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,960,523	0	12,960,523	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		23,946,544	0	23,946,544	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		23,301,281	0	23,301,281	73.00
74.00	07400 RENAL DIALYSIS		2,362,257	0	2,362,257	74.00
76.00	03320 SHOCK THERAPY		0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY		2,726,130	0	2,726,130	76.01
76.03	03550 OP PSYCH		1,095,881	0	1,095,881	76.03
76.04	03020 CARDIAC REHAB		459,189	0	459,189	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY		219,121	0	219,121	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		26,318,913	0	26,318,913	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,519,134	0	5,519,134	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		13,347,259	0	13,347,259	95.00
200.00	Subtotal (see instructions)	0	277,562,585	0	277,562,585	200.00
201.00	Less Observation Beds		5,519,134		5,519,134	201.00
202.00	Total (see instructions)	0	272,043,451	0	272,043,451	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/19/2018 1:25 pm		
			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	91,163,612		91,163,612				30.00
31.00	03100	INTENSIVE CARE UNIT	22,941,532		22,941,532				31.00
32.00	03200	CORONARY CARE UNIT	13,995,179		13,995,179				32.00
41.00	04100	SUBPROVIDER - IRF	4,399,530		4,399,530				41.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,201,851	28,441,851	59,643,702	0.363880	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,245,843	7,410,609	10,656,452	0.188669	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	9,988,464	9,043,248	19,031,712	0.049558	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,413,484	46,234,658	63,648,142	0.217106	0.000000		54.00
57.00	05700	CT SCAN	23,107,847	57,235,976	80,343,823	0.041047	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,243,584	7,541,964	11,785,548	0.074851	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,555,958	14,714,876	31,270,834	0.173151	0.000000		59.00
60.00	06000	LABORATORY	47,609,544	81,319,423	128,928,967	0.139679	0.000000		60.00
60.01	06001	G.I. LAB	2,740,853	5,234,636	7,975,489	0.252462	0.000000		60.01
60.02	06002	VASCULAR LAB	4,964,138	4,225,662	9,189,800	0.082540	0.000000		60.02
60.03	06003	LABORATORY-PATHOLOGY	2,104,323	6,188,220	8,292,543	0.222209	0.000000		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,384,500	1,751,223	10,135,723	0.320016	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	20,974,636	4,072,197	25,046,833	0.300172	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	7,579,299	11,232,607	18,811,906	0.260690	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,198,698	1,240,410	6,439,108	0.310383	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,713,664	360,327	2,073,991	0.282583	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	20,419,629	15,142,126	35,561,755	0.049447	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	740,771	5,039,501	5,780,272	0.188568	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,672,676	11,293,933	27,966,609	0.463428	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,772,469	25,649,750	57,422,219	0.417026	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,593,060	24,025,847	60,618,907	0.384390	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,656,066	317,701	4,973,767	0.474943	0.000000		74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	36,952	8,230,349	8,267,301	0.329748	0.000000		76.01
76.03	03550	OP PSYCH	2,318	3,609,565	3,611,883	0.303410	0.000000		76.03
76.04	03020	CARDIAC REHAB	920	780,033	780,953	0.587985	0.000000		76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	10,720	1,407,797	1,418,517	0.154472	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	23,383,171	146,215,464	169,598,635	0.155184	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	761,448	6,152,093	6,913,541	0.798308	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	92,917	44,374,460	44,467,377	0.300158	0.000000		95.00
200.00		Subtotal (see instructions)	474,669,656	578,486,506	1,053,156,162				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	474,669,656	578,486,506	1,053,156,162				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.363880		50.00
51.00	05100 RECOVERY ROOM	0.188669		51.00
53.00	05300 ANESTHESIOLOGY	0.049558		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.217106		54.00
57.00	05700 CT SCAN	0.041047		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074851		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.173151		59.00
60.00	06000 LABORATORY	0.139679		60.00
60.01	06001 G. I. LAB	0.252462		60.01
60.02	06002 VASCULAR LAB	0.082540		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.222209		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.320016		63.00
65.00	06500 RESPIRATORY THERAPY	0.300172		65.00
66.00	06600 PHYSICAL THERAPY	0.260690		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.310383		67.00
68.00	06800 SPEECH PATHOLOGY	0.282583		68.00
69.00	06900 ELECTROCARDIOLOGY	0.049447		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.188568		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.463428		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.417026		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.384390		73.00
74.00	07400 RENAL DIALYSIS	0.474943		74.00
76.00	03320 SHOCK THERAPY	0.000000		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.329748		76.01
76.03	03550 OP PSYCH	0.303410		76.03
76.04	03020 CARDIAC REHAB	0.587985		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.154472		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.155184		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.798308		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.300158		95.00
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: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/19/2018 1:25 pm	
			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		52,067,681	0	52,067,681	30.00
31.00	03100 INTENSIVE CARE UNIT		12,119,717	0	12,119,717	31.00
32.00	03200 CORONARY CARE UNIT		6,565,771	0	6,565,771	32.00
41.00	04100 SUBPROVIDER - I RF		2,760,809	0	2,760,809	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		21,703,148	0	21,703,148	50.00
51.00	05100 RECOVERY ROOM		2,010,545	0	2,010,545	51.00
53.00	05300 ANESTHESIOLOGY		943,179	0	943,179	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,818,395	0	13,818,395	54.00
57.00	05700 CT SCAN		3,297,872	0	3,297,872	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		882,157	0	882,157	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,414,569	0	5,414,569	59.00
60.00	06000 LABORATORY		18,008,699	0	18,008,699	60.00
60.01	06001 G.I. LAB		2,013,510	0	2,013,510	60.01
60.02	06002 VASCULAR LAB		758,525	0	758,525	60.02
60.03	06003 LABORATORY-PATHOLOGY		1,842,676	0	1,842,676	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,243,589	0	3,243,589	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,518,365	0	7,518,365	65.00
66.00	06600 PHYSICAL THERAPY	0	4,904,075	0	4,904,075	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,998,590	0	1,998,590	67.00
68.00	06800 SPEECH PATHOLOGY	0	586,074	0	586,074	68.00
69.00	06900 ELECTROCARDIOLOGY		1,758,433	0	1,758,433	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,089,974	0	1,089,974	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,960,523	0	12,960,523	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		23,946,544	0	23,946,544	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		23,301,281	0	23,301,281	73.00
74.00	07400 RENAL DIALYSIS		2,362,257	0	2,362,257	74.00
76.00	03320 SHOCK THERAPY		0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY		2,726,130	0	2,726,130	76.01
76.03	03550 OP PSYCH		1,095,881	0	1,095,881	76.03
76.04	03020 CARDIAC REHAB		459,189	0	459,189	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY		219,121	0	219,121	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		26,318,913	0	26,318,913	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,519,134	0	5,519,134	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		13,347,259	0	13,347,259	95.00
200.00	Subtotal (see instructions)	0	277,562,585	0	277,562,585	200.00
201.00	Less Observation Beds		5,519,134		5,519,134	201.00
202.00	Total (see instructions)	0	272,043,451	0	272,043,451	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/19/2018 1:25 pm	
			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	91,163,612		91,163,612			30.00
31.00	03100	INTENSIVE CARE UNIT	22,941,532		22,941,532			31.00
32.00	03200	CORONARY CARE UNIT	13,995,179		13,995,179			32.00
41.00	04100	SUBPROVIDER - I RF	4,399,530		4,399,530			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,201,851	28,441,851	59,643,702	0.363880	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,245,843	7,410,609	10,656,452	0.188669	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	9,988,464	9,043,248	19,031,712	0.049558	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,413,484	46,234,658	63,648,142	0.217106	0.000000	54.00
57.00	05700	CT SCAN	23,107,847	57,235,976	80,343,823	0.041047	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,243,584	7,541,964	11,785,548	0.074851	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,555,958	14,714,876	31,270,834	0.173151	0.000000	59.00
60.00	06000	LABORATORY	47,609,544	81,319,423	128,928,967	0.139679	0.000000	60.00
60.01	06001	G.I. LAB	2,740,853	5,234,636	7,975,489	0.252462	0.000000	60.01
60.02	06002	VASCULAR LAB	4,964,138	4,225,662	9,189,800	0.082540	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,104,323	6,188,220	8,292,543	0.222209	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,384,500	1,751,223	10,135,723	0.320016	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,974,636	4,072,197	25,046,833	0.300172	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,579,299	11,232,607	18,811,906	0.260690	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,198,698	1,240,410	6,439,108	0.310383	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,713,664	360,327	2,073,991	0.282583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,419,629	15,142,126	35,561,755	0.049447	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	740,771	5,039,501	5,780,272	0.188568	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,672,676	11,293,933	27,966,609	0.463428	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,772,469	25,649,750	57,422,219	0.417026	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,593,060	24,025,847	60,618,907	0.384390	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,656,066	317,701	4,973,767	0.474943	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	36,952	8,230,349	8,267,301	0.329748	0.000000	76.01
76.03	03550	OP PSYCH	2,318	3,609,565	3,611,883	0.303410	0.000000	76.03
76.04	03020	CARDIAC REHAB	920	780,033	780,953	0.587985	0.000000	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	10,720	1,407,797	1,418,517	0.154472	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,383,171	146,215,464	169,598,635	0.155184	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	761,448	6,152,093	6,913,541	0.798308	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	92,917	44,374,460	44,467,377	0.300158	0.000000	95.00
200.00		Subtotal (see instructions)	474,669,656	578,486,506	1,053,156,162			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	474,669,656	578,486,506	1,053,156,162			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/19/2018 1:25 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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 G. I. LAB	0.000000		60.01
60.02	06002 VASCULAR LAB	0.000000		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.000000		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
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
76.00	03320 SHOCK THERAPY	0.000000		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000		76.01
76.03	03550 OP PSYCH	0.000000		76.03
76.04	03020 CARDIAC REHAB	0.000000		76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/19/2018 1:25 pm	
Title XVIII				Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,362,705	0	4,362,705	54,406	80.19	30.00
31.00	INTENSIVE CARE UNIT	733,902		733,902	6,590	111.37	31.00
32.00	CORONARY CARE UNIT	430,161		430,161	5,076	84.74	32.00
41.00	SUBPROVIDER - IRF	241,974	0	241,974	3,600	67.21	41.00
200.00	Total (lines 30 through 199)	5,768,742		5,768,742	69,672		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	21,496	1,723,764				
31.00	INTENSIVE CARE UNIT	2,054	228,754				
32.00	CORONARY CARE UNIT	1,222	103,552				
41.00	SUBPROVIDER - IRF	1,358	91,271				
200.00	Total (lines 30 through 199)	26,130	2,147,341				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/19/2018 1:25 pm
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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	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,465,217	59,643,702	0.041332	15,807,539	653,357	50.00
51.00	05100	RECOVERY ROOM	139,101	10,656,452	0.013053	1,101,564	14,379	51.00
53.00	05300	ANESTHESIOLOGY	101,998	19,031,712	0.005359	3,607,856	19,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,639,294	63,648,142	0.025756	5,262,480	135,540	54.00
57.00	05700	CT SCAN	209,675	80,343,823	0.002610	8,680,295	22,656	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,791	11,785,548	0.007449	1,468,960	10,942	58.00
59.00	05900	CARDIAC CATHETERIZATION	711,970	31,270,834	0.022768	3,286,013	74,816	59.00
60.00	06000	LABORATORY	955,105	128,928,967	0.007408	20,570,689	152,388	60.00
60.01	06001	G.I. LAB	181,994	7,975,489	0.022819	996,500	22,739	60.01
60.02	06002	VASCULAR LAB	44,629	9,189,800	0.004856	2,190,555	10,637	60.02
60.03	06003	LABORATORY-PATHOLOGY	122,135	8,292,543	0.014728	894,617	13,176	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	133,196	10,135,723	0.013141	2,303,810	30,274	63.00
65.00	06500	RESPIRATORY THERAPY	437,077	25,046,833	0.017450	7,131,382	124,443	65.00
66.00	06600	PHYSICAL THERAPY	304,270	18,811,906	0.016174	2,288,541	37,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	113,808	6,439,108	0.017674	1,397,332	24,696	67.00
68.00	06800	SPEECH PATHOLOGY	45,786	2,073,991	0.022076	459,724	10,149	68.00
69.00	06900	ELECTROCARDIOLOGY	155,911	35,561,755	0.004384	8,690,963	38,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113,476	5,780,272	0.019632	309,426	6,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	537,048	27,966,609	0.019203	6,114,614	117,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	993,054	57,422,219	0.017294	12,779,690	221,012	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,322,780	60,618,907	0.021821	18,262,972	398,516	73.00
74.00	07400	RENAL DIALYSIS	141,000	4,973,767	0.028349	2,712,126	76,886	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	163,354	8,267,301	0.019759	3,037	60	76.01
76.03	03550	OP PSYCH	51,513	3,611,883	0.014262	2,318	33	76.03
76.04	03020	CARDIAC REHAB	52,482	780,953	0.067203	618	42	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	8,792	1,418,517	0.006198	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,381,101	169,598,635	0.014040	7,288,606	102,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	462,443	6,913,541	0.066889	276,688	18,507	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,076,000	876,188,932		133,888,915	2,335,525	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	98,748	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	13,269	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	10,221	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,249	0	41.00
200.00		Total (lines 30 through 199)	0	0	0	129,487	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	98,748	54,406	1.82	21,496	30.00
31.00	03100	INTENSIVE CARE UNIT		13,269	6,590	2.01	2,054	31.00
32.00	03200	CORONARY CARE UNIT		10,221	5,076	2.01	1,222	32.00
41.00	04100	SUBPROVIDER - IRF	0	7,249	3,600	2.01	1,358	41.00
200.00		Total (lines 30 through 199)		129,487	69,672		26,130	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,123	0				30.00
31.00	03100	INTENSIVE CARE UNIT	4,129	0				31.00
32.00	03200	CORONARY CARE UNIT	2,456	0				32.00
41.00	04100	SUBPROVIDER - IRF	2,730	0				41.00
200.00		Total (lines 30 through 199)	48,438	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 G.I. LAB	0	0	0	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	345,614	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	0	76.01
76.03 03550 OP PSYCH	0	0	0	0	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	0	0	0	0	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	10,470	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	356,084	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	356,084	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	59,643,702	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,656,452	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,031,712	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	63,648,142	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	80,343,823	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,785,548	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,270,834	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	128,928,967	0.000000	60.00
60.01	06001	G.I. LAB	0	0	0	7,975,489	0.000000	60.01
60.02	06002	VASCULAR LAB	0	0	0	9,189,800	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	8,292,543	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,135,723	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,046,833	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,811,906	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,439,108	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,073,991	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	35,561,755	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,780,272	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,966,609	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	57,422,219	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	345,614	345,614	60,618,907	0.005701	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,973,767	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	8,267,301	0.000000	76.01
76.03	03550	OP PSYCH	0	0	0	3,611,883	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	0	0	780,953	0.000000	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	1,418,517	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	169,598,635	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,470	10,470	6,913,541	0.001514	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	356,084	356,084	876,188,932		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	15,807,539	0	12,024,834	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,101,564	0	2,226,953	0	51.00	
53.00	05300 ANESTHESIOLOGY	0.000000	3,607,856	0	2,328,229	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,262,480	0	9,326,833	0	54.00	
57.00	05700 CT SCAN	0.000000	8,680,295	0	10,985,140	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,468,960	0	1,799,209	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,286,013	0	2,404,989	0	59.00	
60.00	06000 LABORATORY	0.000000	20,570,689	0	6,018,286	0	60.00	
60.01	06001 G.I. LAB	0.000000	996,500	0	1,004,724	0	60.01	
60.02	06002 VASCULAR LAB	0.000000	2,190,555	0	1,398,215	0	60.02	
60.03	06003 LABORATORY-PATHOLOGY	0.000000	894,617	0	1,098,764	0	60.03	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,303,810	0	92,719	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	7,131,382	0	1,144,872	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,288,541	0	133,322	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,397,332	0	57,922	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	459,724	0	21,329	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,690,963	0	4,284,747	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	309,426	0	1,919,496	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	6,114,614	0	3,285,981	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	12,779,690	0	8,863,180	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.005701	18,262,972	104,117	13,887,051	79,170	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	2,712,126	0	0	0	74.00	
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00	
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000	3,037	0	712,208	0	76.01	
76.03	03550 OP PSYCH	0.000000	2,318	0	1,841,246	0	76.03	
76.04	03020 CARDIAC REHAB	0.000000	618	0	310,545	0	76.04	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	488,391	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	7,288,606	0	13,199,295	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.001514	276,688	419	1,209,174	1,831	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		133,888,915	104,536	102,067,654	81,001	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
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 G.I. LAB	0	0			60.01
60.02	06002 VASCULAR LAB	0	0			60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0			60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
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	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03320 SHOCK THERAPY	0	0			76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0			76.01
76.03	03550 OP PSYCH	0	0			76.03
76.04	03020 CARDIAC REHAB	0	0			76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/19/2018 1:25 pm
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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	0.363880	12,024,834	0	0	4,375,597	50.00
51.00	05100 RECOVERY ROOM	0.188669	2,226,953	0	0	420,157	51.00
53.00	05300 ANESTHESIOLOGY	0.049558	2,328,229	0	0	115,382	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.217106	9,326,833	0	0	2,024,911	54.00
57.00	05700 CT SCAN	0.041047	10,985,140	0	0	450,907	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074851	1,799,209	0	0	134,673	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.173151	2,404,989	0	0	416,426	59.00
60.00	06000 LABORATORY	0.139679	6,018,286	0	0	840,628	60.00
60.01	06001 G.I. LAB	0.252462	1,004,724	0	0	253,655	60.01
60.02	06002 VASCULAR LAB	0.082540	1,398,215	0	0	115,409	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.222209	1,098,764	0	0	244,155	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.320016	92,719	0	0	29,672	63.00
65.00	06500 RESPIRATORY THERAPY	0.300172	1,144,872	0	0	343,659	65.00
66.00	06600 PHYSICAL THERAPY	0.260690	133,322	0	0	34,756	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.310383	57,922	0	0	17,978	67.00
68.00	06800 SPEECH PATHOLOGY	0.282583	21,329	0	0	6,027	68.00
69.00	06900 ELECTROCARDIOLOGY	0.049447	4,284,747	0	0	211,868	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.188568	1,919,496	0	0	361,956	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.463428	3,285,981	0	0	1,522,816	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.417026	8,863,180	0	0	3,696,177	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.384390	13,887,051	0	8,069	5,338,044	73.00
74.00	07400 RENAL DIALYSIS	0.474943	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.329748	712,208	0	0	234,849	76.01
76.03	03550 OP PSYCH	0.303410	1,841,246	0	0	558,652	76.03
76.04	03020 CARDIAC REHAB	0.587985	310,545	0	0	182,596	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.154472	488,391	0	0	75,443	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.155184	13,199,295	0	0	2,048,319	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.798308	1,209,174	0	0	965,293	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.300158		0			95.00
200.00	Subtotal (see instructions)		102,067,654	0	8,069	25,020,005	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		102,067,654	0	8,069	25,020,005	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/19/2018 1:25 pm
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
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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 G.I. LAB	0	0		60.01
60.02 06002 VASCULAR LAB	0	0		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
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	3,102		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	0		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.03 03550 OP PSYCH	0	0		76.03
76.04 03020 CARDIAC REHAB	0	0		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	3,102		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	3,102		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/19/2018 1:25 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,465,217	59,643,702	0.041332	48,022	1,985	50.00
51.00	05100	RECOVERY ROOM	139,101	10,656,452	0.013053	14,430	188	51.00
53.00	05300	ANESTHESIOLOGY	101,998	19,031,712	0.005359	8,039	43	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,639,294	63,648,142	0.025756	36,969	952	54.00
57.00	05700	CT SCAN	209,675	80,343,823	0.002610	44,057	115	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,791	11,785,548	0.007449	2,846	21	58.00
59.00	05900	CARDIAC CATHETERIZATION	711,970	31,270,834	0.022768	8,100	184	59.00
60.00	06000	LABORATORY	955,105	128,928,967	0.007408	270,197	2,002	60.00
60.01	06001	G.I. LAB	181,994	7,975,489	0.022819	2,896	66	60.01
60.02	06002	VASCULAR LAB	44,629	9,189,800	0.004856	32,094	156	60.02
60.03	06003	LABORATORY-PATHOLOGY	122,135	8,292,543	0.014728	5,137	76	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	133,196	10,135,723	0.013141	10,036	132	63.00
65.00	06500	RESPIRATORY THERAPY	437,077	25,046,833	0.017450	64,306	1,122	65.00
66.00	06600	PHYSICAL THERAPY	304,270	18,811,906	0.016174	904,905	14,636	66.00
67.00	06700	OCCUPATIONAL THERAPY	113,808	6,439,108	0.017674	786,124	13,894	67.00
68.00	06800	SPEECH PATHOLOGY	45,786	2,073,991	0.022076	219,258	4,840	68.00
69.00	06900	ELECTROCARDIOLOGY	155,911	35,561,755	0.004384	35,348	155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113,476	5,780,272	0.019632	2,588	51	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	537,048	27,966,609	0.019203	14,009	269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	993,054	57,422,219	0.017294	3,788	66	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,322,780	60,618,907	0.021821	290,806	6,346	73.00
74.00	07400	RENAL DIALYSIS	141,000	4,973,767	0.028349	110,390	3,129	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	163,354	8,267,301	0.019759	0	0	76.01
76.03	03550	OP PSYCH	51,513	3,611,883	0.014262	0	0	76.03
76.04	03020	CARDIAC REHAB	52,482	780,953	0.067203	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,792	1,418,517	0.006198	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,381,101	169,598,635	0.014040	5,366	75	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,913,541	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	13,613,557	876,188,932		2,919,711	50,503	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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	345,614	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	345,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	59,643,702	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,656,452	0.000000 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,031,712	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	63,648,142	0.000000 54.00
57.00	05700	CT SCAN	0	0	0	80,343,823	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,785,548	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,270,834	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	128,928,967	0.000000 60.00
60.01	06001	G.I. LAB	0	0	0	7,975,489	0.000000 60.01
60.02	06002	VASCULAR LAB	0	0	0	9,189,800	0.000000 60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	8,292,543	0.000000 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,135,723	0.000000 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,046,833	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,811,906	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,439,108	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,073,991	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	35,561,755	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,780,272	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,966,609	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	57,422,219	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	345,614	345,614	60,618,907	0.005701 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,973,767	0.000000 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	8,267,301	0.000000 76.01
76.03	03550	OP PSYCH	0	0	0	3,611,883	0.000000 76.03
76.04	03020	CARDIAC REHAB	0	0	0	780,953	0.000000 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,418,517	0.000000 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	169,598,635	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,913,541	0.000000 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	345,614	345,614	876,188,932	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	48,022	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	14,430	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	8,039	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	36,969	0	0	0	54.00
57.00	05700 CT SCAN	0.000000	44,057	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,846	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,100	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	270,197	0	0	0	60.00
60.01	06001 G.I. LAB	0.000000	2,896	0	0	0	60.01
60.02	06002 VASCULAR LAB	0.000000	32,094	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.000000	5,137	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	10,036	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	64,306	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	904,905	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	786,124	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	219,258	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	35,348	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,588	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	14,009	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	3,788	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.005701	290,806	1,658	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	110,390	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000	0	0	0	0	76.01
76.03	03550 OP PSYCH	0.000000	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0.000000	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	5,366	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		2,919,711	1,658	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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 G.I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,362,705	0	4,362,705	54,406	80.19	30.00
31.00	INTENSIVE CARE UNIT	733,902		733,902	6,590	111.37	31.00
32.00	CORONARY CARE UNIT	430,161		430,161	5,076	84.74	32.00
41.00	SUBPROVIDER - IRF	241,974	0	241,974	3,600	67.21	41.00
200.00	Total (lines 30 through 199)	5,768,742		5,768,742	69,672		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	8,581	688,110				
31.00	INTENSIVE CARE UNIT	754	83,973				
32.00	CORONARY CARE UNIT	837	70,927				
41.00	SUBPROVIDER - IRF	382	25,674				
200.00	Total (lines 30 through 199)	10,554	868,684				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet D
Part II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		Title XIX			Hospital	Cost		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,465,217	59,643,702	0.041332	3,912,472	161,710	50.00
51.00	05100	RECOVERY ROOM	139,101	10,656,452	0.013053	290,543	3,792	51.00
53.00	05300	ANESTHESIOLOGY	101,998	19,031,712	0.005359	711,849	3,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,639,294	63,648,142	0.025756	2,317,503	59,690	54.00
57.00	05700	CT SCAN	209,675	80,343,823	0.002610	2,980,414	7,779	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,791	11,785,548	0.007449	541,685	4,035	58.00
59.00	05900	CARDIAC CATHETERIZATION	711,970	31,270,834	0.022768	2,693,305	61,321	59.00
60.00	06000	LABORATORY	955,105	128,928,967	0.007408	6,022,486	44,615	60.00
60.01	06001	G.I. LAB	181,994	7,975,489	0.022819	343,913	7,848	60.01
60.02	06002	VASCULAR LAB	44,629	9,189,800	0.004856	613,459	2,979	60.02
60.03	06003	LABORATORY-PATHOLOGY	122,135	8,292,543	0.014728	186,437	2,746	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	133,196	10,135,723	0.013141	1,019,608	13,399	63.00
65.00	06500	RESPIRATORY THERAPY	437,077	25,046,833	0.017450	2,952,967	51,529	65.00
66.00	06600	PHYSICAL THERAPY	304,270	18,811,906	0.016174	721,699	11,673	66.00
67.00	06700	OCCUPATIONAL THERAPY	113,808	6,439,108	0.017674	507,612	8,972	67.00
68.00	06800	SPEECH PATHOLOGY	45,786	2,073,991	0.022076	225,602	4,980	68.00
69.00	06900	ELECTROCARDIOLOGY	155,911	35,561,755	0.004384	2,215,254	9,712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113,476	5,780,272	0.019632	120,901	2,374	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	537,048	27,966,609	0.019203	76,015	1,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	993,054	57,422,219	0.017294	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,322,780	60,618,907	0.021821	4,506,341	98,333	73.00
74.00	07400	RENAL DIALYSIS	141,000	4,973,767	0.028349	396,242	11,233	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	163,354	8,267,301	0.019759	2,662	53	76.01
76.03	03550	OP PSYCH	51,513	3,611,883	0.014262	0	0	76.03
76.04	03020	CARDIAC REHAB	52,482	780,953	0.067203	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	8,792	1,418,517	0.006198	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,381,101	169,598,635	0.014040	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	462,443	6,913,541	0.066889	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,076,000	876,188,932		33,358,969	574,048	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	98,748	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	13,269	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	10,221	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,249	0	41.00
200.00		Total (lines 30 through 199)	0	0	0	129,487	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	98,748	54,406	1.82	8,581	30.00
31.00	03100	INTENSIVE CARE UNIT		13,269	6,590	2.01	754	31.00
32.00	03200	CORONARY CARE UNIT		10,221	5,076	2.01	837	32.00
41.00	04100	SUBPROVIDER - IRF	0	7,249	3,600	2.01	382	41.00
200.00		Total (lines 30 through 199)		129,487	69,672		10,554	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,617	0				30.00
31.00	03100	INTENSIVE CARE UNIT	1,516	0				31.00
32.00	03200	CORONARY CARE UNIT	1,682	0				32.00
41.00	04100	SUBPROVIDER - IRF	768	0				41.00
200.00		Total (lines 30 through 199)	19,583	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description	Title XIX				Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 G.I. LAB	0	0	0	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	345,614	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	0	76.01
76.03 03550 OP PSYCH	0	0	0	0	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	0	0	0	0	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	345,614	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	345,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		Title XIX			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	59,643,702	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,656,452	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,031,712	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	63,648,142	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	80,343,823	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,785,548	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,270,834	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	128,928,967	0.000000	60.00
60.01	06001	G.I. LAB	0	0	0	7,975,489	0.000000	60.01
60.02	06002	VASCULAR LAB	0	0	0	9,189,800	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	8,292,543	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,135,723	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,046,833	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,811,906	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,439,108	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,073,991	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	35,561,755	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,780,272	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,966,609	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	57,422,219	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	345,614	345,614	60,618,907	0.005701	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,973,767	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	8,267,301	0.000000	76.01
76.03	03550	OP PSYCH	0	0	0	3,611,883	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	0	0	780,953	0.000000	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	1,418,517	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	169,598,635	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,913,541	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	345,614	345,614	876,188,932		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Cost
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	3,912,472	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	290,543	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	711,849	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,317,503	0	0	0	54.00
57.00	05700 CT SCAN	0.000000	2,980,414	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	541,685	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,693,305	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	6,022,486	0	0	0	60.00
60.01	06001 G.I. LAB	0.000000	343,913	0	0	0	60.01
60.02	06002 VASCULAR LAB	0.000000	613,459	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.000000	186,437	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,019,608	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,952,967	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	721,699	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	507,612	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	225,602	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,215,254	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	120,901	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	76,015	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.005701	4,506,341	25,691	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	396,242	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000	2,662	0	0	0	76.01
76.03	03550 OP PSYCH	0.000000	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0.000000	0	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		33,358,969	25,691	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/19/2018 1:25 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	Cost
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
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	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	SHOCK THERAPY	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.03	03550	OP PSYCH	0	0		76.03
76.04	03020	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/19/2018 1:25 pm
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		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	0.363880	0	0	2,382,823	0	50.00
51.00	05100 RECOVERY ROOM	0.188669	0	0	422,646	0	51.00
53.00	05300 ANESTHESIOLOGY	0.049558	0	0	449,262	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.217106	0	0	0	0	54.00
57.00	05700 CT SCAN	0.041047	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074851	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.173151	0	0	250,164	0	59.00
60.00	06000 LABORATORY	0.139679	0	0	0	0	60.00
60.01	06001 G.I. LAB	0.252462	0	0	307,181	0	60.01
60.02	06002 VASCULAR LAB	0.082540	0	0	256,410	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.222209	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.320016	0	0	33,359	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.300172	0	0	313,164	0	65.00
66.00	06600 PHYSICAL THERAPY	0.260690	0	0	1,112,377	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.310383	0	0	183,935	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.282583	0	0	76,307	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.049447	0	0	1,154,595	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.188568	0	0	370,363	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.463428	0	0	615,148	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.417026	0	0	3,919,666	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.384390	0	0	3,955,739	0	73.00
74.00	07400 RENAL DIALYSIS	0.474943	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.329748	0	0	172,408	0	76.01
76.03	03550 OP PSYCH	0.303410	0	0	2,336	0	76.03
76.04	03020 CARDIAC REHAB	0.587985	0	0	67,671	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.154472	0	0	362,940	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.155184	0	0	13,198,499	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.798308	0	0	573,057	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.300158	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	0	30,180,050	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	30,180,050	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/19/2018 1:25 pm
	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	0	867,062		50.00
51.00 05100 RECOVERY ROOM	0	79,740		51.00
53.00 05300 ANESTHESIOLOGY	0	22,265		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	43,316		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	77,552		60.01
60.02 06002 VASCULAR LAB	0	21,164		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	10,675		63.00
65.00 06500 RESPIRATORY THERAPY	0	94,003		65.00
66.00 06600 PHYSICAL THERAPY	0	289,986		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	57,090		67.00
68.00 06800 SPEECH PATHOLOGY	0	21,563		68.00
69.00 06900 ELECTROCARDIOLOGY	0	57,091		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	69,839		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	285,077		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	1,634,603		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,520,547		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	0		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	56,851		76.01
76.03 03550 OP PSYCH	0	709		76.03
76.04 03020 CARDIAC REHAB	0	39,790		76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	56,064		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	2,048,196		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	457,476		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	7,810,659		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	7,810,659		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/19/2018 1:25 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,406	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,406	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)		48,639	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)		21,496	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)		52,067,681	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)		52,067,681	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)		52,067,681	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)		957.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,572,102	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)		20,572,102	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/19/2018 1:25 pm		
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	12,119,717	6,590	1,839.11	2,054	3,777,532		
44.00	6,565,771	5,076	1,293.49	1,222	1,580,645		
45.00							
46.00							
47.00							
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					34,172,476	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,102,755	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)					2,101,778	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,440,061	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,541,839	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					55,560,916	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,767	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					957.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,519,134	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/19/2018 1:25 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,362,705	52,067,681	0.083789	5,519,134	462,443	90.00
91.00	Nursing School cost	0	52,067,681	0.000000	5,519,134	0	91.00
92.00	Allied health cost	98,748	52,067,681	0.001897	5,519,134	10,470	92.00
93.00	All other Medical Education	0	52,067,681	0.000000	5,519,134	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Subprovider - IRF	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)		3,600	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,600	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)		3,600	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)		1,358	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)		2,760,809	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)		2,760,809	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)		2,760,809	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)		766.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,041,437	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)		1,041,437	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	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						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					814,033	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,855,470	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)					94,001	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					52,161	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					146,162	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,709,308	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: 26-0180 Component CCN: 26-T180		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/19/2018 1:25 pm	
		Title XVIII		Subprovider - IRF		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	241,974	2,760,809	0.087646	0	0	90.00
91.00	Nursing School cost	0	2,760,809	0.000000	0	0	91.00
92.00	Allied health cost	7,249	2,760,809	0.002626	0	0	92.00
93.00	All other Medical Education	0	2,760,809	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/19/2018 1:25 pm
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)			54,406 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			54,406 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)			48,639 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)			8,581 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)			52,067,681 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)			52,067,681 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)			52,067,681 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)			957.02 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,212,189 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)			8,212,189 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX		Hospital		Cost			
1.00		2.00		3.00		4.00	
5.00							
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,119,717	6,590	1,839.11	754	1,386,689	43.00
44.00	CORONARY CARE UNIT	6,565,771	5,076	1,293.49	837	1,082,651	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,377,201	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,058,730	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,767	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					957.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,519,134	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/19/2018 1:25 pm	
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	4,362,705	52,067,681	0.083789	5,519,134	462,443	90.00
91.00	Nursing School cost	0	52,067,681	0.000000	5,519,134	0	91.00
92.00	Allied health cost	98,748	52,067,681	0.001897	5,519,134	10,470	92.00
93.00	All other Medical Education	0	52,067,681	0.000000	5,519,134	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/19/2018 1:25 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		41,807,246	30.00
31.00	03100	INTENSIVE CARE UNIT		6,460,692	31.00
32.00	03200	CORONARY CARE UNIT		5,023,742	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.363880	15,807,539	50.00
51.00	05100	RECOVERY ROOM	0.188669	1,101,564	51.00
53.00	05300	ANESTHESIOLOGY	0.049558	3,607,856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.217106	5,262,480	54.00
57.00	05700	CT SCAN	0.041047	8,680,295	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074851	1,468,960	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.173151	3,286,013	59.00
60.00	06000	LABORATORY	0.139679	20,570,689	60.00
60.01	06001	G.I. LAB	0.252462	996,500	60.01
60.02	06002	VASCULAR LAB	0.082540	2,190,555	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.222209	894,617	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.320016	2,303,810	63.00
65.00	06500	RESPIRATORY THERAPY	0.300172	7,131,382	65.00
66.00	06600	PHYSICAL THERAPY	0.260690	2,288,541	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310383	1,397,332	67.00
68.00	06800	SPEECH PATHOLOGY	0.282583	459,724	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049447	8,690,963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188568	309,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.463428	6,114,614	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.417026	12,779,690	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384390	18,262,972	73.00
74.00	07400	RENAL DIALYSIS	0.474943	2,712,126	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.329748	3,037	76.01
76.03	03550	OP PSYCH	0.303410	2,318	76.03
76.04	03020	CARDIAC REHAB	0.587985	618	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.154472	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.155184	7,288,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.798308	276,688	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		133,888,915	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)		133,888,915	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/19/2018 1:25 pm	
		Title XVIII	Subprovider - IRF	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
41.00	04100	SUBPROVIDER - IRF		1,730,734	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.363880	48,022	50.00
51.00	05100	RECOVERY ROOM	0.188669	14,430	51.00
53.00	05300	ANESTHESIOLOGY	0.049558	8,039	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.217106	36,969	54.00
57.00	05700	CT SCAN	0.041047	44,057	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074851	2,846	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.173151	8,100	59.00
60.00	06000	LABORATORY	0.139679	270,197	60.00
60.01	06001	G.I. LAB	0.252462	2,896	60.01
60.02	06002	VASCULAR LAB	0.082540	32,094	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.222209	5,137	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.320016	10,036	63.00
65.00	06500	RESPIRATORY THERAPY	0.300172	64,306	65.00
66.00	06600	PHYSICAL THERAPY	0.260690	904,905	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310383	786,124	67.00
68.00	06800	SPEECH PATHOLOGY	0.282583	219,258	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049447	35,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188568	2,588	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.463428	14,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.417026	3,788	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384390	290,806	73.00
74.00	07400	RENAL DIALYSIS	0.474943	110,390	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.329748	0	76.01
76.03	03550	OP PSYCH	0.303410	0	76.03
76.04	03020	CARDIAC REHAB	0.587985	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154472	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.155184	5,366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.798308	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,919,711	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)		2,919,711	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/19/2018 1:25 pm	
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		11,165,980	30.00
31.00	03100	INTENSIVE CARE UNIT		2,576,674	31.00
32.00	03200	CORONARY CARE UNIT		2,353,752	32.00
41.00	04100	SUBPROVIDER - I RF		438,444	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.363880	3,912,472	50.00
51.00	05100	RECOVERY ROOM	0.188669	290,543	51.00
53.00	05300	ANESTHESIOLOGY	0.049558	711,849	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.217106	2,317,503	54.00
57.00	05700	CT SCAN	0.041047	2,980,414	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074851	541,685	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.173151	2,693,305	59.00
60.00	06000	LABORATORY	0.139679	6,022,486	60.00
60.01	06001	G.I. LAB	0.252462	343,913	60.01
60.02	06002	VASCULAR LAB	0.082540	613,459	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.222209	186,437	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.320016	1,019,608	63.00
65.00	06500	RESPIRATORY THERAPY	0.300172	2,952,967	65.00
66.00	06600	PHYSICAL THERAPY	0.260690	721,699	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310383	507,612	67.00
68.00	06800	SPEECH PATHOLOGY	0.282583	225,602	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049447	2,215,254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188568	120,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.463428	76,015	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.417026	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384390	4,506,341	73.00
74.00	07400	RENAL DIALYSIS	0.474943	396,242	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.329748	2,662	76.01
76.03	03550	OP PSYCH	0.303410	0	76.03
76.04	03020	CARDIAC REHAB	0.587985	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.154472	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.155184	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.798308	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		33,358,969	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)		33,358,969	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/19/2018 1:25 pm
		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)			30,948,673 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,658,293 1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0 1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0 1.04
2.00	Outlier payments for discharges. (see instructions)			1,823,294 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			22,753,756 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			426.20 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)			2.47 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)			0.00 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			-1.44 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			1.03 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			1.23 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			1.03 12.00
13.00	Total allowable FTE count for the prior year.			1.54 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.			1.69 14.00
15.00	Sum of lines 12 through 14 divided by 3.			1.42 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			1.42 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.003332 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.003605 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.003332 21.00
22.00	IME payment adjustment (see instructions)			73,905 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			41,412 22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.20 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)			73,905 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			41,412 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.82 30.00
31.00	Percentage of Medicaid patient days (see instructions)			18.25 31.00
32.00	Sum of lines 30 and 31			25.07 32.00
33.00	Allowable disproportionate share percentage (see instructions)			9.90 33.00
34.00	Disproportionate share adjustment (see instructions)			1,005,023 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,627,502	4,104,654 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,965,227	1,034,599 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,999,826	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)		6,256	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		741	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		621	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		11.84	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		4,377	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		1.006901	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		280,009	46.00
47.00	Subtotal (see instructions)		46,789,023	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)		46,830,435	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,608,741	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).		41,412	52.00
53.00	Nursing and Allied Health Managed Care payment		142,536	53.00
54.00	Special add-on payments for new technologies		2,670	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).		45,708	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		104,536	58.00
59.00	Total (sum of amounts on lines 49 through 58)		50,776,038	59.00
60.00	Primary payer payments		12,815	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		50,763,223	61.00
62.00	Deductibles billed to program beneficiaries		3,603,418	62.00
63.00	Coinurance billed to program beneficiaries		348,334	63.00
64.00	Allowable bad debts (see instructions)		1,871,781	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,216,658	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,297,165	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		48,028,129	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		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)		-4,726	70.93
70.94	HRR adjustment amount (see instructions)		-769,871	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/19/2018 1:25 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			496,673	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			46,756,859	71.00
71.01	Sequestration adjustment (see instructions)			935,137	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			45,449,683	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			372,039	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,899,656	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/19/2018 1:25 pm	
		PPS					
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.82	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	18.25	0.00			18.25	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	25.07	0.00			18.25	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	426.20	0.00			426.20	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	9.90	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.82	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	6.04	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	7,903	0			7,903	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	798	0			798	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	883	0			883	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	588	0			588	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	910	0			910	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	11,082	0			11,082	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	60,305	0			60,305	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	404	0			404	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	60,709	0			60,709	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	18.25	0.00			18.25	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH Date/Time Prepared: 5/19/2018 1:25 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	9.90		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		9.90		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		9.90		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet DSH Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	4.61		29.00
30.00	Line 28 or 29 as applicable	4.61		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/19/2018 1:25 pm	
		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	30,948,673	30,948,673		30,948,673	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,658,293		9,658,293	9,658,293	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	1,823,294	1,467,509	355,785	1,823,294	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	22,753,756	17,163,632	5,590,124	22,753,756	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.003332	0.003332	0.003332		5.00
6.00	IME payment adjustment (see instructions)	22.00	73,905	56,327	17,578	73,905	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	41,412	31,238	10,174	41,412	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	73,905	56,327	17,578	73,905	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	41,412	31,238	10,174	41,412	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0990	0.0990	0.0990		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,005,023	765,980	239,043	1,005,023	11.00
11.01	Uncompensated care payments	36.00	2,999,826	1,965,227	1,034,599	2,999,826	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	280,009	209,431	70,578	280,009	12.00
13.00	Subtotal (see instructions)	47.00	46,789,023	35,413,147	11,375,876	46,789,023	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	46,830,435	35,444,385	11,386,050	46,830,435	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,608,741	2,753,938	854,803	3,608,741	16.00
17.00	Special add-on payments for new technologies	54.00	2,670	2,670	0	2,670	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			38,200,993	12,240,853	50,441,846	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/19/2018 1:25 pm

		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	3,266,674	2,486,157	780,517	3,266,674	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	164,033	132,285	31,748	164,033	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	0.0024	0.0024	0.0024		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	7,840	5,967	1,873	7,840	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0521	0.0521	0.0521		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	170,194	129,529	40,665	170,194	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,608,741	2,753,938	854,803	3,608,741	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	-4,726	27,429	-32,155	-4,726	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	-769,871	-606,646	-163,225	-769,871	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		376,218	120,455	496,673	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,102	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,939,004	2.00
3.00	OPPS payments		19,211,644	3.00
4.00	Outlier payment (see instructions)		70,112	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		81,001	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,102	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,069	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)		8,069	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)		8,069	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,967	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		3,102	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		19,362,757	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)		3,475,172	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)		15,890,687	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		16,721	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)		15,907,408	30.00
31.00	Primary payer payments		10,498	31.00
32.00	Subtotal (line 30 minus line 31)		15,896,910	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)		775,663	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		504,181	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		354,128	36.00
37.00	Subtotal (see instructions)		16,401,091	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
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		16,401,091	40.00
40.01	Sequestration adjustment (see instructions)		328,022	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		16,060,501	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		12,568	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Hospital
			PPS Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/19/2018 1:25 pm	
		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		45,409,383		16,060,501	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	07/31/2017	40,300		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)		40,300		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)		45,449,683		16,060,501	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		372,039		12,568	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,821,722		16,073,069	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0180
Component CCN: 26-T180

Period:
From 01/01/2017
To 12/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
5/19/2018 1:25 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,023,616		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,023,616		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		53,538		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,077,154		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,995,849 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0604 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			101,389 3.00
4.00	Outlier Payments			35,631 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	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 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	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 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.863014 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,132,869 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,132,869 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,132,869 19.00
20.00	Deductibles			7,896 20.00
21.00	Subtotal (line 19 minus line 20)			2,124,973 21.00
22.00	Coinsurance			10,857 22.00
23.00	Subtotal (line 21 minus line 22)			2,114,116 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,602 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,041 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,098 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,115,157 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			4,388 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,119,545 32.00
32.01	Sequestration adjustment (see instructions)			42,391 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,023,616 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			53,538 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			35,631 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: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/19/2018 1:25 pm	
		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.			2.47	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			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.42	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)			1.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.23	6.00
7.00	Enter the lesser of line 5 or line 6			1.05	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.	0.01	0.89	0.90	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.	0.01	0.76	0.77	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.01	0.76		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.02	1.41		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.21		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.01	1.13		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	0.01	1.13		17.00
18.00	Per resident amount	87,495.61	87,495.61		18.00
19.00	Approved amount for resident costs	875	98,870	99,745	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.18	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)			0.00	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)			99,745	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	26,130	12,944		26.00
27.00	Total Inpatient Days (see instructions)	63,905	63,905		27.00
28.00	Ratio of inpatient days to total inpatient days	0.408888	0.202551		28.00
29.00	Program direct GME amount	40,785	20,203		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,855		30.00
31.00	Net Program direct GME amount			58,133	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/19/2018 1:25 pm
		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)		4,973,767	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)		61,958,225	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)		12,815	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		61,945,410	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		25,023,107	42.00
43.00	Primary payer payments (see instructions)		10,498	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,012,609	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		86,958,019	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.712360	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.287640	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		58,133	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		41,412	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		16,721	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/19/2018 1:25 pm	
		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.			2.47	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			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.42	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)			1.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.23	6.00
7.00	Enter the lesser of line 5 or line 6			1.05	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.	0.01	0.89	0.90	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.	0.01	0.76	0.77	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.01	0.76		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.02	1.41		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.21		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.01	1.13		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	0.01	1.13		17.00
18.00	Per resident amount	87,495.61	87,495.61		18.00
19.00	Approved amount for resident costs	875	98,870	99,745	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.18	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)			0.00	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)			99,745	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,554	918		26.00
27.00	Total Inpatient Days (see instructions)	63,905	63,905		27.00
28.00	Ratio of inpatient days to total inpatient days	0.165151	0.014365		28.00
29.00	Program direct GME amount	16,473	1,433		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		202		30.00
31.00	Net Program direct GME amount			17,704	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/19/2018 1:25 pm
		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)			17,704 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: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet G

Date/Time Prepared:
5/19/2018 1:25 pm

		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	-321,665	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	47,449,084	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,521,141	0	0	0	6.00
7.00	Inventory	5,634,926	0	0	0	7.00
8.00	Prepaid expenses	147,771	0	0	0	8.00
9.00	Other current assets	-484,067	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)	37,904,908	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	7,143,226	0	0	0	13.00
14.00	Accumulated depreciation	-6,452,858	0	0	0	14.00
15.00	Buildings	200,474,337	0	0	0	15.00
16.00	Accumulated depreciation	-141,208,583	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	3,237,405	0	0	0	19.00
20.00	Accumulated depreciation	-2,202,570	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	107,603,838	0	0	0	23.00
24.00	Accumulated depreciation	-106,990,885	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	9,893,684	0	0	0	27.00
28.00	Accumulated depreciation	-8,471,313	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)	65,266,606	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	103,171,514	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,739,495	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,010,866	0	0	0	38.00
39.00	Payroll taxes payable	76,481	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,815,517	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,642,359	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	314,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	314,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,956,359	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	89,215,155				52.00
53.00	Specific purpose fund		0			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)	89,215,155	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	103,171,514	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-1

Date/Time Prepared:
5/19/2018 1:25 pm

		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		100,043,992		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-45,587,345			2.00
3.00	Total (sum of line 1 and line 2)		54,456,647		0	3.00
4.00	TRANSFER FROM BJC	34,676,628		0		4.00
5.00	CHANGE IN RESTRICTED FUNDS	16,880		0		5.00
6.00	ASSETS RELEASED FROM RESTRICTED CAP	65,000		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		34,758,508		0	10.00
11.00	Subtotal (line 3 plus line 10)		89,215,155		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		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)		89,215,155		0	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	TRANSFER FROM BJC		0			4.00
5.00	CHANGE IN RESTRICTED FUNDS		0			5.00
6.00	ASSETS RELEASED FROM RESTRICTED CAP		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/19/2018 1:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	90,950,674		90,950,674	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,399,530		4,399,530	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	95,350,204		95,350,204	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,995,179		13,995,179	11.00
12.00	CORONARY CARE UNIT	22,941,532		22,941,532	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	36,936,711		36,936,711	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	132,286,915		132,286,915	17.00
18.00	Ancillary services	344,382,354	546,266,826	890,649,180	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	93,636	45,281,891	45,375,527	23.00
24.00	CMHC				24.00
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)	476,762,905	591,548,717	1,068,311,622	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		293,131,122		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	NON OPERATING EXPENSES	1,876,076			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		1,876,076		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		291,255,046		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/19/2018 1:25 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		1,068,311,622	1.00
2.00	Less contractual allowances and discounts on patients' accounts		814,820,274	2.00
3.00	Net patient revenues (line 1 minus line 2)		253,491,348	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		291,255,046	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-37,763,698	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		71,582	6.00
7.00	Income from investments		516,007	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		2,179,758	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	MEANINGFUL USE MEDICARE		-36,746	24.00
24.01	BJC OTHER OPERATING REVENUE		193,498	24.01
24.02	OTHER OPERATING REVENUE		2,844,298	24.02
25.00	Total other income (sum of lines 6-24)		5,768,397	25.00
26.00	Total (line 5 plus line 25)		-31,995,301	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS		13,765,187	27.00
27.01	PHYSICIAN OFFICE BUILDINGS		-173,143	27.01
28.00	Total other expenses (sum of line 27 and subscripts)		13,592,044	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		-45,587,345	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/19/2018 1:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,266,674	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		164,033	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)		166.33	3.00
4.00	Number of interns & residents (see instructions)		1.42	4.00
5.00	Indirect medical education percentage (see instructions)		0.24	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)		7,840	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.25	8.00
9.00	Sum of lines 7 and 8		25.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.21	10.00
11.00	Disproportionate share adjustment (see instructions)		170,194	11.00
12.00	Total prospective capital payments (see instructions)		3,608,741	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